

# Governance Handbook

July 2022

Section:	Detail:
One	<p>Functions, Delegation and Decisions</p> <ul style="list-style-type: none"> <li>▪ ICB Functions Map, including Committee Structure</li> <li>▪ Scheme of Reservation and Delegation, including Schedule of Detailed Delegated Financial Limits</li> </ul>
Two	<p>Terms of Reference</p> <ul style="list-style-type: none"> <li>▪ Schedule of Committee Membership and review/approval Register [to follow]</li> <li>▪ Audit Committee TOR</li> <li>▪ Remuneration Committee TOR</li> <li>▪ Finance &amp; Investment Committee TOR</li> <li>▪ Primary Care Commissioning Committee TOR</li> <li>▪ Quality Committee</li> <li>▪ Alliance TORs</li> <li>▪ Clinical and Multi-professional Congress</li> <li>▪ System Oversight and Assurance Committee</li> <li>▪ MSE Integrated Care Partnership [to follow]</li> </ul> <p>Management of Meetings</p> <ul style="list-style-type: none"> <li>▪ Summary of meeting etiquette (Petitions, Questions, Role of Observers and Participants.)</li> </ul>
Three	<p>Financial Management</p> <ul style="list-style-type: none"> <li>▪ Standing Financial Instructions</li> </ul>
Four	<p>Policy Management Framework</p> <ul style="list-style-type: none"> <li>▪ Policy for developing policies (including Policy Template)</li> <li>▪ Policy Framework (Register of Policies)</li> <li>▪ Key Governance Policies <ul style="list-style-type: none"> <li>○ Risk Management Policy</li> <li>○ Conflicts of Interest Policy</li> <li>○ Standards of Business Conduct Policy</li> <li>○ Patient and Public Engagement Framework [to follow]</li> </ul> </li> </ul>
Five	<p>Principles of Governance</p> <ul style="list-style-type: none"> <li>▪ NHS Constitution</li> <li>▪ Nolan Principles</li> <li>▪ Our People Promise</li> <li>▪ East of England Leadership Compact</li> </ul>
Six	<p>Board Nomination and Selection Process</p> <ul style="list-style-type: none"> <li>▪ Partner Application Pack</li> <li>▪ Nomination Letters</li> <li>▪ List of eligible nominating PMS (GMS/APMS) Providers</li> </ul>
Seven	<p>System Working Arrangements</p>



	<ul style="list-style-type: none"><li>▪ Map of system groups and interrelationships [Under development]</li><li>▪ ICP Memorandum of Understanding [to follow, being refreshed]</li><li>▪ System Compacts [under development/being refreshed]</li></ul>
Eight	Summary Delegation Arrangements <i>[none currently in place 2022/23]</i>
Nine	Duty to Engage <ul style="list-style-type: none"><li>▪ Public engagement/communities strategy [to follow]</li></ul>
Ten	Use of the ICB Seal
Eleven	Selection Process non-ICB Committee Members Non-Executive Member Remuneration Panel [to follow]



## **1. Functions, Delegation and Decisions**

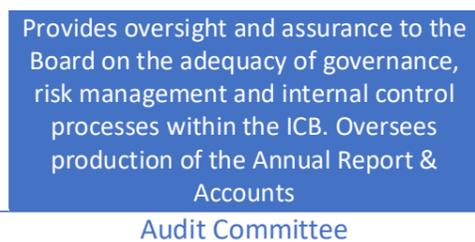
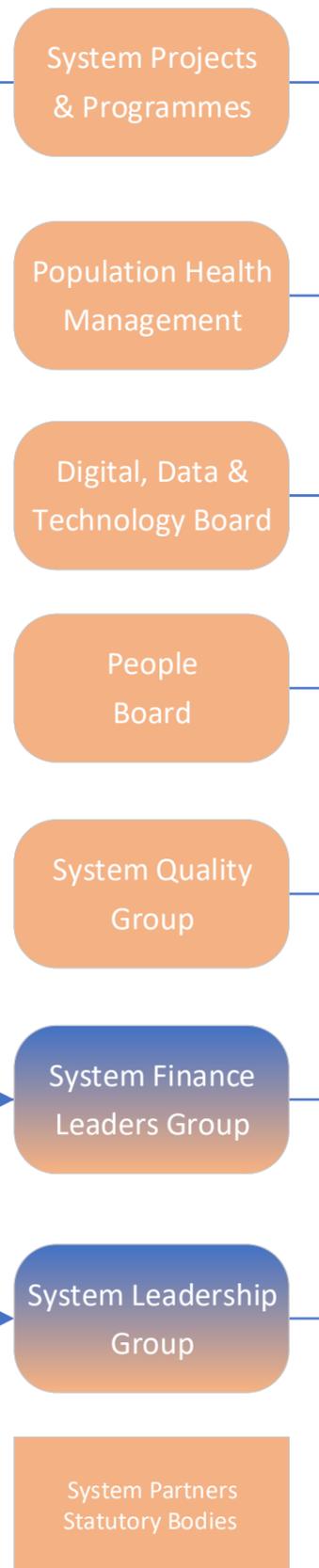
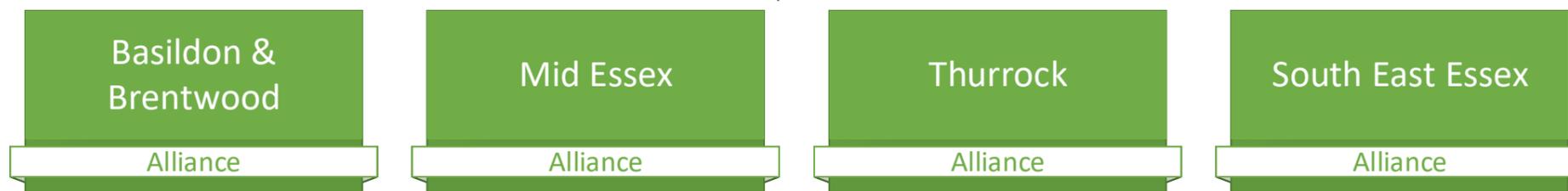
**1.1. ICB Functions Map, including Committee Structure**

**1.2. Scheme of Reservation and Delegation, including Schedule of Detailed Delegated Financial Limits**

# Residents of Mid and South Essex

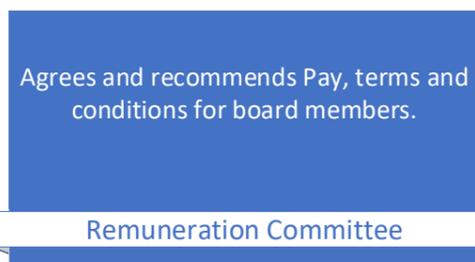
To contribute to the overall delivery of the ICS's objectives, create opportunities for the benefit of their residents, to support health and wellbeing, bring care closer to home and to improve and transform services.

Key:



*Assurance*

*Decision Making*



*Assurance*

*Advisory*

*Decision Making*



Decisions and functions reserved to the Board

Functions will be exercised by the Board unless they are delegated. This is the default position for any function that is not expressly delegated. The Board has set out specifically those matters it is choosing to reserve. The Board, regardless of any delegation arrangements it has made, remains legally accountable for the exercise of its functions.

	Decisions and functions reserved to the Board	Reference
The Board	<p><b><u>General Enabling Provision</u></b> The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p> <p>The Board will establish the necessary systems and processes to comply with relevant law and regulations, directions issued by the Secretary of State, directions issued by NHS England, statutory guidance and advice issued by NHS England and relevant authorities and respond to reports and recommendations made by Healthwatch organisations in the ICB area.</p>	Constitution 4.2.2
The Board	<p><b><u>Regulations and Control</u></b> Consider and approve proposed amendments to the ICB Constitution by the Chief Executive prior to making an application to vary the constitution to NHSE.</p> <p>Approve Standing Orders (SOs), a schedule of matters reserved to the Board (Scheme of Reservation and Delegation (SoRD)) of powers delegated from the Board to the Executive Team and other Committees, Functions and Decisions Map, Standing Financial Instructions (SFIs) and the Governance Handbook for the regulation of its proceedings and business.</p> <p>Approve to vary or amend the Standing Orders in accordance with the procedures for amending the Constitution as described above.</p> <p>Approve delegation arrangements to ICB Committees, Joint Committees, to other Statutory Bodies, individual Board Members and employees is reserved to the Board. Including approval of committee terms of reference.</p>	<p>Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4</p> <p>Constitution 1.6.2, 1.7.2, 4.4.2, Standing Orders 2.1.3, 2.1.4</p> <p>Constitution 1.6.2; Standing Orders 2.1.3</p> <p>Constitution 4.6.1, 4.6.3, 4.6.6, 4.7.1</p>

	Decisions and functions reserved to the Board	Reference
	<p>The power to approve arrangements for Pooled Funds is reserved to the Board.</p> <p>Approve arrangements for the management of conflicts of Interest defined within the Conflicts of Interest Policy, including publication of registers of interest.</p> <p>Require and receive the declaration of Board members' (and others as required) interests to discharge its duty to manage conflicts of interest.</p> <p>Approve arrangements for dealing with complaints and ensure a clear complaints process is published.</p> <p>Ensure the ICB Complies with the Freedom of Information Act 2000 and Information Commissioner Office requirements.</p> <p>Ensure systems and processes exist to comply with the requirements of the NHS Provider Selection Regime.</p> <p>Comply with Local Authority Health Overview and Scrutiny Requirements.</p> <p>Ensure the ICB complies with all relevant procurement regulations.</p> <p>Adopt the Executive structure to facilitate the discharge of business by the ICB and to agree modifications thereto except where these functions have been delegated to a Joint Committee.</p> <p>Receive reports from committees including those that the ICB is required by the Secretary of State or other regulation to establish and to action appropriately.</p>	<p>Constitution 4.7.3</p> <p>Constitution 6.1.1, 6.3.2</p> <p>Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7</p> <p>Constitution 7.2.4</p> <p>Constitution 7.2.5</p> <p>Constitution 7.3.2, 7.3.3</p> <p>Constitution 7.3.4</p> <p>Constitution 7.3.5</p>

	Decisions and functions reserved to the Board	Reference
	<p>Confirm the recommendations of the ICB's committees where the committees do not have executive powers.</p> <p>Approve arrangements relating to the discharge of the ICB's responsibilities as a corporate trustee for funds held on trust.</p> <p>Discipline members of the Board who are in breach of statutory requirements or SOs.</p>	
The Board	<p><b><u>Appointments/Dismissal</u></b> Appoint the Ordinary Members of the Board, exercised by the Chair.</p> <p>Approve removal of members of the Board (other than the Chief Executive and Executive Members) at the recommendation of the Chair, to be executed by the Chair.</p> <p>The Chair of the ICB will be appointed by NHS England as set out within legislation. Appoint and dismiss other committees (and individual members) that are directly accountable to the Board.</p> <p>Appointment of Internal or External Auditors and the Counter Fraud officer following recommendations from the Audit Committee.</p>	<p>Constitution 2.1.5, 2.2.2, 2.2.4</p> <p>Constitution 3.13</p> <p>Constitution 4.6.1</p> <p>Constitution 4.6.8</p>
The Board	<p><b><u>Strategy, Annual Operational Plan and Budgets</u></b> Approve a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years.</p> <p>Approve and publish an Integrated Care System Plan and Capital Resource use Plan.</p> <p>Define the strategic aims and objectives of the ICB.</p>	<p>Constitution 7.2.8</p> <p>Constitution 7.2.8, 7.4.1</p>

	Decisions and functions reserved to the Board	Reference
	<p>Oversee and maintain accountability for the management of the ICB Risk Management Framework.</p> <p>Approve plans in respect of the application of available financial resources to support the agreed Annual Operational Plan (Financial Framework and Annual Budgets).</p> <p>Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB or its constituent practices (ICB Quality Strategy), having regard to any guidance issued by the Secretary of State.</p> <p>Approve annually (with any necessary appropriate modification) the annual refresh of system plan.</p> <p>Approve and publish the ICB Engagement Framework setting out how the ICB complies with and delivers its duties to engage with the public.</p> <p>Approve Outline and Final Business Cases for Commissioning Investment if this represents a variation from the Plan, in line with the ICB SFIs and Schedule of Detailed Delegated Financial Limits.</p>	<p>Constitution 1.4.7</p> <p>Constitution 9.1.7</p>
The Board	<p><b><u>Policy Determination</u></b> Approve ICB Policies, except where delegated to specific committees for approval in accordance with the Committee Terms of Reference.</p>	
The Board	<p><b><u>Audit and Counter Fraud</u></b> Receive the annual management letter from the External Auditor and agreement of the Executive Team's proposed action, taking account of the advice, where appropriate, of the Audit Committee.</p>	

	Decisions and functions reserved to the Board	Reference
	<p>Receive an annual report (and Head of Internal Audit Opinion) from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.</p> <p>Receive an annual report from the Counter Fraud officer and agree action on recommendations where appropriate of the Audit Committee.</p>	
The Board	<p><b>Annual Reports and Accounts</b> Receive and approve the ICB's Annual Report and Annual Accounts, to be externally audited and published.</p> <p>Receive and approve the Annual Report and Accounts for funds held on trust.</p>	Constitution 7.2.3, 7.4.1
The Board	<p><b>Monitoring</b> Receipt of such reports as the Board sees fit from the Executive Team and other committees in respect of its exercise of powers delegated.</p>	

Decisions and functions delegated by the Board to the ICB committees

Committee	Decisions and functions reserved to the Committee	Reference
Audit Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance to the ICB Board on the adequacy of the governance, risk management and internal control processes within the ICB including:</p> <ul style="list-style-type: none"> <li>- Integrated governance, risk management and internal control</li> <li>- Internal Audit, External Audit and Counter Fraud</li> <li>- Freedom to Speak Up</li> <li>- Information Governance</li> <li>- Financial Reporting</li> </ul>	Constitution 4.6.8

Committee	Decisions and functions reserved to the Committee	Reference
	<ul style="list-style-type: none"> <li>- Conflicts of Interest</li> <li>- Security</li> <li>- Governance</li> <li>- Emergency Planning, Preparedness and Resilience</li> </ul> <p>The Audit Committee shall review instances of non-compliance with Standing Orders.</p>	Standing Orders 3.1.6
Remuneration Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006 and implement NHSE guidance, including:</p> <ul style="list-style-type: none"> <li>- Determining the remuneration of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members).</li> <li>- Determining arrangements for the termination of employment and other contractual and non-contractual terms of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members).</li> <li>- Agreeing the pay framework for clinical staff working within the ICB but outside of Agenda for Changes Terms and Conditions.</li> <li>- Determining the arrangements for termination payments and any special payments for all staff.</li> </ul> <p>The Remuneration Committee shall establish a Non-Executive Remuneration Panel to consider and agree arrangements for remuneration of Non-Executive Members.</p>	Constitution 3.14.1, 8.1.6  Constitution 3.14.1
Non-Executive Remuneration Panel	<p>The Panel will, in accordance with the terms of reference of the Remuneration Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution exercise the function of setting the remuneration of Non-Executive Members of the Board.</p>	Constitution 3.14.1
Finance & Investment Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:</p>	

Committee	Decisions and functions reserved to the Committee	Reference
	<ul style="list-style-type: none"> <li>- Agree the financial framework including annual budgets</li> <li>- Make investment decisions /recommendations</li> <li>- Receive assurance on delivery of financial performance</li> <li>- Investigate any activity within its terms of reference.</li> </ul>	
Quality & Safety Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance that the ICB is delivering its functions in a way that secures continuous improvement in the quality of services (section 14Z34 of the Act) against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This shall be reported within the ICB Annual Report.</p> <p>The committee is responsible for the development and implementation of the ICB's Quality Strategy, which sets out its plan for quality and safety and for assuring the Board of quality, safety and performance standards.</p>	Constitution 7.4.1
System Oversight and Assurance Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight on the delivery of performance and standards, key system programmes, enabling mutual accountability and providing assurance to the Board. The Group has no specific delegated powers for decision making but shall establish system leadership and partner groups to ensure the delivery of the system plan. It will assure system performance relating to agreed outcomes, quality and safety and operational performance against constitutional standards.</p>	
Primary Care Commissioning Committee	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance to the ICB Board on the exercise of the</p>	

Committee	Decisions and functions reserved to the Committee	Reference
	<p>ICB's delegated commissioning functions and any resources received for investment in primary care.</p> <p>The Committee will enable collective decisions on core contractual, quality and procurement of primary care services and oversee the Contracting framework for primary care, within their delegated budget approved by the ICB.</p>	
<p>Basildon &amp; Brentwood Alliance Mid Essex Alliance South East Essex Alliance Thurrock Alliance</p>	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, contribute to the overall delivery of the ICS's objectives, create opportunities for the benefit of residents of the Alliances in accordance with Alliance Plans, to support health and wellbeing, bring care closer to home and to improve and transform services, undertaking appropriate local engagement and propose, co-ordinate and deliver local elements of the estates strategy.</p> <p>The committee will recommend to the Board the agreement of any Better Care Fund (BCF) and iBCF investment.</p>	
<p>Clinical &amp; Multi- professional Congress</p>	<p>The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, act as an advisory committee providing clinical and multi-professional leadership to the system as well as involvement, advice and support to service development and transformation programmes.</p> <p>The Committee shall lead on Stewardship.</p> <p>The Committee has no delegated authority for decision making, however, must provide its oversight in order for decisions to be approved by the relevant Committee (such as the Finance &amp; Investment Committee).</p>	

Committee	Decisions and functions reserved to the Committee	Reference
System Leadership / Partner Groups	<p>The system has established the following system leadership/partner groups:</p> <ul style="list-style-type: none"> <li>• System Leadership Group</li> <li>• System Finance Leaders Group</li> <li>• System Quality Group</li> <li>• Digital and Data</li> <li>• People Board</li> <li>• System Projects, Programmes &amp; Performance</li> </ul> <p>The groups have no delegated powers, but function with the commitment that as a system all partners work to achieve the system plan as expected and that system aims and objectives are met. The groups report into the System Oversight and Assurance Group and thus are accountable to the ICB.</p>	

Decisions and functions delegated to be exercised jointly

Committee/entity that will exercise the function/decision	Decisions and functions delegated by the Board	Legal power	Governing arrangements
ICB/Essex County Council	<p><b>Better Care Fund</b> In accordance with Section 75 of the 2006 Act as amended the ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD.</p>	Section 75, NHS Act 2006	Section 75 Agreement
ICB/Thurrock Council	<p><b>Better Care Fund</b> In accordance with Section 75 of the 2006 Act as amended the ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD.</p>	Section 75, NHS Act 2006	Section 75 Agreement
ICB/Southend Council	<p><b>Better Care Fund</b> In accordance with Section 75 of the 2006 Act as amended the ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD.</p>	Section 75, NHS Act 2006	Section 75 Agreement

Decisions and functions delegated by the Board to other statutory bodies

Body	Decisions and functions delegated by the Board	Legal power	Governing arrangements
	There are currently no arrangements delegated by the Board to other statutory bodies		

Decisions and functions delegated by the Board to individual Board Members and employees

Board Member / employee	Decisions and functions delegated by the Board	Reference
Chair	<p><b><u>Regulations and Control</u></b></p> <p>Authenticate use of the seal.</p> <p>Suspend Standing Orders in conjunction with 2 other Board members.</p> <p>In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the relevant Director, will provide a settled view which shall be final.</p> <p>To call meetings of the Board and preside over Board meetings.</p> <p>In conjunction with the Chief Executive (or relevant lead Director in the case of committees) and one other member, make an urgent decision on behalf of the Board/Committee.</p> <p>Discipline members of the Board (other than Executive Directors) who are in breach of statutory requirements or SOs.</p> <p><b><u>Appointments/Dismissal</u></b></p> <p>Appoint the Chief Executive of the ICB subject to the approval of NHS England.</p> <p>Approve the appointments of the Partner Members of the Board.</p> <p>Approve the appointment of Executive Members of the Board.</p> <p>Approve the appointment or re-appointment of Non-Executive Members of the Board.</p> <p>Appoint the Vice Chair of the Board.</p>	<p>Standing Orders 6.1.3</p> <p>Standing Orders 5.1.1</p> <p>Standing Orders 3.1.4</p> <p>Standing Orders 4.1.2, 4.2.1</p> <p>Standing Order 4.9.5</p> <p>Constitution 3.4.1</p> <p>Constitution 2.2.1, 3.5.4, 3.6.5, 3.7.4</p> <p>Constitution 2.1.5, 2.2.2, 3.8.2, 3.9.3, 3.10.3, 3.12.3</p> <p>Constitution 3.11.2</p> <p>Constitution 3.11.8</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p>Approve appointment of members of any committee.</p> <p>With the exception of the Executive Board Members, suspend or terminate members of the Board, as approved by the Board.</p>	<p>Constitution 4.6.6; Standing Orders 4.2.3</p> <p>Constitution 3.13.3</p>
Chief Executive	<p><b><u>Regulations and Control</u></b></p> <p>Propose amendments to the Constitution to be considered and approved by the ICB prior to making an application to vary the Constitution to NHS England.</p> <p>Establish a procedure for the use of the seal and keep (or nominate a manager to keep) the seal secure.</p> <p>Propose to the Board the adoption of the Executive structure to facilitate discharge of ICB business.</p> <p>Discipline the Executive Director members of the Board who are in breach of statutory requirements or SOs.</p> <p><b><u>Appointments/Dismissal</u></b></p> <p>Subject to the approval of the ICB Chair, appoint the Partner Members of the Board.</p> <p>Subject to the approval of the ICB Chair, appoint the Executive Members of the Board.</p> <p>Subject to the recommendation of the selection panel, approve the appointment of the Non-Executive Members and their re-appointment (within the limit of terms of office)</p>	<p>Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4</p> <p>Standing Orders 6.1.1, 6.1.3</p> <p>Constitution 3.5.4, 3.6.5, 3.7.4</p> <p>Constitution 3.8.2, 3.9.3, 3.10.3, 3.12.3</p> <p>Constitution 3.11.2, 3.11.7</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p><b><u>Statutory Functions / Duty</u></b> In accordance with section 252A of the 2006 Act (as amended) act as the Accountable Emergency Officer (AEO) and Gold Commander for responding to Emergency Planning Resilience and Response events and declared incidents.</p> <p><b><u>Operational Responsibilities</u></b> To approve and be the signatory of delegation agreements on behalf of the ICB.</p>	
<p>Director of Resources (Chief Finance Officer)</p>	<p><b><u>Regulations and Control</u></b> Authenticate use of the seal.</p> <p>Develop systems and processes to comply with the requirements of the NHS Provider Selection Regime.</p> <p>Establish processes to ensure compliance with all relevant procurement regulations.</p> <p><b><u>Annual Reports and Accounts</u></b> Preparation of the annual accounts and accounting tables within the Annual Report in accordance with relevant guidance and regulations, including those for funds held on trust.</p> <p>Arrange for annual accounts to be externally audited and published.</p> <p><b><u>Statutory Functions / Duty</u></b> Ensure systems are in place to deliver the financial duties of the ICB (Sections 223GB, 223N, 223H and 223 J). Including establishing the annual budget and budget management processes.</p> <p>Establish adequate arrangements to discharge ICB duties in relation to the Freedom of Information Act 2000 and Information Commissioner Office requirements.</p>	<p>Standing Orders 6.1.3</p> <p>Constitution 7.3.2, 7.3.3</p> <p>Constitution 7.3.5</p> <p>Constitution 7.2.3</p> <p>Constitution 1.4.7, 7.2.8</p> <p>Constitution 7.2.5</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p>Develop the Capital Resource Use Plan for approval by the Board and report how the ICB has exercised its functions in accordance with the Plan within the Annual Report.</p> <p><b><u>Operational Responsibilities</u></b> To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation, and best practice: Financial Strategy; Financial Operations; Planning and Reporting; Estates; Purchase of Healthcare; Digital Technology; Data and System Technology.</p> <p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Finance &amp; Investment Committee.</p> <p>To be the Senior Information Risk Owner (SIRO) for the ICB. Maintain and refresh (where appropriate and subject to approval of the Board) the Schedule of Detailed Delegated Financial Limits.</p> <p>Establish and maintain the financial framework of the ICB as defined within Standing Financial Instructions as if written into the SoRD.</p> <p>Respond to the annual management letter from External Audit preparing proposed actions for to present to the Board after review by the Audit Committee.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	<p>Constitution 7.4.1</p>
<p>Medical Director (Chief Medical Officer)</p>	<p><b><u>Operational Responsibilities</u></b> To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Development (Clinical and Professional Leadership, Primary Care, including Primary Care Delegated functions and Primary Care</p>	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p>Networks Development); Stewardship; Quality and Governance (Clinical and Professional Congress) and Medicines Optimisation.</p> <p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Clinical &amp; Professional Congress.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	
Chief Nurse	<p><b><u>Strategy, Annual Operational Plan and Budgets</u></b> Develop and propose to the Board the ICB Quality Strategy.</p> <p><b><u>Statutory Functions / Duty</u></b> Ensure systems are in place to deliver improvement in quality of services (Section 14Z34) and report on the discharge of these duties within the Annual Report.</p> <p>Establish and publish clear arrangements for dealing with complaints in accordance with the Complaints Regulations including publishing an annual complaints report.</p> <p><b><u>Operational Responsibilities</u></b> To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Patient Safety; Patient Experience; Safeguarding and Continuing Health Care.</p> <p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Quality &amp; Safety Committee.</p> <p>To act as the Caldicott Guardian and the Designated Safeguarding Lead.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	<p>Constitution 1.4.7, 7.2.8, 7.4.1</p> <p>Constitution 7.2.4</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
Chief People Officer	<p><b><u>Strategy, Annual Operational Plan and Budgets</u></b> Develop and present to the Board for approval, proposals for organisational development.</p> <p><b><u>Operational Responsibilities</u></b> To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Human Resources (ICB internal function); System Workforce.</p> <p>Ensure arrangements in place to provide an adequate workforce for the system.</p> <p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Remuneration Committee.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	
Chief of Staff	<p><b><u>Regulations and Control</u></b> Ensure processes are in place to comply with Local Authority Health Overview and Scrutiny Requirements.</p> <p>Report urgent decisions to the Board for ratification.</p> <p><b><u>Annual Reports and Accounts</u></b> Preparation of the Annual Report in accordance with relevant guidance and regulations.</p> <p><b><u>Statutory Functions / Duty</u></b> In accordance with section 14Z30(2) of the 2006 Act establish systems and processes (defined within the Conflicts of Interest Policy) to manage conflicts of interest (including gifts and hospitality) and publish the registers of interest on the ICB website.</p>	<p>Constitution 7.3.4</p> <p>Standing Order 4.9.6</p> <p>Constitution 7.4.1</p> <p>Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p>To ensure that key governance documentation (Constitution, Standing Orders, Governance Handbook, Register of Interests and other key documents and policies as appropriate) are considered annually, reviewed and updated as necessary and published on the ICB website.</p> <p>Publish agenda's, papers and minutes for meetings held in public, including details about meeting dates, times and venues.</p> <p>Ensure adequate arrangements are in place to govern Board and Committee meetings in accordance with the Constitution, Standing Orders and best practice, including the development of committee terms of reference.</p> <p><b><u>Operational Responsibilities</u></b>            To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Audit Committee.            To have oversight of and ensure the correct functioning of the ICB and its Committees.</p> <p>Ensure that non-compliance with Standing Orders are reported to the next formal meeting of the Board for action or ratification.</p> <p>Establish a robust system for the management of risk (including defining the strategic aims and objectives; identify, evaluate and report on risks, establishment of a risk management policy).</p> <p>Management the policy framework of the ICB ensuring that policies are reviewed, updated and approved in a cyclical manner.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	<p>Constitution 7.2.7, Standing Orders 2.1.2</p> <p>Constitution 7.2.2; Standing Orders 4.1.4, 4.3.3</p> <p>Constitution 4.6.3, 4.6.6; Standing Orders 4.10, 4.11</p> <p>Standing Orders 3.1.6</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
<p>Director of Strategy &amp; Partnerships</p>	<p><b>Strategy, Annual Operational Plan and Budgets</b> Develop and publish a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years.</p> <p>Develop the Integrated Care System Plan for approval by the Board reviewing, within the annual report, the extent to which the ICB has exercised its functions.</p> <p><b>Statutory Functions / Duties</b> In accordance with section 14Z45 of the Act establish processes for public involvement and consultation in relation to commissioning arrangements and report on the discharge of these duties within the Annual Report; ensuring the ICB meets the ten principles set out by NHSE for working with people and communities.</p> <p>In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies.</p> <p>Ensure systems are in place to reduce inequalities (Section 14Z35) and report on the discharge of these duties within the Annual Report.</p> <p><b>Operational Responsibilities</b> To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: ICB Strategy: Community Resilience and Mobilisation; contribute to the development of a successful ICP and Strategic Partnerships; System Development Plan; MSE Partners; Communications and Engagement.</p> <p>Ensure the ICB discharges its responsibilities to lead the ICS Engagement Framework.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	<p>Constitution 7.2.8</p> <p>Constitution 7.2.8</p> <p>Constitution 1.4.7, 7.2.8, 7.4.1, 9.1.1, 9.1.2, 9.1.3</p> <p>Constitution 1.4.7</p> <p>Constitution 1.4.7, 7.2.8, 7.4.1</p> <p>Constitution 9.1.7</p>

Board Member / employee	Decisions and functions delegated by the Board	Reference
<p>Director of Oversight, Assurance &amp; Delivery</p>	<p><b><u>Statutory Functions / Duties</u></b></p> <p>In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice.</p> <p>In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report.</p> <p>In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies.</p> <p><b><u>Operational Responsibilities</u></b></p> <p>To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Community Pathways; Acute Delivery; Children and Young People; Mental Health; Learning Disabilities; Performance and Analytics; Emergency Planning; Operations and Resilience; Individual Funding Requests and Service Restriction.</p> <p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the System Oversight and Assurance Committee and any other relevant committees to which it reports.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	<p>Constitution 1.4.7</p> <p>Constitution 1.4.7, 7.2.8, 7.4.1</p> <p>Constitution 1.4.7</p>
<p>Alliance Directors</p>	<p><b><u>Operational Responsibilities</u></b></p> <p>To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice at place: Transformation and Engagement; Performance and Planning; Alliance Clinical Leadership.</p> <p>Be accountable for delivery of Alliance Plans</p>	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	<p>To be the lead Executive Officer ensuring appropriate advice and explanations are provided to their respective Alliance and the ICB.</p> <p>To act, on behalf of the Chief Executive, as the Gold Commander where necessary.</p>	
Audit Committee Chair	To act as the Conflicts of Interest Guardian.	Constitution 6.1.6
On Call Director	To fulfil the duties required as set out by the Emergency Planning Team for managing escalations, incidents and out of hours cover as set out within associated ICB Policies.	

Decisions and functions delegated to the Board by other organisations

Body making the delegation	Decisions and functions delegated to the Board	Reference
NHS England	<p>In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England have delegated the exercise of Delegated Functions (for Primary Medical Services) to the ICB to commission a range of services for the people of the area as follows:</p> <ul style="list-style-type: none"> <li>• Decisions in relation to the commissioning, and management of Primary Medical Services.</li> <li>• Planning Primary Medical Services in the Area, including carrying out needs assessment.</li> <li>• Undertaking review of Primary Medical Services in respect of the Area.</li> <li>• Management of Delegated Funds in the Area.</li> <li>• Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and</li> <li>• Such other ancillary activities that are necessary in order to exercise the Delegated Functions.</li> </ul> <p>Such arrangements have been set out in the 'delegation agreement' and shall prevail as if written into the SORD.</p>	Delegation Agreement.

Schedule of Detailed Delegated Financial Limits

Please note that limits for Budget Holders will be set on a case by case basis up to the maximum limits shown in the schedules below.

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>1. Virements</b>						
<i>Movements between care areas to be signed off by the Medical Director or Director of Resources.</i>						
a Within cost centre.					X	
b Between cost centre in same directorate and care area.					X	
c Between directorates but in the same care area. Between care areas.			DoR	X (BOTH)		MD
d New allocations (specified use).				X		SFM
e New allocations (general).				X		

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>2. Approval of Business Cases (and limits for committing programme expenditure), including variation of contracts.</b>						
<i>In accordance with System Service Change / Business Case Policy.</i>						
a Within existing agreed budgets:						
i < £250,000				X		
ii £250,001 - £1,000,000			X			
iii £1,000,001 - £5,000,000		F&IC				
iv > £5,000,001	X					
b In-year proposals with no budgetary provision:						
i < £100,000				X		
ii £100,001 - £250,000			X			
iii £250,001 - £2,500,000		F&IC				
iv > £2,500,000	X					

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>3. Quotation, tendering and contract procedures for expenditure / income proposals, whether capital or revenue, purchases of disposals</b>						
<i>To clarify, these limits relate to contracts where the ICB is the contracting authority. Where another system partner is the contracting authority, that organisation's limits and processes will apply.</i>						
<b>(The value of the goods and services should be the total contract value, not the annual value and should be inclusive of fees but exclusive of VAT. Where the number of years is not specified or is open ended from year to year, a 3-year period should be assumed for the purpose of this calculation.)</b>						
a					X	
b					X	
c				X		
i				X		
ii				X		
d				X		
i				X		
ii				X		
e		Audit	DoR			

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>4. Management of 'Running Costs' Budgets/Expenditure</b>						
a Authorization of requisition / order / invoice within existing budget:						
i < £100,000					X	
ii £100,001 - £250,000				X		DDoR
iii £250,001 - £1,000,000			X			
iv £1,000,001 - £2,500,000		F&IC				
v > £2,500,001	X					
b Non-pay expenditure for which no specific budget has been set within running cost allowance:						
i < £25,000				(X)	X	
ii £25,001 - £100,000				X		DDoR
iii £100,001 - £500,000			X			
iv £500,001 - £2,500,000		F&IC				
v > £2,500,001	X					
c Engagement of staff not on the Establishment (within available budget and full year cost) - costs per employee:						
i < £50,000				X		
ii £50,001 - £100,000 (prior approval required from NHSE for contract appointments)			X			
iii £100,001 - £250,000 (prior approval required from NHSE)			CEO+DoR			
iv > £250,001 (prior approval required from NHSE) Reported to RemCom for information and scrutiny		Rem Comm	CEO+DoR			
If the appointment relates to the CEO or DoR (in iii or iv above) the process will be reviewed by RemCom and recommended to the Governing Body for approval.						
v IN ADDITION, for the recruitment of agency / contract staff, all contracts with either a total value of £50,000 or above, a day rate of £600 or greater and/or contracts that exceed 6 months require NHSE/I PRIOR approval.						
			NHSE/I Regional rep (>£600 per day), NHSE DoR (>£800 per day), NHSE/I Regional and National approval (>£900 per day)			

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>5. Management of 'Commissioning / Programme Costs' Budgets / Expenditure</b>						
a Approval to commit funding associated within approved business case.				X		
b Approval to commit funding other than an approved business case (as defined for the approval of business cases above)	Follow the same limits as per business case section 2. above					
c Approval of expenditure greater than tender price/business case. Subject to remaining within approval and tender limits identified above.	Follow the same limits as per contracts section 3. above					
i < 10% of approved tender.			X			
ii > 10% of approved tender or business case would require review of need and affordability in accordance with the business case process defined above.	Follow the same limits as per business case section 2. above					
d Approval of invoices within approved contract values:						
i < £1,000,001					X	
ii £1,000,001 - £10,000,000				X		
iii £10,000,001 - £25,000,000			DoR (note 2)			DDoR
iv > £25,000,000 to NHS providers within M&SE system			DoR (note 2)			DDoR
v > £25,000,000 with other providers			DoR			
e Engagement of staff not on the Establishment (within available budget and full year cost) - costs per employee						
i < £50,000				X		
ii £50,001 - £100,000 (prior approval required from NHSE for contract appointments)			X			
iii £100,001 - £250,000 (prior approval required from NHSE)			CEO+DoR			
iv > £250,001 (prior approval required from NHSE) Reported to RemCom for information and scrutiny EXCEPT: If the appointment relates to the CEO or DoR (in iii or iv above) the process will be reviewed by RemCom and recommended to the Governing Body for approval. IN ADDITION, for the recruitment of agency / contract staff, all contracts with either a total value of £50,000 or above, a day rate of £600 or greater and/or contracts that exceed 6 months require NHSE/I PRIOR approval.		Rem Comm	CEO+DoR			
	NHSE/I Regional rep (>£600 per day), NHSE DoR (>£800 per day), NHSE/I Regional and National approval (>£900 per day)					

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<p><b>6. Continuing Healthcare</b></p> <p>a Approving Continuing Healthcare packages of care:</p> <p>    i Up to agreed standard rate per week</p> <p>    ii Up to annual equivalent £100,000</p> <p>    iii Up to annual equivalent £150,000</p> <p>    iv Over annual equivalent £200,000</p> <p>b Patient Transport (journeys outside of contract).</p>				Chief Nurse		<p>CHC Business Mgr Operational Lead Head of CHC / Deputy CN</p> <p>Any posts identified in 6a</p>

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>7. Losses, Write Off &amp; Compensation</b>						
a Losses due to theft, fraud, overpayment, fruitless payments, non-contracted activity, compensation payments:						
i < £5,000			X			
ii £5,001 - £25,000			CEO + DoR			
iii £25,001 - £100,000	X					
iv >£100,000	X					
	(and reported to NHSE/I at year end)					
b Redress payments made in respect of Continuing Healthcare costs (except for routine reimbursement of care costs incurred due to delay in package set-up over permitted 28 days):						
i < £10,000			CEO + CN or DoR + CN			
ii > £10,000			CEO + DoR + CN			
c Write off of non-NHS debtors:						
i < £500				X		
ii > £500			X			
All instances of losses or write off will be reported to the audit committee.						
d Special severance or retention payments.						Reserved by NHSE/I

Provision	Board	Committee	CEO or DoR	Executive Directors	Budget Holders (note 1)	Specified Individual
<b>8. Primary Care Commissioning</b>						
a Investment in Primary Care within the scope of the Statement of Financial Entitlements for General Medical Services and existing terms of GMS, PMS and APMS Contracts and within budget:						
i < £250,000				X		Dir PC
ii £250,001 - £1,000,000		PCCC F&IC				
iii £1,000,001 - £5,000,000						
iv > £5,000,001	X					
Investment in Primary Care within the scope of the Statement of Financial Entitlements for General Medical Services and existing terms of GMS, PMS and APMS Contracts and outside of budget:						
i < £250,000				X		Dir PC
ii £250,001 - £1,000,000		PCCC F&IC				
iii £1,000,001 - £5,000,000						
iv > £5,000,001	X					
b Investment in Primary Care outside of contractual entitlements will require the relevant business case and financial approvals process described in sections 2 and 5 to be followed						
		As per Business Case process (and reported back to the PCCC)				

- Notes:
1. Limits for Budget Holders will be set on a case by case basis up to the maximum limits shown in the schedules below.
  2. While the Interim DoR is also the CFO of MSEFT, the Interim DoR may not approve invoices or contract payments from the ICB to MSEFT.

## Scheme of Reservation and Delegation

Definitions: <u>Full title</u>	<u>Short title</u>	<u>Description</u>
Executive Directors	Exec Dir	All Executive Directors of the ICB with a line report to the Chief Executive.
ICB Chief Executive	CEO	The ICB Chief Executive
Director of Resources	DoR	The ICB Director of Resources / Interim Director of Resources
Medical Director	MD	The ICB Medical Director
Chief Nurse	CN	The ICB Chief Nurse
Deputy DoR	DDoR	Named Directors of Finance within the Resources Directorate. To be confirmed once ICB structures are finalised but likely to be all direct reports to the Director of Resources
Director of Primary Care	Dir PC	Director of Primary Care
Deputy Director for Primary Care Development	DD PC	Deputy Director for Primary Care Development
Deputy Chief Nurse	Deputy CN	The ICB Deputy Chief Nurse
Head of CHC	Head of CHC	The ICB Head of CHC
CHC Business Mgr	CHC Business Mgr	Nominated CHC Business Managers. CHC team to maintain register. Specific posts to be confirmed once ICB structures are finalised.
Operational Lead	Operational Lead	Nominated CHC Operational Leads. CHC team to maintain register. Specific posts to be confirmed once ICB structures are finalised.
Budget Holder	Budget Holder	Any nominated budget holder. The limits in this DSoD are the maximum limits. Each budget holder will be granted a specific limit based on need and responsibility. See note 1.
Senior Finance Manager	SFM	Senior Finance Manager. For allocation of new budget allocations where the use is specified and thus no decision on which care area the funding is to be allocated to is needed.
<u>Committee Name</u>	<u>Short Name</u>	
The ICB Board	Board	
Finance & Investment Committee	F&IC	
Audit Committee	Audit	
Primary Care Commissioning Committee	PCCC	
Remuneration Committee	Rem Comm	

## **2. Terms of Reference and Management of Meetings**

- 2.1. Schedule of Committee Membership and review/approval Register [to follow]**
- 2.2. Audit Committee TOR**
- 2.3. Remuneration Committee TOR**
- 2.4. Finance & Investment Committee TOR**
- 2.5. Primary Care Commissioning Committee TOR**
- 2.6. Quality Committee**
- 2.7. Alliance TORs**
- 2.8. Clinical and Multi-professional Congress**
- 2.9. System Oversight and Assurance Committee**
- 2.10. MSE Integrated Care Partnership [to follow]**
- 2.11. Summary of meeting etiquette (Petitions, Questions, Role of Observers and Participants.)**

# Mid & South Essex Integrated Care Board

## Audit Committee

### Terms of Reference

#### 1. Constitution

The Audit Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2. Authority

The Audit Committee is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### 3. Purpose

To contribute to the overall delivery of the ICP's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the adequacy of governance, risk management and internal control processes within the ICB.

The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.

The Audit Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

## 4. Membership and attendance

### Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than 3 members of the Committee including 1 who is an Independent Non-Executive Member of the Board. Other members of the Committee need not be members of the Board, but they may be.

Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.

Members will possess between them knowledge, skills and experience in accounting, risk management, internal and external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to diversity and equality. The membership will comprise:

- Audit Committee Chair (Chair)
- Partner Board member
- Non-Executive from an intra-system NHS Foundation Trust or Local Authority with knowledge, skills and experience in accounting, risk management and audit

Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The deputy may not vote on behalf of the absent Committee member.

### Chair and Vice Chair

The Chair of the ICB will appoint a Chair of the Audit Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.

The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.

Committee members may appoint a Vice Chair from amongst the members.

In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

### Attendees

Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- Director of Resources or their nominated deputy.
- Representatives of both internal and external audit.
- Individuals who lead on risk management and counter fraud matters.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Boards, Secondary and Community Providers.

The Chief Executive should be invited to attend the meeting at least annually, including when the Committee considers the draft annual governance statement and the annual report and accounts.

The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

#### Attendance

Where an attendee of the Committee who is not a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

#### Access

Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

## 5. Meetings Quoracy and Decisions

The Audit Committee will meet at least 4 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned quarterly subject to there being necessary business to transact. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

#### Quorum

For a meeting to be quorate a minimum of 2 independent non-executive members of the Committee are required, including the Chair or Vice Chair of the Committee.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

#### Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

### *Urgent Decisions*

In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually.

Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).

The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification.

## 6. Responsibilities of the Committee

The Committee's duties can be categorised as follows.

### *Integrated governance, risk management and internal control*

To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives and to highlight any areas of weakness to the Board.

To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual, including the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications and for all work related to counter fraud, bribery and corruption as required by the NHS Counter Fraud Authority

To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives and the effectiveness of the management of principal risks.

To have oversight of system risks where they relate to the achievement of the ICB's objectives.

To ensure that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.

To seek reports and assurance from directors and managers as appropriate, concentrating on the ICB's systems of governance, risk management and internal control, together with indicators of their effectiveness.

To identify opportunities to improve governance, risk management and internal control processes across the ICB.

### *Internal audit*

To ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards and provides appropriate independent assurance to the Board. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved;
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;

- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
- Monitoring the effectiveness of internal audit and carrying out an annual review.

### External audit

To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit (and making recommendations to the governing body when appropriate);
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Ensuring the audit opinion provided by external audit is deemed appropriate and suitable to inform members whether the ICB remains a 'going concern' under the applicable standards and accounting principles and making onward recommendations to the Governing Body for adoption as appropriate
- Ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services

### Other assurance functions

To review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.

To review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility.

To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.

To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and
- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

### Counter fraud

To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's

(NHSCFA) standards and review the outcomes of work in these areas.

To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.

To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners; Fraud, Bribery and Corruption.

To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

### Cyber Security Management and Business Continuity

The Committee shall seek assurance on the effectiveness of:

- the systems and management arrangements established for addressing the risk of a Cyber Security attack and
- the associated Business Continuity planning and arrangements for maintaining corporate, operational and clinical services in the event of a loss of either IT or data due to a cyber attack.

### Freedom to Speak Up

To review the adequacy of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical, management, or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

### Information Governance (IG)

To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.

To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.

To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

### Financial reporting

To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
- Changes in accounting policies, practices and estimation techniques.
- Unadjusted mis-statements in the Financial Statements.
- Significant judgements and estimates made in preparing of the Financial Statements;
- Significant adjustments resulting from the audit.
- Explanations for significant variances.
- Letter of representation.
- Qualitative aspects of financial reporting.

### Conflicts of Interest

The chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.

The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

### Security

The Committee shall ensure that the ICB has adequate arrangements in place for security that meet NHS England/ NHS Protect standards and review the outcomes of work in these areas.

### Governance

The Committee shall seek assurance that the ICB has adequate arrangements in place to ensure that business is conducted in accordance with the law and proper standards and that its corporate governance arrangements are robust.

### Emergency Planning, Resilience & Response and Business Continuity Management

The Committee shall seek assurance on implementation of Emergency Planning and Business Continuity arrangements.

### Sustainability

The Committee will seek assurance on the delivery of the Mid and South Essex HCP / ICS Green Plan and associated actions to improve its carbon footprint and reduce the environmental impact of its services, including progress against the NHS Net Zero strategy.

### Management

To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.

To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's standing orders, in order to provide assurance in relation to the appropriateness of decisions and to derive future learning.

### Delegated Authority

The Committee has delegated authority via the Scheme of Reservation and Delegation to make decisions in respect of the following:

- Approving minor amendments on behalf of the ICB Board or endorsing new and/or significant amendments for approval by the Board, of policies and procedures within its remit.

## 7. Behaviours and Conduct

### ICB values

Members will be expected to conduct business in line with the ICB values and objectives and Code of Conduct set out in the East of England Leadership Compact.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

### Conflicts of Interest

Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.

A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8. Accountability and reporting

The Audit Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Chair of the committee may be invited to attend the ICB as requested by the Chair of the ICB.

The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.

The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The Audit Committee will provide the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- The fitness for purpose of the assurance framework.
- The completeness and 'embeddedness' of risk management in the organisation.
- The integration of governance arrangements.
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements.
- The robustness of the processes behind the quality accounts.

## 9. Secretariat and Administration

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders, including a record of all decisions, and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10. Review

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## Remuneration Committee

### Terms of Reference

#### 1 Constitution

- 1.1 The Remuneration Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.1 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.2 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2 Authority

- 2.1 The Remuneration Committee is authorised by the Board to:
  - Investigate any activity within its terms of reference.
  - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
  - Commission any reports it deems necessary to help fulfil its obligations.
  - Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
  - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### 3 Purpose

- 3.1 To exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006, specifically to confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members).
- 3.2 The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial

year, however this will be flexible to new and emerging priorities and risks.

- 3.3 The Remuneration Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

## 4 Membership and attendance

### Membership

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than 3 members of the Committee including 2 independent non-executive members of the Board based on their specific knowledge, skills and experience. Other members of the Committee need not be members of the Board, but they may be.
- 4.3 Neither the Chair of the Audit Committee nor any employees of the ICB may be members of the Committee.
- 4.4 The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.
- 4.5 When determining the membership of the Committee, active consideration will be made to diversity and equality.
- 4.6 The membership will comprise:
- Remuneration Committee Chair (non-executive member)
  - Non-executive member
  - Partner Board member
- 4.7 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The deputy may not vote on behalf of the absent Committee member.

### Chair and Vice Chair

- 4.8 The Chair of the ICB will appoint a Chair of the Remuneration Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.
- 4.9 Committee members may appoint a Vice Chair from amongst the members.
- 4.10 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 4.11 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

### Attendees

- 4.12 Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee may also be attended for all or part of a meeting by the following individuals who are not members of the Committee:

- The ICB's most senior HR Advisor or their nominated deputy
- Director of Resources or their nominated deputy
- Chief Executive or their nominated deputy

4.13 Such attendees will not be eligible to vote.

4.14 The Chair may ask any or all of those in attendance who are not members to withdraw to facilitate open and frank discussion of particular matters.

4.15 No voting individual should be present during any discussion relating to:

- Any aspect of their own pay;
- Any aspect of the pay of others when it has an impact on them.

4.16 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the Health and Wellbeing Boards, Secondary and Community Providers.

### Attendance

4.17 Where an attendee of the Committee who is not a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## 5 Meetings Quoracy and Decisions

5.1 The Committee will meet in private.

5.2 The Remuneration Committee will meet at least 2 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned six monthly subject to there being necessary business to transact. Additional meetings may take place as required.

5.3 The Board, Chair or Chief Executive may ask the Remuneration Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

5.4 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### Quorum

5.5 For a meeting to be quorate a minimum of 2 Members of the Committee are required, including the Chair or Vice Chair of the Committee.

5.6 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.7 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Decision making and voting

- 5.8 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.9 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.10 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.11 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

### Urgent Decisions

- 5.12 In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually.
- 5.13 Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).
- 5.14 The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification.

## 6 Responsibilities of the Committee

- 6.1 The Committee's duties are as follows:
- 6.1.1 For the Chief Executive, Executive Directors and other Very Senior Managers on the VSM pay scale and other Board members apart from Non-Executive Members:
- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses and other contractual or non-contractual payments.
  - Determine arrangements for termination of employment and other contractual terms and non-contractual terms.
- 6.1.2 Agree the pay framework for clinical staff working within the ICB but outside of Agenda for Change terms and conditions.
- 6.1.3 Oversee off payroll contracts via receipt of bi-annual reporting.
- 6.1.4 For all staff:
- Oversee any payments outside of agenda for change pay policy, for example but not limited to on call payments.
  - Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

- 6.1.5 In order to avoid conflicts of interest, the remuneration of Non-Executive Members will be determined by a separate Lay Member Remuneration Panel comprising the ICB Chair, Chief Executive, Director of People and 1 Partner Member.

## 7 Behaviours and Conduct

### ICB values

- 7.1 Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out in the East of England Leadership Compact.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

### Conflicts of Interest

- 7.4 Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.
- 7.5 A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

- 7.6 Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8 Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The Chair of the committee may be invited to attend the ICB as requested by the Chair of the ICB.
- 8.3 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.
- 8.4 The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.5 The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 9 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders , including a record of all decisions, and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## Finance & Investment Committee

### Terms of Reference

#### 1. Constitution

- 1.1 The Finance & Investment Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) and is a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is an executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2. Authority

- 2.1 The Finance & Investment Committee is a formal committee of the ICB, which has delegated authority from the ICB details of which are set out in the Scheme of Reservation and Delegation. The Finance & Investment Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.
- 2.2 The Committee is authorised by the Board to:
  - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- 2.3 For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions, and the SoRD.

#### 3. Purpose

- 3.1 The Finance & Investment Committee has a dual role on behalf of the ICB:
  - Fulfilling the appropriate accounting obligations.
  - Assure the ICB regarding the financial sustainability and risk mitigation in place across NHS system partners.
- 3.2 The purpose of the Committee is therefore as follows:

- 3.2.1 To provide oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable financial plans and associated financial performance in relation to services commissioned by the ICB, mitigating risk as appropriate in the context of system working.
- 3.2.2 To contribute to the overall delivery of the ICP's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on the following areas:
- Objective oversight and scrutiny of system financial plans and decisions
  - Approve system investment decisions in line with the ICB Scheme of Delegation
  - Review system financial performance
  - Identify key system issues and system risks requiring discussion or escalation to the Board
- 3.3 The duties of the Committee will be driven by the ICB's objectives and the associated system risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.
- 3.4 The Finance and Investment committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

## 4. Membership and attendance

### Membership

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than 5 members of the Committee, including at least one independent Non-Executive Member of the Board/external Chair, based on their specific knowledge, skills and experience. Other members of the Committee need not be members of the Board.
- 4.3 The Chair of the Finance & Investment Committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.4 Membership will comprise:
- Non-Executive Member of the Board (Chair) or External Chair
  - Two Chairs of Finance Committees from intra-system NHS Foundation Trusts and/or Community Interest Companies providing NHS services
  - Chief Executive of the ICB
  - Executive Director of Resources of the ICB
  - Executive Director Oversight, Assurance & Delivery of the ICB
  - Executive Director of Strategy & Partnerships of the ICB
  - Partner Member s151 Officer

- 4.5 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The deputy may vote on behalf of the absent Committee member.

#### Chair and vice chair

- 4.6 The Chair of the ICB will appoint a Non-Executive Member of the Board, with the relevant skills and experience, to chair the Finance and Investment Committee.
- 4.7 The Finance & Investment Committee may appoint a Vice Chair of the Committee from amongst its members.
- 4.8 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 4.9 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

#### Attendees

- 4.10 Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee may also be attended by the following individuals who are not members of the Committee by invitation:
- ICB Executive Directors
  - Partner Member LA Finance Officers
  - System Finance Leaders
- 4.11 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.12 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from health partners.

#### Attendance

- 4.13 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## 5. Meetings Quoracy and Decisions

- 5.1 The Committee will meet at least 8 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned monthly subject to there being necessary business to transact. Additional meetings may take place as required.
- 5.2 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### Quorum

- 5.4 For a meeting to be quorate a minimum of 4 Members (50% of total number of members) of the Committee are required, including the Chair or Vice Chair of the Committee and the Executive Director of Resources or their representative.
- 5.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Decision making and voting

- 5.7 Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

### Urgent Decisions

- 5.11 In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually, via video conference facilities. Where this is not possible decisions should be achieved through email to all members of the committee in order to capture a transparent audit trail.
- 5.12 Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).
- 5.13 The exercise of such powers shall be reported to the next formal meeting of the Committee for ratification.

## 6. Responsibilities of the Committee

- 6.1 The Committee's duties can be categorised as follows:
  - 6.1.1 System financial management framework:
    - Joint obligation to achieve financial balance in line with published guidance.
    - Oversee and monitor delivery of the ICB key statutory requirements so set the strategic system financial framework and monitor performance against it.
    - To ensure financial information systems and processes are established to make recommendations to the Board on financial planning in line with the

strategy and national guidance.

- To ensure health and social inequalities are taken into account in financial decision-making.

#### 6.1.2 Resource allocations (revenue)

- To agree the approach for distribution of the resource allocation via commissioning and direct allocation to drive agreed change based on the ICB strategy.
- To advise on and oversee the process regarding the deployment of system-wide transformation funding taking advice and recommendation from System Finance Leadership Group (SFLG).
- To consider the recommendations of the SFLG in respect of the identification and allocation of resources where appropriate to address finance and performance related issues that may arise.
- To consider the recommendations of the System Leadership Group (SLEG) in respect of major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off.

#### 6.1.3 National framework:

- To advise the ICB on any changes to NHS and non-NHS funding regimes and consider how the funding available to the ICB can be best used within the system to achieve the best outcomes for the local population.
- To oversee national ICB level financial submissions.
- To receive assurance that the required preparatory work is scheduled to meet national planning timelines.

#### 6.1.4 Financial monitoring information

- To agree a reporting framework for the ICB as a statutory body, using the chart of accounts devised by NHSE and the integrated single financial environment (ISFE) and the ICB as a system of bodies.
- To work with ICS partners to seek assurance over the financial reports from system bodies and provide feedback to them (being clear on how this role interacts with that of the audit committee).
- To recommend to the ICB Board a medium and long-term financial plan which demonstrates ongoing value and recovery.
- To develop an understanding of where costs sit across a system, system cost drivers and the impacts of service change on costs.
- To receive a Directorate of Resources risk register in order to be able to monitor financial and associated risks.

#### 6.1.5 Performance:

- To oversee the management of the system financial target and the ICB 's own financial targets.
- To agree key outcomes to assess delivery of the ICB financial strategy.
- To monitor and report to the Board overall financial performance against

national and local metrics, highlighting areas of concern.

- To monitor and report to the Board key service performance which should be taken into account when assessing the financial position.

#### 6.1.6 System efficiencies:

- To ensure system efficiencies are identified and monitored across the ICB, in particular opportunities at system level where the scale of the ICB partners together and the ability to work across organisations can be leveraged.
- To ensure financial resources are used in an efficient way to deliver the objectives of the ICB and achieve financial sustainability.
- To review exception reports on any material breaches of the delivery of agreed efficiency improvement plan including the adequacy of proposed remedial action plans.

#### 6.1.7 Capital:

- To ensure that the system estates & digital strategies and plans properly balance clinical, strategic and affordability drivers.
- To gain assurance that these plans are built into system financial plans.
- To monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used.
- To ensure effective oversight of future prioritisation and capital funding bids.

#### 6.1.8 Board Assurance Framework:

- Review and monitor those risks on the BAF and Corporate Risk Register which relate to finance and ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.
- To co-ordinate system financial BAF risk reporting and liaise with system partners to ensure consistency in articulation and mitigation of financial risk.

#### 6.1.9 Work Programmes:

- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Finance & Investment Committee.

#### 6.1.10 Investment & Procurement:

- To consider business cases / service proposals and recommend appropriate action, e.g. procurement route, ensuring compliance with appropriate legislation and guidance. The committee will approve investments and procurements within its delegated limits.
- To review procurement outcomes and approve the award of contracts and/or make recommendations to the ICB, in accordance with the Scheme of Delegation.
- To review and monitor the procurement programme and the contestability plan for key programmed procurements.
- To review lessons learned from procurements and recommend changes to practice and procedures where necessary.

- 6.2 The Committee has delegated authority via the Scheme of Reservation and Delegation to make decisions in respect of the following:
- Approving minor amendments on behalf of the ICB Board or endorsing new and/or significant amendments for approval by the Board, of policies and procedures within its remit.
  - To be replicated from the Scheme of Reservation and Delegation once finalised.

## 7 Behaviours and Conduct

### ICB values

- 7.1 Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out including the East of England Leadership Compact.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make in accordance with the equality impact assessment process established by the ICB.

### Conflicts of Interest

- 7.4 Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.
- 7.5 A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

- 7.6 Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8 Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 Undertake the agreed accountability review and assurance processes with the ICB.
- 8.3 Regular reports on the delivery of plans will be submitted to the ICB for assurance.

- 8.4 The Chair of the committee may be invited to attend the ICB as requested by the Chair of the ICB and the Chair of the ICB will be invited to attend the committee at least annually.
- 8.5 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.
- 8.6 The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.7 The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 9 Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
  - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
  - Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary.
  - Good quality minutes are taken in accordance with the standing orders, including a record of all decisions, and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
  - The Chair is supported to prepare and deliver reports to the Board.
  - The Committee is updated on pertinent issues/ areas of interest/ policy developments.
  - Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

- 10.1 The Committee will review its effectiveness at least annually.
- 10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## Primary Care Commissioning Committee

### Terms of Reference

#### 1 Constitution

- 1.1 The Primary Care Commissioning Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2 Authority

- 2.1 The Primary Care Commissioning Committee is authorised by the Board to:
  - Investigate any activity within its terms of reference.
  - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
  - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### 3 Purpose

- 3.1 To improve and transform services, provide oversight and assurance to the ICB on the exercise of the ICB's delegated primary care commissioning functions, adherence to the Statement of Financial Entitlements and contract monitoring for contracts held with Primary Care providers (including those holding contracts in-scope of the ICBs Commercial Framework for Primary Care). To contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by
- 3.2 The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial

year, however this will be flexible to new and emerging priorities and risks.

- 3.3 The Primary Care Commissioning Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

## 4 Membership and attendance

### Membership

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than x members of the Committee based on their specific knowledge, skills and experience. Other members of the Committee need not be members of the Board, but they may be.
- 4.3 The membership will comprise:
- Non-Executive Member (Chair) or Partner Member
  - Medical Director or nominated deputy
  - Director of Resources or nominated deputy
  - Director of Nursing or nominated deputy
  - Director of Primary Care
  - NHS Alliance Directors
  - ICB Primary Care Partner Member
- 4.4 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The deputy may not vote on behalf of the absent Committee member.

### Chair and Vice Chair

- 4.5 The Chair of the ICB will appoint a Chair of the Primary Care Commissioning Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.
- 4.6 Committee members may appoint a Vice Chair from amongst the members.
- 4.7 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 4.8 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

### Attendees

- 4.9 Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee will also be attended by the following individuals who are not members of the Committee:
- Local Representative Committees representative/s
  - NHS England

- Healthwatch
- 4.10 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.11 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter Attendance
- 4.12 Where an attendee of the Committee who is not a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## 5 Meetings Quoracy and Decisions

- 5.1 The Primary Care Commissioning Committee will meet at least 4 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned bi-monthly subject to there being necessary business to transact. Additional meetings may take place as required.
- 5.2 The Board, Chair or Chief Executive may ask the Primary Care Commissioning Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

### Quorum

- 5.4 For a meeting to be quorate a minimum of 4 Members (50% of total number of members) of the Committee are required, including the Chair or Vice Chair of the Committee.
- 5.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Decision making and voting

- 5.7 Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## Urgent Decisions

- 5.11 In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually.
- 5.12 Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).
- 5.13 The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification.

## 6 Responsibilities of the Committee

- 6.1 The Committee's duties are as follows:
  - To promote and champion primary care within the mid and south Essex system, as well as regionally and nationally.
  - To monitor delivery of the primary care strategy, and the associated commercial framework, and their implementation across the whole system and within each of the four "Places".
  - To oversee implementation of the Quality Strategy within Primary Care across Mid and South Essex.
  - To oversee the delivery of equitable access to primary care across Mid and South Essex.
  - To oversee the reduction of health inequalities through primary care.
  - To oversee the effective integration of primary care into neighbourhood teams.
  - To agree primary care system wide work programmes, bids or returns on behalf of the ICB e.g. estates/capital submissions.
  - To maintain an overview of the financial position for primary care in mid and south Essex. including tracking investment against agreed financial plans. and the stewardship of primary care resources overall, Financial position to include the delegated fund, system development funding and other resource received, or utilised, for investment in primary care as agreed through the F&IC
  - To provide a forum for co-ordinating the development of Primary Care Networks beyond the requirements included within the Network DES and in line with the principles as agreed within the ICBs Primary Care Commercial Framework
  - To provide a forum for other system partners to liaise with on matters that affect primary care (e.g. development of strategic plans).
  - To provide a forum for sharing innovation and best practice.
  - To provide a forum for sharing qualitative data such as complaints, concerns, serious incidents

- To receive assurance that action plans and risks relating to primary care quality are being addressed and that practices are being supported to improve quality.
- To monitor and review risks within the Committee's remit and identify any additional risks.
- To exercise the ICB's delegated primary care commissioning functions in relation to:
  - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract).
  - Directed Enhanced Services.
  - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF) aligned to the implementation of the ICB's Commercial Framework for General Practice.
  - Decision making on whether to establish new GP practices in an area,
  - Approving practice mergers,
  - Making decisions on 'discretionary' payments (e.g., returner/retainer schemes) within the scope of the Statement of Financial Entitlements.

6.2 The Committee has delegated authority via the Scheme of Reservation and Delegation to make decisions in respect of the following:

- Approving minor amendments on behalf of the ICB Board, or endorsing new and/or significant amendments for approval by the Board, of policies and procedures within its remit.

## 7 Behaviours and Conduct

### ICB values

- 7.1 Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out in the East of England Leadership Compact.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

### Conflicts of Interest

- 7.4 Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.
- 7.5 A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced

for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

- 7.6 Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8 Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The Chair of the committee may be invited to attend the ICB as requested by the Chair of the ICB.
- 8.3 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.
- 8.4 The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.5 The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 9 Secretariat and Administration

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
  - Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
  - Records of members' appointments and renewal dates are maintained, including a record of all decisions, and the Board is prompted to renew membership and identify new members where necessary.
  - Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
  - The Chair is supported to prepare and deliver reports to the Board.
  - The Committee is updated on pertinent issues/ areas of interest/ policy developments.

- Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## Quality Committee

### Terms of Reference

#### 1 Constitution

- 1.1 The Quality Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2 Authority

- 2.1 The Quality Committee is a formal committee of the ICB, which has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time. The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.
- 2.2 The Committee is authorised by the Board to:
  - Investigate any activity within its terms of reference.
  - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
  - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- 2.3 For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD.

#### 3 Purpose

- 3.1 The Committee has been established to contribute to the overall delivery of the ICB's objectives to create opportunities for the benefit of local residents, to support Health and Wellbeing, to bring care closer to home and to improve and transform services by providing oversight and providing the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022.

- 3.2 The Committee exists to scrutinise the robustness of, and provide assurance to the ICB, that there is an effective system of quality governance and internal control across the ICS that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care. The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.
- 3.3 The duties of the Committee will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.
- 3.4 The Quality Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

## 4 Membership and attendance

### Membership

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint no fewer than x members of the Committee, including at least 1 Independent Non-Executive Members of the Board, based on their specific knowledge, skills and experience. Other members of the Committee need not be members of the Board, but they may be.
- 4.3 Neither the Chair of the Board or employees of the ICB will be members of the Committee. When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.
- 4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.5 The membership will comprise:
  - Non-Executive Member of the Board (Chair)
  - ICB Director of Nursing
  - ICB Medical Director
  - Other members to be determined (e.g. acute provider representative, primary care representative, local authority lead, Mental Health / Community provider representative?)
- 4.6 Where a member of the Committee is unable to attend a meeting, a suitable deputy may be agreed with the Committee Chair. The deputy may vote on behalf of the absent Committee member.

### Chair and Vice Chair

- 4.7 The Chair of the ICB will appoint a Non-Executive Member of the Board to Chair the Quality Committee who has the specific knowledge, skills and experience making them suitable to chair the Committee.
- 4.8 Committee members may appoint a Vice Chair from amongst the members of the Quality Committee.

- 4.9 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 4.10 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### Attendees

- 4.11 Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee will also be attended by the following individuals who are not members of the Committee:
- To be added
- 4.12 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.
- 4.13 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Boards, Secondary and Community Care Providers.

#### Attendance

- 4.14 Where an attendee of the Committee who is not a member of the Committee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

### 5 Meetings Quoracy and Decisions

- 5.1 The Quality Committee will meet at least 6 times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned bi-monthly subject to there being necessary business to transact. Additional meetings may take place as required.
- 5.2 The Board, Chair or Chief Executive may ask the Quality Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 5.3 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

#### Quorum

- 5.4 For a meeting to be quorate a minimum of x Members (50% of total number of members) of the Committee are required, including the Chair or Vice Chair of the Committee, the Director of Nursing or Medical Director and 2 other members.
- 5.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- 5.6 If the quorum has not been reached, then the meeting may proceed if those attending

agree, but no decisions may be taken.

### Decision making and voting

- 5.7 Decisions will be taken in accordance with the Standing Orders and recorded within the Committee minutes. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.8 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 5.9 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- 5.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

### Urgent Decisions

- 5.11 In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually.
- 5.12 Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).
- 5.13 The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification.

## 6 Responsibilities of the Committee

6.1 The Committee's duties are as follows:

- Seek and receive assurance that there are robust processes in place for the effective management of all elements of quality (safety, effectiveness, positive experience, well-led and sustainable, and equitable)
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and that timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan
- Oversee and monitor delivery of the ICB key statutory requirements including those relating to the safeguarding of children and adults.
- Review and monitor those risks on the Board Assurance Framework (BAF) and Operational Risk Registers which relate to quality, and high-risk operational risks which could impact on care and ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care (DHSC),

NHS England Improvement (NHSE/I) and other regulatory bodies / external agencies (e.g. Care Quality Committee (CQC), National Institute for Health and Care Excellence (NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes
- Ensure that mechanisms are in place throughout the system to review and monitor the effectiveness of the quality of care delivered by providers and place
- Receive assurance that the system identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims, enquiries from MPs/Local Representatives and Patient Stories and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and Prevention of Future Death (PFD) reports)
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to service users
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc)
- To maintain oversight and scrutiny of the Continuing Health Care Service for adults, Individual Placements Team and children's continuing health care.
- To maintain oversight and scrutiny of quality within Primary Care and the nursing/residential care sector
- To maintain oversight and scrutiny of the quality of local maternity services

6.2 The Committee has delegated authority via the Scheme of Reservation and Delegation to make decisions in respect of the following:

- Approving minor amendments on behalf of the ICB Board, or endorsing new and/or significant amendments for approval by the Board, of policies and procedures within its remit.

## 7 Behaviours and Conduct

### ICB values

- 7.1 Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out in the East of England Leadership Compact.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, Standards of Business Conduct Policy.

### Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

### Conflicts of Interest

- 7.4 Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.
- 7.5 A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8 Accountability and reporting

- 8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The Chair of the committee may be invited to attend the ICB as requested by the Chair of the ICB.
- 8.3 The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.
- 8.4 The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- 8.5 The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.
- 8.6 The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

## 9 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders, including a record of all decisions, and agreed with the chair and that a record of matters arising, action points, and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

10.1 The Committee will review its effectiveness at least annually which will feed into the annual Governance Statement, and will complete an annual report submitted to the ICB Board

10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

10.3 The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## XX Alliance Committee

### Terms of Reference

#### 1. Constitution

The XX Alliance Committee (the 'Alliance') is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2. Authority

The XX Alliance is authorised by the Board to:

- Investigate any activity within its terms of reference.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference.
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions, and the SoRD.

#### 3. Purpose

To contribute to the overall delivery of the ICS's objectives to create opportunities for the benefit of local residents, to support health and wellbeing, to bring care closer to home and to improve and transform services by providing oversight and assurance to the ICB Board on:

- The aim of the XX Alliance is to bring key partners together to provide the localism needed within the Mid & South Essex system to create opportunities for people to live well in xx.
- This extends beyond the traditional boundaries of health and social care and incorporates wider system partners to tackle the social determinants of poor health and wellbeing with levelling-up in terms of outcomes and reduced disparities.
- There is a recognition by all partners in the system that the social determinants of poor

health and wellbeing need to be tackled by everyone levelled-up in terms of outcomes and reduced disparities. Developing this local partnership will support this.

- Where resources and funding have been aligned to the XX Alliance by partner organisations, the XX Alliance will determine the best allocation of those resources and funding based on agreed priorities and ensuring appropriate good stewardship. Where possible, incentivised budgets will prioritise upstream interventions which improve population health.
- The work of the XX Alliance will embody the MSE ICS principle of subsidiarity, that is addressing inequalities and disparities at local level while delivering ICS wide standards, outcomes and common clinical policies
- The XX Alliance will act as the interface between the ICP, Health & Wellbeing Boards, district and borough forums, PCNs etc. in translating strategy and outcomes for the benefit of residents within the Alliance, PCNs and local communities. It will be driven forward by decisive leadership which holds itself to account, who listen to local people, and have clear accountability for delivery.
- The XX Alliance will also provide the interface for advising those bodies of the vision for the Alliance, the priorities and how the Alliance will oversee delivery.
- The XX Alliance will, using data and information, take actions which improve health and wellbeing outcomes and reduce inequalities across its geography.

### 3.1 Duties

- The duties of the Committee will be driven by the integrated care strategy of the Integrated Care Partnership (ICP), the associated strategy and delivery plans of the ICB and the associated risks.
- An annual programme of business will be agreed with the ICB before the start of the financial year, however this will be flexible to new and emerging priorities and risks.
- The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference. Membership and attendance

## 4. Membership and attendance

### 4.1 Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than x members of the Committee based on their specific knowledge, skills and experience. Other members of the Committee need not be members of the ICB Board, but they may be.

The membership will comprise: to be specific

- primary care providers represented by PCN clinical directors or other relevant primary care leaders
- appointed Alliance clinical leaders
- local authorities including district and borough councils where relevant
- providers of acute, community and mental health services, including representatives of provider collaboratives where appropriate
- people who use care and support services and their representatives including

Healthwatch

- adult and children's social care professionals
- the voluntary, community and social enterprise sector (VCSE)
- the ICB e.g. relevant Director / nominated Senior Manager
- Independent Member (appointed)

#### 4.2 Chair and vice chair

The Chair of the ICB will appoint a Chair of the XX Alliance Committee who has the specific knowledge skills and experience making them suitable to chair the Committee.

Committee members may appoint a Vice Chair from amongst the members.

In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### 4.3 Attendees

Only members of the Committee have the right to attend Committee meetings, however meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- ICB Executive Directors

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Boards, District and Borough Councils, Secondary and Community Providers and community and voluntary organisations.

#### 4.4 Attendance

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

## 5. Meetings Quoracy and Decisions

The XX Alliance Committee will meet at least x times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Meetings will be planned quarterly/bi-monthly/monthly subject to there being necessary business to transact. Additional meetings may take place as required.

- The Board, Chair or Chief Executive may ask the XX Alliance Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

#### 5.1 Quorum

- For a meeting to be quorate a minimum of x Members (50% of total members) of the Committee are required, including the Chair or Vice Chair of the Committee.
- If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.
- If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### 5.2 Decision making and voting

- Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.
- If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

### 5.3 Urgent Decisions

- In the event that an urgent decision is required, every attempt will be made for the Committee to meet virtually.
- Where this is not possible an urgent decision may be exercised by the Committee Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).
- The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification.

## 6. Responsibilities of the Committee

The Committee's duties can be categorised as follows:

### 6.1 Delivery of Alliance plans:

- Propose Alliance plans, and secure agreement by ICB, in response to the place-based elements of the ICP strategy and ICB plan.
- Secure progress against the place plan and provide assurance to the ICB that the plan is on target for delivery.
- Ensure relevant risks (including clinical and financial) are managed and mitigated as per the ICBs Risk Management Policy Framework.
- Manage operational delivery of the plan with all relevant partners.

### 6.2 Ensure the development of integrated multi-disciplinary care as per the agreed Alliance plan. This will include;

- Enabling people to access their shared digital care record to support joined-up, informed decisions around an individual's care
  - Securing plans that are delivered by a capable, confident workforce which is planned in a way that allows services to wrap around individuals, their families, and carers.
- 6.3 Undertake appropriate local community engagement and involvement and provide account and assurance to relevant ICB committee on outcomes
- 6.4 Undertake agreed activities for the Alliance relating to health promotion and prevention.
- 6.5 Embed clinical and multi-professional engagement throughout the Alliance and across Alliances in support of the delivery of local plans and wider system priorities e.g., Stewardship and Population Health Management activities.
- 6.6 Projects to support delivery of Alliance-based plans:
- Prepare and secure approval of business cases as per the delegation set out in the SORD and SFIs setting out the requirements and case for transformation projects in support of Alliance plans.
  - Propose to the ICB business cases in excess of the committee's delegation as set out in the SORD and SFIs, setting out the requirements and case for transformation projects to support delivery of Alliance plans and the overarching priorities and plans of the ICB.
  - Monitor the delivery of agreed project objectives associated with transformation funds and undertake recovery actions where required.
- 6.7 Better Care Fund / S75:
- Agree the Alliance approach to BCF and recommend the business case to be submitted to the Board for approval subject to alignment with ICP and ICB policy and system wide strategy and plans.
  - Ensure arrangements are supported through relevant statutory governance routes of partner organisations
  - Provide assurance to the Board on the delivery of agreed outcomes for the BCF.
  - Agreement and delivery of relevant s75 or joint funded initiatives within the scope of the SORD.
- 6.8 Driving Performance:
- Drive and oversee the delivery of the Alliance accountable ICB standards, outcomes, and common clinical policies
  - Monitoring of resource utilisation at place, identifying recovery actions where required and participating in projects to realign resources in line with ICS programmes (e.g. PHM, stewardship).
  - Provide assurance to the Board that management actions are in place and

succeeding to reduce inappropriate clinical variation.

- 6.9 In accordance with the strategy and prioritization framework for the ICB, propose and coordinate delivery of local elements of the estate strategy.
- 6.10 Ensure insight gained from local residents is used to shape the strategy and policy of both the Alliance. ICB and the ICS more generally.

## 7. Behaviours and Conduct

### 7.1 ICB values

Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out including the East of England Leadership Compact.

Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### 7.2 Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make in accordance with the equality impact assessment process established by the ICB.

### 7.3 Conflicts of Interest

Members of the Committee will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.

A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### 7.4 Confidentiality

Issues discussed at Committee meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8. Accountability and reporting

- The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- The Committee will undertake the agreed accountability review and assurance processes with the ICB.
- Regular reports on the delivery of place-based plans will be submitted to the ICB for assurance.

- The Chair of the Committee may be invited to attend the ICB as requested by the Chair of the ICB and the Chair of the ICB will be invited to attend the committee at least annually.
- The Chair of the Committee will be accountable to the Chair of the ICB for the conduct of the committee.
- The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board in accordance with the Standing Orders.
- The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

## 9. Secretariat and Administration

The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Where relevant records of members' appointments and renewal dates are maintained and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders, including a record of all decisions, and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10. Review

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Health & Care Partnership

## Clinical and Multi-professional Congress

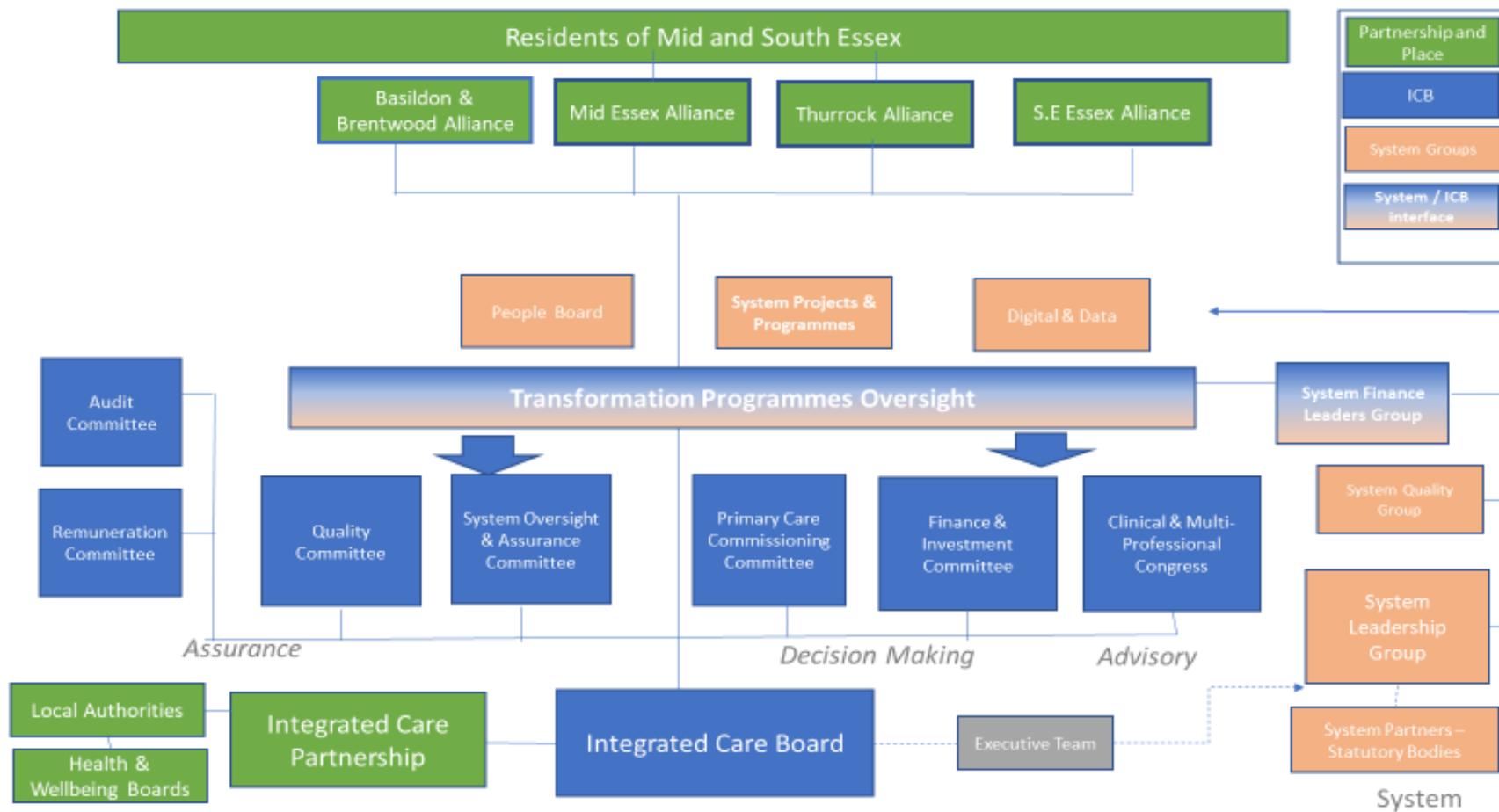
### Terms of Reference

#### 1 Constitution

- 1.1 The Clinical and Multi-professional Congress (CliMPC) is established by the Mid & South Essex Integrated Care Board (ICB) as a Committee of the Board in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the sub-committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

#### 2 Authority

- 2.1 CliMPC is authorised by the Board to:
  - Investigate any activity within its terms of reference.
  - Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by CliMPC) within its remit as outlined in these terms of reference.
  - Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.
- 2.2 For the avoidance of doubt, the Congress will comply with the ICB Standing Orders, Standing Financial Instructions and the SoRD
- 2.3 The Congress has an advisory role within the system, as shown in figure 1 below.



**Figure 1: Committees of the Integrated Care Board**

### 3 Purpose

- 3.1 To contribute to the overall delivery of Triple Aim for ICS's – better health and wellbeing for everyone, better quality of health and care services for everyone and sustainable use of health and care resources. The CliMPC will also support the ICS's objectives of creating opportunities for the benefit of local residents, bringing care closer to home and improving and transforming services by enabling, embodying and delivering on the functions of the ICB Medical Director's office, namely:
- 3.1.1 Innovation and horizon scanning – by developing and refining tools for assessing, advising and making recommendations on stewardship and other transformation proposals
  - 3.1.2 Clinical and Care Strategy – by exploring, assessing and making recommendations on key system clinical and care priorities
  - 3.1.3 Enable and engage Clinical Leadership – by taking responsibility for engaging, collaborating with and securing support from clinical and care professionals connected to their portfolio on aspects of the Congress' work.
  - 3.1.4 Changing Clinical and Care mindsets – by being Ambassadors, responsible for enacting and ensuring support for the principles and practices of collaboration, population health management, targeting inequalities, improvement science and other approaches prioritised by the Congress.
  - 3.1.5 Assurance and statutory adherence – by supporting the ICS Medical Director in discharging such specific assurance and statutory adherence functions as may be necessary.
  - 3.1.6 Aim to support system work according to key ICS principles of:
    - Reducing inequalities and unwarranted variation
    - Helping our system become distinctive, attractive and successful by securing the respect and commitment of professionals who work in and around it.
    - Informing and advancing the ICS's approach to standards, outcomes and common clinical policies – and to secure their deliberate achievement locally
    - Actively participating in all decision making so that the voice of health and care staff is always heard and influences solutions.
    - Doing once for the system where this makes sense.
- 3.2 The duties of CliMPC will be driven by the ICB's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year, however this will be flexible to new and emerging priorities and risks.
- 3.3 CliMPC has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

### 4 Membership and attendance

#### Membership

- 4.1 CliMPC members shall be appointed by interview.
- 4.2 Members will be appointed based on their specific knowledge, skills and experience.
- 4.3 The membership will comprise up to 15 members, as follows:
  - ICB Medical Director (Chair)

- People with knowledge and experience from the following health and care sectors:
  - Community Care
  - Mental Health
  - Patient Engagement representative
  - Pharmacy
  - Primary Care
  - Public Health
  - Secondary Care
  - Social Care
  - Urgent and Emergency Care

4.4 Where a member is unable to attend a meeting, apologies must be sent in advance.

#### Chair and Vice Chair

4.5 The Chair of CliMPC will be the ICB Medical Director.

4.6 Committee members may appoint a Vice Chair from amongst the members.

4.7 In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number to Chair the meeting.

4.8 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

#### Attendees

4.9 Only members of CliMPC have the right to attend Committee meetings, however meetings of the Committee can be attended by others with the agreement of the Chair, as and when appropriate to assist it with its discussions on any particular matter.

4.10 The Chair may ask any or all of those who attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

## 5 Meetings Quoracy and Decisions

5.1 CliMPC will normally meet monthly, subject to there being necessary business to transact, and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

5.2 The Board, Chair or Chief Executive may ask the CliMPC to convene further meetings to discuss particular issues on which they want members' advice.

5.3 In accordance with the Standing Orders, CliMPC may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

#### Quorum

5.4 For a meeting to be quorate a minimum of 8 out of the 15 members are required, including the Chair or Vice Chair.

5.5 If any member of CliMPC has been disqualified from participating in an item on the

agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

- 5.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

#### Decision making and voting

- 5.7 Decisions will be taken in accordance with the Standing Orders. CliMPC will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

- 5.8 Only members may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

- 5.9 Where there is a split vote, with no clear majority, the Chair will hold the casting vote.

- 5.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

#### Urgent Decisions

- 5.11 In the event that an urgent decision is required, every attempt will be made for CliMPC to meet virtually.

- 5.12 Where this is not possible an urgent decision may be exercised by the Chair and subject to every effort having been made to consult with as many members as possible in the given circumstances.

- 5.13 The exercise of such powers shall be reported to the next formal meeting for formal ratification.

## 6 Responsibilities

- 6.1 CliMPC's duties are as follows:

- 6.1.1 Drive the identification and delivery of transformation programmes across the ICS.
- 6.1.2 Support health and care professionals to bring forward proposals on service transformation and improvement in a structured way, based around the ICS's Design Principles and Target Operating Model
- 6.1.3 Be accountable for providing clinical and professional scrutiny and critical appraisal of proposed service transformation plans to ensure that proposals will command support across the Partnership.
- 6.1.4 Take responsibility for ensuring that major changes to pathways within Mid and South Essex are safe and conform to national standards and guidance where these exist, informing the ICB Board where potential risks to the safety and sustainability of services arise.
- 6.1.5 Act as a "sounding board" for proposed major transformation plans, taking into account existing evidence and national guidance, to ensure the best quality outcomes for the population
- 6.1.6 Ensure that service transformation plans are co-designed and produced with

patients, service users and residents.

- 6.1.7 Make recommendations to the ICB Board on proposals developed and scrutinised through the CMPC.
- 6.1.8 Support the identification and implementation of innovative solutions to system-wide challenges.
- 6.1.9 Ensure a robust framework for equality impact assessment of transformative change.
- 6.1.10 Support the strategic direction of the ICS Board.
- 6.1.11 Support the ICB Board where requested in developing and delivering :
  - Clinical and professional leadership arrangements
  - System outcomes framework
  - Effective use of resources (linked to PHM)
  - Clinical workforce issues (linked to People Board)
  - Clinical information systems/resources (linked to Digital & work)

6.2 ClIMPC members' roles may include:

6.2.1 Innovation and horizon scanning

- Enable the progress and adoption of current and future innovation and research (including through engagement with system thought leaders and transformation teams, regional EoE Academic Health Science Network (AHSN) and National Institute for Health Research (NIHR) teams, and appropriate partnership with Industry).
- Help create and establish a culture and environment for generating ideas and making them happen for the benefit of our population

6.2.2 Clinical and Care Strategy

- Champion practical improvements, including adoption of best practice and improvement against national benchmarking, in health and care services at scale, within organisations and at place.
- Support development and agreement of models of care with the wider clinical community and consider any impacts for other areas.

6.2.3 Enable and engage Clinical Leadership

- Shape and engage clinical leadership across the system so as to encourage distributed leadership and normalise collaboration and engagement.
- Gain clinical and professional ownership for the challenge of tackling variation, so that it becomes embedded in day to day practice

6.2.4 Changing Clinical and Care mindsets

- Support the empowerment of citizens to use information so that they can make decisions about their care and take personal responsibility for their health and wellbeing
- Support and advise clinical work-streams in developing financially sustainable and enduringly transformative pathways of care.

6.2.5 Assurance and statutory adherence

- Support system assurance to NHSE/I on clinical service matters
- Ensure Clinical effectiveness (e.g. Service Restriction Policies (SRP)/ Individual

Funding Requests (IFR)/ review of standards) is achieved across the system, with consistent adoption of best practice and common clinical policies and standards.

## 7 Behaviours and Conduct

### Values

- 7.1 Members will be expected to conduct business in line with the ICB values, objectives and Code of Conduct set out inc. the East of England Leadership Compact.
- 7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

- 7.3 Members must demonstrably consider the equality and diversity implications of decisions they make.

### Conflicts of Interest

- 7.4 Members of CliMPC will be required to declare any relevant interests in accordance with the ICB's Conflicts of Interest Policy.
- 7.5 Members of ClimPC will be required to declare any relevant interests to the ICB in accordance with the ICB's Conflicts of Interest Policy.
- 7.6 A register of Committee members' interests and those of staff and representatives from other organisations who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Policy.

### Confidentiality

- 7.7 Issues discussed at meetings, including any papers, should be treated as confidential and may not be shared outside of the meeting unless advised otherwise by the Chair.

## 8 Accountability and reporting

- 8.1 CliMPC is accountable to the Integrated Care Board and shall report to the Board on how it discharges its responsibilities.
- 8.2 The Chair of CliMPC may be invited to attend the Board as requested by the ICB Chair.
- 8.3 The Chair will be accountable to the ICB Chair for the conduct of CliMPC.
- 8.4 The minutes of the meetings, including any virtual meetings, shall be formally recorded by the secretary and submitted to the Board via the System Leadership Executive Group.
- 8.5 The Committee Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board

or require action.

- 8.6 It will be the responsibility of members collectively and individually to feed back to their own organisations, Places and PCNs. Summary reports and minutes will be provided to support this process.

## 9 Secretariat and Administration

- 9.1 CliMPC shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed having been agreed by the Chair.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are maintained, with member renewals and/or new members identified where necessary.
- Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the ICB Board.
- Members are updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

## 10 Review

- 10.1 CliMPC will review its effectiveness at least annually.

- 10.2 These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the ICB Board for approval.

Date of approval: 1 July 2022

Date of review: 1 July 2023

# Mid & South Essex Integrated Care Board

## System Oversight and Assurance Committee

### Terms of Reference

#### 1 Purpose

- 1.1. The System Oversight and Assurance Committee (SOAC) is the primary governance forum to oversee the ICS's mutual accountability arrangements. It will take an overview of system performance relating to agreed outcomes and operational performance against constitutional standards and triangulate with equivalent processes for quality and safety, workforce and finance. It will act as the performance assurance committee of the ICB.
- 1.2. These Terms of Reference describe the scope, function and ways of working for the SOAC. They should be read in conjunction with the Memorandum of Understanding (MoU) and Compacts of the ICS, and the MoU with NHSE England.

#### 2 Context

- 2.1 The partnership approach to system oversight will be geared towards performance improvement and development. It will be data-driven, evidence-based and rigorous. The focus will be on supporting the spread and adoption of innovation and best practice between Partners. Peer review will be a core component of the methodology.
- 2.2 NHS England & Improvement has adopted a new relationship with NHS Partners in Mid and South Essex, enacting streamlined oversight arrangements under which:
  - Partners will take the collective lead on oversight of providers, commissioners and Places in accordance with the terms of the Partnership MoU;
  - NHSEI will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, outcomes and quality;
  - NHSEI will intervene in the individual partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance work through the ICB to seek a resolution prior to making an intervention with the Partner.
- 2.3 To support Partnership development as an Integrated Care System there will be a process of aligning resources from NHSEI to support delivery and establish an integrated single assurance and regulation approach.

#### 3 Responsibilities of the System Oversight & Assurance Committee

- 3.1 The SOAC will provide oversight and challenge, focused around the system's performance against agreed outcome measures, NHS constitutional standards and

associated transformation programmes and aligned to key safety and quality measures.

- 3.2 It supports the joint accountability function for and on behalf of the partners and provides a single mechanism of providing assurance to the Integrated Care board, individual Boards and Governing Bodies and committees established across statutory organisations to monitor performance. Over time, it is expected that the SOAC will align individual governance arrangements for monitoring of performance, enabling joint accountability and reporting to fulfill the statutory functions of individual organisations. The committee will support and operate in line with principles and functions set out in the Memorandum of Understanding between NHSE/I and MSE.
- 3.3 The SOAC will:
- 3.3.1 Oversee the development of a dashboard of key outcome, performance, workforce and quality and transformation metrics for the Partnership, linking with the system Data and Intelligence function.
- 3.3.2 Take an overview of performance and transformation at whole system, place and organisation levels in relation to ICP objectives and wider national requirements.
- 3.3.3 Create links with key groups responsible for day-to-day management of performance enabling the SOAC to conduct regular “deep dives” into areas of system performance. These groups include:

Internal

- Elective Care Oversight Board
- Mental Health Partnership Board
- Local Maternity Services Transformation Board
- Transforming Care Partnership
- Place-based transformation boards
- Clinical Quality Review Group(s) / System Quality Group
- System Finance Leaders' Group
- Clinical & Professional Forum
- MSE People Board
- Diagnostic Programme Board
- Cancer, Palliative and End of Life Board
- Community Partnership Board
- Strategic Urgent and Emergency Care Board
- Home First
- Mental Health Partnership Board
- Children and Young People Taskforce

External

- NHS England & Improvement
- Care Quality Commission
- Quality Surveillance Groups

- 3.3.4 Lead the development of a framework for peer review and support for the Partnership and oversee its application.
- 3.3.5 Provide assurance to the ICB on delivery of performance standards, highlighting relevant risks and mitigating actions to correct non delivery, and escalating key risks, controls and assurances to the ICB in line with agreements set out in system Compacts.
- 3.3.6 Make recommendations to the System Leadership Group and the ICB on the deployment of improvement support across the ICP, and on the need for more formal action and interventions. Actions will include the requirement for:
- Agreement of improvement or recovery plans;
  - More detailed peer-review of specific plans;
  - Commissioning expert external review;
  - Co-ordination of formal intervention and improvement support;
  - Restrictions on access to discretionary funding and financial incentives.
- 3.3.7 Make recommendations to the Integrated Care Board on the need for more formal action and interventions where further escalation has been necessary, in line with the system oversight framework, NHSE MoU, Compacts and escalating risks to the ICBs Board Assurance Framework as necessary and in line with the ICB Risk Management Policy. See Appendix 1 and Appendix 2
- 3.3.8 Receive reports from ICP priority programmes and enabling workstreams on issues which require escalation. It may require individuals, programmes and organisation to provide reports, responses and actions to address risks and issues escalated.

## 4 Membership

- 4.1 The membership of the SOAC will include representation from each sector of the Partnership. Members will be nominated so as to reflect appropriate representation from each of the four Places in Mid and South Essex.
- 4.2 The membership will comprise:
- ICB Chief Executive (Co-Chair)
  - Lead Director NHSE/I (Co-Chair)
  - Deputy Chief Executive, MSEFT (Deputy Chair)
  - Nominated Chief Nurse from Chief Nurse group
  - Nominated Director, EPUT
  - Nominated Director, NELFT
  - Nominated Director, Provide
  - Nominated Director, EEAST
  - Nominated Director, IC24
  - Nominated lead from the Basildon & Brentwood Alliance [NHS or Local Authority]
  - Nominated lead from the Mid-Essex Live Well Partnership [NHS or Local Authority]
  - Nominated lead from the South East Essex Partnership [NHS or Local Authority]

- Nominated lead from the Thurrock Alliance [NHS or Local Authority]
- Nominated lead from Clinical and Multi-Professional Directorate or Congress.
- Nominated lead from System Finance Leaders' Group
- Executive Director of Oversight, Assurance & Delivery, Mid & South Essex Integrated Care Board
- Executive Chief People Officer Mid & South Essex Integrated Care Board
- Executive Director of Strategy & Partnerships, Mid & South Essex Integrated Care Board
- Director of Communications & Engagement, Mid & South Essex Integrated Care Board

Local Authority senior Officers will be invited to attend SOAC quarterly

- 4.3 If a member is unable to attend a meeting of the SOAC, s/he will be responsible for identifying a suitable deputy to attend on their behalf. Such a deputy must have sufficient seniority and understanding of the issues to be considered, to represent their organisation, place or group.
- 4.4 Additional attendees may routinely include:
- SROs for identified quality and performance areas
  - SROs and programme leads for transformation programmes

## 5 Quoracy and voting

- 5.1 The SOAC does not have formal delegated functions from the Board. The Committee will operate on the basis of joint accountability and consensus and through the delegation to individual members. Decisions and recommendations will be made in accordance with the ICB SORD.

### Quorum

- Chair
- 2 x ICB Executives
- 1 Provider Executive
- 1 Alliance / LA member

### Decision Making and Voting

- 5.2 Where a recommendation or decision is made this will be through consensus. Under exceptional circumstances any substantive difference of views among members will be reported to the Integrated Care Board.

## 6 Accountability and reporting

- 6.1 The SOAC does not have any powers or functions formally delegated by the Boards or governing bodies of its constituent organisations although this may change over time. As a committee of the ICB, it provides a performance assurance function to the Board

- 6.2 In line with principles and functions set out in the Memorandum of Understanding between NHSE/I and MSE, NHSEI may, where appropriate, enact certain regulatory and system oversight functions through the committee. Where appropriate NHSE/I will utilise its role as Co-Chair to fulfil this function. This may be conducted in a Part 2 meeting where the nature of the business requires.
- 6.3 The SOAC will formally report, through the Chair, to the Integrated Care Board It will make recommendations, where appropriate to the Integrated Care Board, the System Leadership Group and partner organisations as required.

## 7 Conduct and Operation

- 7.1 The SOAC will normally meet monthly.
- 7.2 Extraordinary meetings may be called for a specific purpose at the discretion of the Chair. A minimum of five working days' notice will be given when calling an extraordinary meeting.
- 7.3 The agenda and supporting papers will be sent to members and attendees no less than five working days before the meeting. Urgent papers will be permitted in exceptional circumstances at the discretion of the Chair.
- 7.4 Draft action notes will be issued within 10 working days of each meeting. Minutes of the meeting will be reported to the Integrated Care Board.

## 8 Secretariat

- 8.1 The secretariat function for the SOAC will be provided by the ICB. A member of the team will be responsible for arranging meetings, recording notes and actions from each meeting, preparing agendas, and agreeing these with the Chair.

## 9 Review

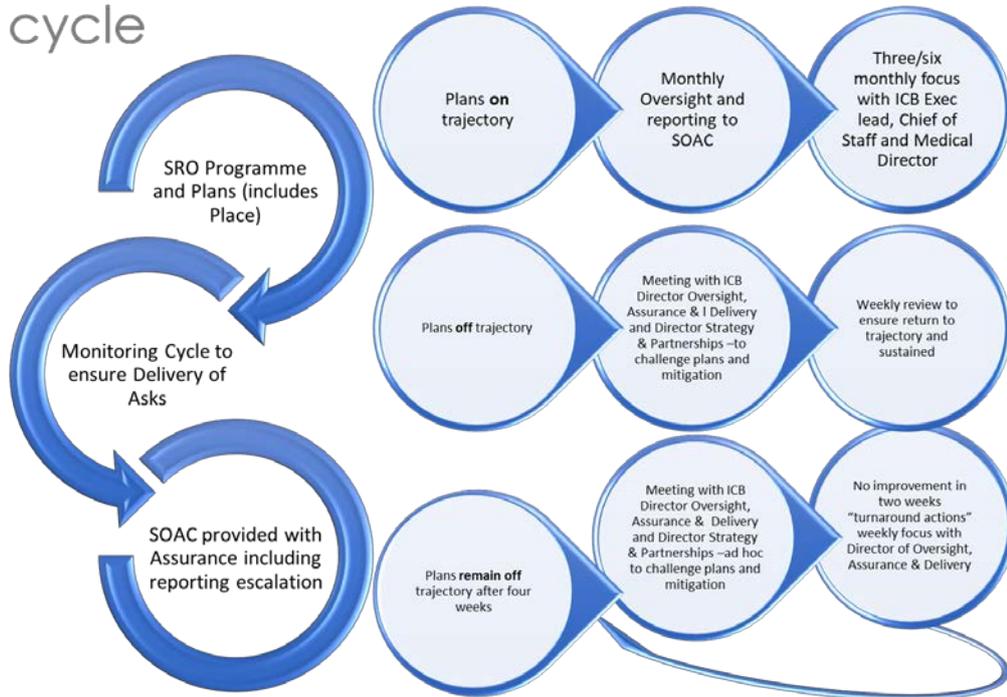
- 9.1 These terms of reference and the membership of the SOAC will be reviewed at least annually. Further reviews will be undertaken in response to any material developments or changes in the wider governance arrangements of the ICS.

Date of approval: 1 July 2022

Date for review: 1 July 2023

Appendix 1– Oversight Cycle

# System Oversight and Assurance cycle



## Appendix 2 Undertakings

### Undertakings Process



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### Serious Concern, Escalation of Issue Process



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## Summary of Meeting Protocols, Conduct & Etiquette For ICB Board Meetings

### Role of Members, Attendees and Observers

Members as listed within the ICB Constitutions (for ICB Board meetings) or in the Terms of Reference of the Committee are the individuals who will provide quoracy of the meeting and will be responsible for making decisions, if necessary, by voting in accordance with the Constitution and Standing Orders.

Deputies – With the permission of the Chair of the meeting, Executive Directors and the Partner Members of the Board may nominate a suitable deputy to attend if they are unable to. The deputy may speak but may not vote on their behalf.

Participants/Attendees are invited by the Chair for either one off attendance or as a regular attendee and do not participate in decision making but may be invited to present papers or be asked to provide explanations and further information in relation to items for discussion.

Observers are members of the public and others not required to be present, but who are welcome to attend the meeting on the basis that they will respect the proceedings and the Chair's authority. Observers may ask questions where this is appropriate and at the discretion of the Chair as set out below.

### Questions from the Public or Individual who are not 'Members'

ICB Board meetings are 'meetings held in public' not 'public meetings'. The arrangements are intended to promote transparency over the Board governance and decision-making processes. [However, the requirements of the Board and the conduct of its business are paramount]

Members of the public may be given an opportunity to pose questions at a specific point during the meeting, which should be submitted in writing three working days in advance of the meeting. The agenda time given over to Questions from the public will normally be confined to fifteen minutes. no individual question together with its response is expected to exceed five minutes.

A question should relate to an item considered by the Board Directors at the relevant meeting. Questions on matters not on the agenda of the Board can be resolved by letter or email to the Chief Executive's office [ADDRESS].

To support the good conduct of business, each member of the public is requested to pose only one question and the number of questions responded to during the meeting will be at the discretion of the Chair. Where the Chair deems necessary, a written response to questions raised will be provided where a substantive response cannot be provided immediately. Questions dealt with at meetings will be documented within the relevant minutes.

### Behaviour

- The Chair reserves the right to call the meeting to a stop and discharge the public in attendance

where individuals' conduct is inappropriate or distracting.

- Aggressive behavior or abusive language (including heckling) will not be tolerated. Such behaviour will automatically result in the exclusion of any person(s) involved from the Board's meeting(s).

### **Petitions<sup>1</sup>**

Members of the public are permitted, by agreement in advance, to formally present petitions to the Board. A petition is the expression of the views of the people who sign it and is an important mechanism for local people to have a voice on local health matters. [Such petitions may take digital or electronic form so long as they offer free and unfettered access to local residents]. To ensure that a range of voices are heard and in order to avoid giving undue prominence to particular or active lobby groups, petitions will be viewed as one piece of evidence and information contributing to an overall picture of public opinion.

Accordingly, the ICB will follow best practice and use a fair, transparent, and consistent approach to responding to petitions where decisions of the ICB Chair shall be deemed final.

### **Meeting etiquette protocols**

We ask participants and those in attendance at Board meetings to observe the following meeting etiquette:

- Please turn mobile phones and other devices off or to vibrate.
- Please identify yourself and address the Chair when asking a question.
- Respect the decisions of the Chair in conducting the meeting.
- Please avoid interrupting anyone or talking over someone else, even if you disagree strongly.
- When contributing to proceedings, allow others to have their say. It is unfair to continue to address the meeting at the expense of others who would like to contribute.
- Avoid holding side conversations when someone else is talking.
- Those in attendance have a responsibility to respect the role of Chair and to assist them in the delivery of the above. The underlying principles of the all the above reflect good manners, courtesy and consideration.

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<sup>1</sup> A valid petition must be signed by the person initiating the petition, plus at least five other supporting individuals, it may be in relation to an item of Board business or in relation to the provision of services for which the ICB is responsible for commissioning.



## **3. Financial Management**

### **3.1. Standing Financial Instructions**



# Standing Financial Instructions V1.0

## Document Control:

Policy Name: Standing Financial Instructions

Version: 1.0

Status: Final, approved.

Author / Lead: Finance

Responsible Executive Director: Director of Resources

Responsible Committee: Board

Date Ratified by Responsible Committee: 01 July 2022

Date Approved by Board/Effective: 01 July 2022

Next Review Date: July 2023

Target Audience: All Staff

Stakeholders engaged in development / review of Policy (internal and external)

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	Feb-June	Finance Team	First draft
1.0	01 July 2022	Finance Team	Final version approved by ICB Board.

# Introduction

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

Following several years of locally-led development, and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country.

Our aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

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# 1. Purpose and statutory framework

1.1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.

1.1.2 In accordance with the Act as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.

1.1.3 The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.

1.1.4 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.

1.1.5 The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.

1.1.6 Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the constitution of the ICB.

1.1.7 All members of the ICB (its board) and all other Officers should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.

1.1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the director of resources must be sought before acting.

1.1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

## 2. Scope

2.1.1 All officers of the ICB, without exception, are within the scope of the SFIs without limitation. The term officer includes, permanent employees, secondees and contract workers.

2.1.2 Within this document, words imparting any gender include any other gender. Words in the singular include the plural and words in the plural include the singular.

2.1.3 Any reference to an enactment is a reference to that enactment as amended.

2.1.4 Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

# 3. Roles and Responsibilities

## 3.1 Staff

3.1.1 All ICB Officers are severally and collectively, responsible to their respective employer(s) for:

- abiding by all conditions of any delegated authority;
- the security of the statutory organisations property and avoiding all forms of loss;
- ensuring integrity, accuracy, probity and value for money in the use of resources; and
- conforming to the requirements of these SFIs

## 3.2 Accountable Officer

3.2.1 The ICB constitution provides for the appointment of the chief executive by the ICB chair. The chief executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of the ICB's allocated resources.

3.2.2 The director of resources reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director.

3.2.3 The chief executive will delegate to the director of resources the following responsibilities in relation to the ICB:

- preparation and audit of annual accounts;
- adherence to the directions from NHS England in relation to accounts preparation;
- ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;
-

- ensuring the ICB meets its financial plan requirements and associated financial duties;
- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 6)
- meets the financial targets set for it by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- the Governance statement and annual accounts & reports are signed;
- planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and

- the director of resources will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

## 3.3 Audit committee

3.3.1 The board and accountable officer should be supported by an audit committee, which should provide proactive support to the board in advising on:

- the management of key risks
- the strategic processes for risk;
- the operation of internal controls;
- control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the ICB;
- the process for reviewing of the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

# 4. Management accounting and business management

4.1.1 The director of resources is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.1.2 The director of resources will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The director of resources will ensure:

- the promotion of compliance to the SFIs through an assurance certification process;
- the promotion of long term financial health for the NHS system (including ICS);
- budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
- the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
- that the budget holders are supported in proportion to the operational risk; and
- the implementation of financial and resources plans that support the NHS Long term plan objectives.

4.1.4 In addition, the director of resources should have financial leadership responsibility for the following statutory duties:

- the duty of the ICB, in conjunction with its partner NHS trusts and NHS foundation trusts, to exercise its functions with a view to ensuring that, in respect of each financial year;
  - local capital resource use does not exceed the limit specified in a direction by NHS England;

- local revenue resource use does not exceed the limit specified in a direction by NHS England;
- the duty of the ICB to perform its functions so as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.1.5 The director of resources and *any senior officer responsible* for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

# 5. Income, banking arrangements and debt recovery

## 5.1 Income

5.1.1 An ICB has power to do anything specified in section 7(2)(a), (b) and (e) to (h) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

5.1.2 The director of resources is responsible for:

- ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the Shared Services provider; and
- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks;

## 5.2 Banking

5.2.1 The Director of Resources is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

5.2.2 The director of resources will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and
- the ICB has effective cash management policies and procedures in place.

## 5.3 Debt management

5.3.1 The director of resources is responsible for the ICB debt management strategy.

5.3.2 This includes:

- a debt management strategy that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures;
- ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the ICB board every 12 months to ensure relevance and provide assurance;
- accountability to the ICB board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

# 6. Financial systems and processes

## 6.1 Provision of finance systems

6.1.1 The director of resources is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

6.1.2 The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

6.1.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Integrated Single Financial Environment (“ISFE”). This is the required accounting system for use by ICBs, Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

6.1.4 The Director of resources will, in relation to financial systems:

- promote awareness and understanding of financial systems, value for money and commercial issues;
- ensure that transacting is carried out efficiently in line with current best practice – e.g. e-invoicing
- ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems;
- enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records;
- ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable;
- ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB;
- ensure that risk is appropriately managed;

- ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers;
- ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB;
- ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and
- where another health organisation or any other agency provides a computer service for financial applications, the Director of Resources shall periodically seek assurances that adequate controls are in operation.

# 7. Procurement and purchasing

## 7.1 Principles

7.1.1 The director of resources will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.

7.1.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.

7.1.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.

7.1.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.

7.1.5 All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.

7.1.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.

7.1.7 Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

7.1.8 Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit committee.

# 8. Staff costs and staff related non pay expenditure

## 8.1 Executive Chief People Officer

8.1.1 The executive chief people officer [ECPO] will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the ECPO will be responsible for;

- defining and delivering the organisation's overall human resources strategy and objectives; and
- overseeing delivery of human resource services to ICB employees.

8.1.3 The ECPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.1.4 Where a third-party payroll provider is engaged, the ECPO shall closely manage this supplier through effective contract management.

8.1.5 The ECPO is responsible for management and governance frameworks that support the ICB employees' life cycle.

# 9. Annual reporting and Accounts

9.1.1 The director of resources will ensure, on behalf of the Accountable Officer and ICB board, that:

- the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;

An annual report must, in particular, explain how the ICB has:

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
- review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
- review any steps that the board has taken to implement any joint local health and wellbeing strategy.

9.1.2 NHS England may give directions to the ICB as to the form and content of an annual report.

9.1.3 The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report..

## 9.2 Internal audit

The chief executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the director of resources to ensure that:

- all internal audit services provided under arrangements proposed by the director of resources are approved by the audit committee, on behalf of the ICB board;
- the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);
- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, audit committee and board;
- the head of internal audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
- the head of internal audit should attend audit committee meetings and have a right of access to all audit committee members, the Chair and chief executive of the ICB.
- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

## 9.3 External Audit

The director of resources is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;
- ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years (ICBs will be informed of the transitional arrangements at a later date); and
- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

# 10. Losses and special payments

10.1.1 HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.

10.1.2 The director of resources will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.

10.1.3 NHS England has the statutory power to require an integrated care board to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.

10.1.4 As part of the new compliance and control procedures, ICBs must submit an annual assurance statement confirming the following:

- details of all exit packages (including special severance payments) that have been agreed and/or made during the year;
- that NHS England and HMT approvals have been obtained before any offers, whether verbally or in writing, are made; and
- adherence to the special severance payments guidance as published by NHS England.

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB audit committee and NHS England noting that ICBs do not have a delegated limit to approve losses or special payments.

10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide.

# 11. Fraud, bribery and corruption (Economic crime)

The ICB is committed to identifying, investigating and preventing economic crime.

The ICB director of resources is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the board and audit committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the board. These arrangements should comply with the NHS Requirements the [Government Functional Standard 013 Counter Fraud](#) as issued by NHS Counter Fraud Authority and any guidance issued by NHS England and NHS Improvement.

# 12. Capital Investments & security of assets and Grants

## 12.1.1 The director of resources is responsible for:

- ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use;
- ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England;
- ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group(s);
- ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost;
- ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and
- for every capital expenditure proposal, the director of resources is responsible for ensuring there are processes in place to ensure that a business case is produced.

12.1.2 Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

- authority to spend capital or make a capital grant;
- authority to enter into leasing arrangements.

12.1.3 Advice should be sought from the director of resources or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

12.1.4 For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.

12.1.5 ICBs shall have a defined and established property governance and management framework, which should:

- ensure the ICB asset portfolio supports its business objectives; and
- comply with NHS England policies and directives and with this standard

12.1.6 Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.

## 12.2 Grants

12.2.1 The director of resources is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;

- any of its partner NHS trusts or NHS foundation trusts; and
- to a voluntary organisation, by way of a grant or loan.

12.2.2 All revenue grant applications should be regarded as competed as a default position, unless, there are justifiable reasons why the classification should be amended to non-competed.

# 13. Legal and insurance

13.1.1 This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:

- engagement of solicitors / legal advisors;
- approval and signing of documents which will be necessary in legal proceedings; and
- Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

13.1.2 ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the accountable officer.



## **4. Policy Management Framework**

- 4.1. Policy for developing policies (including Policy Template)**
- 4.2. Policy Framework (Register of Policies)**
- 4.3. Risk Management Policy**
- 4.4. Conflicts of Interest Policy**
- 4.5. Standards of Business Conduct Policy**
- 4.6. Patient and Public Engagement Framework [to follow]**



Mid and South Essex  
Health and Care  
Partnership



# **Policy for the development, ratification and implementation of policies (Policy for Policies)**

## Document Control:

Policy Name	Policy for the development, ratification and implementation of policies
Policy Number	TBC
Version	0.2
Status	Draft ICB policy
Author / Lead	Viv Barnes, Governance Lead
Responsible Executive Director	TBC
Responsible Committee	Audit Committee
Date Ratified by Responsible Committee	4 March 2022
Date Approved by Board/Effective Date	1 July 2022
Next Review Date	1 July 2024
Target Audience	All ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers)
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> <li>• Governance Leads</li> <li>• Human Resources</li> <li>• Audit Committees in Common</li> </ul>
Impact Assessments Undertaken (Delete if non-applicable)	<ul style="list-style-type: none"> <li>• Equality and Health Inequalities Impact Assessment</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	21/2/22	Viv Barnes, Governance Lead	Draft ICB Policy
0.2	25/2/22	Viv Barnes, Governance Lead	Amended to reflect feedback from Governance Leads

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## 1. Introduction

- 1.1. To ensure robust governance, organisations need formal written documents, such as policies, which communicate standard corporate organisational ways of working. These help to clarify strategic and operational requirements and ensure consistency within day to day practice. In addition, they can improve the quality of work, increase the successful achievement of objectives and support patient safety, quality and experience. It is recognised that systems need to be in place to ensure policies are user friendly, up-to-date and easily accessible.
- 1.2. A common format and approval structure for policies will reinforce corporate identity. More importantly, this will help to ensure that policies and related procedures in use are current and reflect an organisational approach. It will also avoid confusion and assist employees to readily access information within the document in a consistent manner.

## 2. Purpose

- 2.1. Mid and South Essex Integrated Commissioning Board (the ICB) intends that its organisational policies should provide a clear understanding of what is expected of employees and Board members.
- 2.2. Whilst this document is particularly relevant to staff who are responsible for writing or reviewing policies, it is equally important that all Board members and employees understand the relevance of having these in place.
- 2.3. Occasionally policies will be developed through partnership working and may have a different format than that described here. In these instances the policy itself will be adopted but will still be quality-assured against the criteria of this document to ensure that when presented for final approval it meets the ICB's requirements.
- 2.4. This document outlines the process for policy development from inception through to ratification, implementation and evaluation.
- 2.5. A flow chart detailing this process is shown at Appendix B.

## 3. Scope

This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

## 4. Definitions

- **Policy** - an organisation wide corporate policy is a ratified plan of action which applies to all relevant staff as a 'must do' requirement. The formal policy document is legally binding between employer and employee. A policy says '*what you must know or do.*'
- **Procedure** - an organisation wide procedure is a standardised series of actions taken to achieve a task in an agreed and consistent manner to attain a safe and effective outcome. A procedure is a formal document that must be complied with as it may be used to support an individual or the CCG during legal action. A procedure tells you '*how it must be done.*'
- **Strategy** - a strategy is a document that defines a process of moving towards an ideal situation, generally over the long-term, implementing actions or compliance with a policy. A strategy tells you '*how we will get from A to B.*'

## 5. Roles and Responsibilities

### 5.1. Integrated Care Board

- 5.1.1. The ICB Board has overall responsibility for ensuring that the organisation has a robust system in place for the development, approval and regular review of policies covering all of its corporate activities.
- 5.1.2. The ICB Board will receive formal confirmation from the committee sponsoring the policy that it meets the requirements of the Policy for Policies. The ICB Board is responsible for providing formal approval of all new ICB policies and those which have been subject to substantial or significant revisions, having received this assurance.

### 5.2. Audit Committee

- 5.2.1. The responsibility of this Committee is to review and ratify corporate, Health and Safety, Information Governance and emergency planning related policies that are new or have been subject to substantial or significant revisions since the previous version.
- 5.2.2. Provided the Audit Committee is satisfied with the content and presentation of the policy, they will ratify it and recommend it for final approval by the ICB Board. The Audit Committee has delegated authority to give final approval to any policies that have been subject to no revisions or only minor changes from the previous version.

### **5.3. Quality Committee**

5.3.1. The **Quality** Committee has the same responsibilities as detailed in section **5.2** above but in relation to clinical policies.

### **5.4. The Finance Committee**

5.4.1. The **Finance** Committee has the same responsibilities as detailed in section **5.2** above but in relation to Finance and Procurement policies.

### **5.5. Remuneration Committee**

5.5.1. The Remuneration Committee has the same responsibilities as detailed in section **5.2** above but in relation to Human Resources policies.

### **5.6. Chief Executive**

5.6.1. The Chief Executive Officer of the ICB has overall accountability for implementing the Policy for Policies.

### **5.7. Director of **XXX****

5.7.1. The Chief Executive has delegated operational responsibility for implementation of this policy to **XXX**.

### **5.8. Policy Authors**

5.8.1. Policy authors are responsible for reviewing and updating the policies within their remit on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

### **5.9. Governance Lead**

5.9.1. The Governance Lead will provide support with policy development by:

- Offering support and advice to policy authors.
- Testing the rationale for the need for an ICB policy.
- Logging the policy on the relevant policy register.
- Identifying possible overlap/conflict with any other policies that have been ratified or are in development.
- Identifying whether the document is a policy or a local procedure or guidance.
- Identifying and confirming the correct ratification route.
- Confirming that a draft policy meets the requirements of the Policy Development Checklist (Appendix C) before it is submitted to the ratifying committee.
- Uploading ratified policies to the intranet and internet.

- Maintaining the register of active policies.
- Archiving old policies.

## 5.10. Line Managers

5.10.1. Line Managers are responsible for:

- Identifying when a new or amended policy may be required for the areas within their remit.
- Ensuring that new members of staff are made aware of key policies as part of their induction.
- Highlighting new and amended policies within their team briefings.
- Monitoring the implementation of policies within their team and addressing any failures to follow agreed processes.

## 5.11. All Staff

5.11.1. All staff need to ensure they are aware of the system for policy development, ratification and implementation. This includes a requirement on receipt of new policies to review their contents and assess the relevance to their role.

5.11.2. All staff should be aware that wilful or negligent disregard of any policy will be investigated and potentially treated as a disciplinary offence.

# 6. Policy Detail

## 6.1. Style and format

6.1.1. All policies and any related procedures should be developed using the Policy Template appended to this policy (Appendix D). Requirements in respect of style and format are detailed on the template itself.

6.1.2. The Policy Template has been designed to be accessible in accordance with the requirements of the Equality Act 2010 and the Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018. It is imperative, therefore, that policy authors use the template provided and do not attempt to modify its format.

## 6.2. Key features of a well-written policy

Each policy must be compliant with all current legal and statutory requirements that are relevant to their development. A well written policy should:

- Be clear, concise, jargon free and written in straightforward language.

- Explain abbreviations or acronym the first time they are used.
- Take account of the relevant views of stakeholders where appropriate.
- Be sound / evidence based.
- Have clear objectives.
- Specify how it will be implemented, monitored and audited.
- Describe a consequence of any breaches.

### **6.3. Development of new and revised policies**

6.4. It is important that the development of policies and related procedures are linked to service priorities and that they do not duplicate other work either nationally or locally. Therefore, the author must ensure that they have researched the background and available evidence prior to consultation and ratification.

6.5. An author may be requested to develop a new policy based on ICB needs, changes in legislation or national requirements.

6.6. An author who is reviewing an existing policy is expected to review the contents of the current version for their continued relevance and maintaining continuity between versions. The author will also be responsible for undertaking a new Equality Impact Assessment.

6.7. Whilst writing the policy, the author should use the Policy Development Checklist (Appendix C) to confirm whether it meets all necessary requirements.

### **6.8. Consultation**

6.9. Consultation should be undertaken to secure the support and experience from all relevant individuals and groups.

6.10. It is vital to the success of the implementation of any policy that the expertise and experience of all relevant parties has been considered, particularly those who will be expected to implement its requirements.

6.11. The consultation process is an opportunity to influence the policy content and should not be considered only as an exercise to satisfy the checklist requirements.

6.12. A draft policy when sent out to stakeholders should be as near to the 'final' draft version as possible and include all relevant references with details of associated documentation. This will help to ensure that the stakeholders are able to review and make appropriately informed comments. Sufficient time should be given to enable a thorough review by stakeholders.

6.13. A list of all staff and stakeholders consulted during the policy development should be included in the relevant section.

#### **6.14. Preparation for approval**

- 6.14.1. Once the policy has been fully consulted upon and comments considered it is ready for formal agreement and ratification.
- 6.14.2. It is the author's responsibility to contact the Governance Lead to request that the policy be added to the agenda of the next most convenient and appropriate committee meeting.
- 6.14.3. The author should submit the draft policy, completed Policy Development Checklist and a summary of the purpose of the policy (if new) or of the key changes that have been to the existing policy (if amended) to the Governance Lead.
- 6.14.4. The Governance Lead will review the policy and associated documents and advise the policy author if any changes or additional information is needed before it is submitted to the ratifying committee.
- 6.14.5. The policy author may be invited to attend the committee meeting to present the policy and respond to any queries.
- 6.14.6. If the policy is not deemed to be ready for formal ratification, the committee will agree with the author where amendment or clarification is required. The author will then re-submit to the next meeting if appropriate. If the policy is deemed ready for final approval (with or without minor amendments), then it will be ratified and recommended to the ICB Board for final approval.

#### **6.15. Fastrack policy approval process**

- 6.15.1. There will be occasions due to urgency or immediacy where the process of formal ratification needs to be accelerated, but this should be on an exceptional basis only. In these circumstances, committee Terms of Reference allow for urgent decisions to be taken outside of their normal meeting schedule. If necessary, the policy can then be formally approved by the ICB Board under the exercise of Emergency Powers.

#### **6.16. Dissemination and communication to staff and the public**

- 6.16.1. The Governance team will arrange for all ratified policies to be added to the staff intranet page and staff will be notified of all policy activity through the ICB's internal communication system.
- 6.16.2. Policies must be provided in alternative formats upon request, such as larger print, easy read, braille, audio format and different languages.

#### **6.17. Document control including archiving arrangements**

- 6.17.1. The Governance team will hold a central register of all current policy documents, together with a master file of electronic copies, including archived documents.

## **7. Monitoring Compliance**

- 7.1. Performance indicators will be used to monitor effectiveness of this policy. These will include complaints, claims and incidents to identify where failure to follow policy may have impacted on commissioning, service delivery, regulatory compliance or corporate governance.
- 7.2. The relevant sponsoring committee will be responsible for ensuring that policies submitted to them for approval are compliant with this policy.

## **8. Staff Training**

- 8.1.1. There is a requirement as part of local induction to ensure that staff are made aware of the importance of policies and procedures and their adherence to them.
- 8.1.2. All policies must identify the training requirements associated with them and the frequency with which this training is required

## **9. Arrangements for Review**

- 9.1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
- 9.2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the ICB Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the ICB Board.

## **10. Associated Policies, Guidance and Documents**

- 10.1.1. The author is required to provide details of supporting or linked strategy, policy, procedural or other documents within the ICB that may need to be read in conjunction with the policy or for staff to be aware of their existence.
- 10.1.2. For this policy the associated documentation is:

- Template Policy
- Policy Checklist

### **Associated Policies**

This policy is relevant to all ICB Policies,

## **11. References**

- 11.1. The author should provide references to any documents that have been used to develop the policy as evidence that it has been based on best practice and guidance.
- 11.2. For this policy the references are:
  - Thurrock CCG Policy for the Development, Ratification and Implementation of Policies and related procedural documents.
  - Equality Act 2010.
  - Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

## **12. Equality Impact Assessment**

- 12.1. An Equality Impact Assessment of this policy has been undertaken and it has identified no equality issues.
- 12.2. The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

### INITIAL INFORMATION

<b>Name of policy:</b> Policy for Policies	<b>Directorate/Service:</b> Governance
<b>Version number (if relevant):</b> 0.2	
<b>Assessor's Name and Job Title:</b> Viv Barnes, Governance Lead	<b>Date:</b> February 2022

### OUTCOMES

*Briefly describe the aim of the policy and state the intended outcomes for staff*

This policy provides a framework for the development of staff and public policies to ensure that they are user friendly, up-to-date and easily accessible.

### EVIDENCE

*What data / information have you used to assess how this policy might impact on protected groups?*

This policy acknowledges that at least 1 in 5 people in the UK have a long term illness, impairment or disability and many more have a temporary disability. The policy template has therefore been developed to meet the accessibility requirements of the Equality Act 2010 and the Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018.

*Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*

- Governance Leads
- Human Resources
- Audit Committees in Common

### ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against
- **Neutral outcome** – there is no effect currently on protected groups

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age			X	No impact identified
Disability (Physical and Mental/Learning)			X	No impact identified. Policies will be made available in alternative formats on request.
Religion or belief			X	No impact identified
Sex (Gender)			X	No impact identified
Sexual Orientation			X	No impact identified
Transgender / Gender Reassignment			X	No impact identified
Race and ethnicity			X	No impact identified. Policies will be made available in alternative formats on request.
Pregnancy and maternity (including breastfeeding mothers)			X	No impact identified
Marriage or Civil Partnership			X	No impact identified

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

Performance indicators will be used to monitor effectiveness of this policy. These will include complaints, claims and incidents to identify where failure to follow policy may have impacted on commissioning, service delivery, regulatory compliance or corporate governance.

### REVIEW

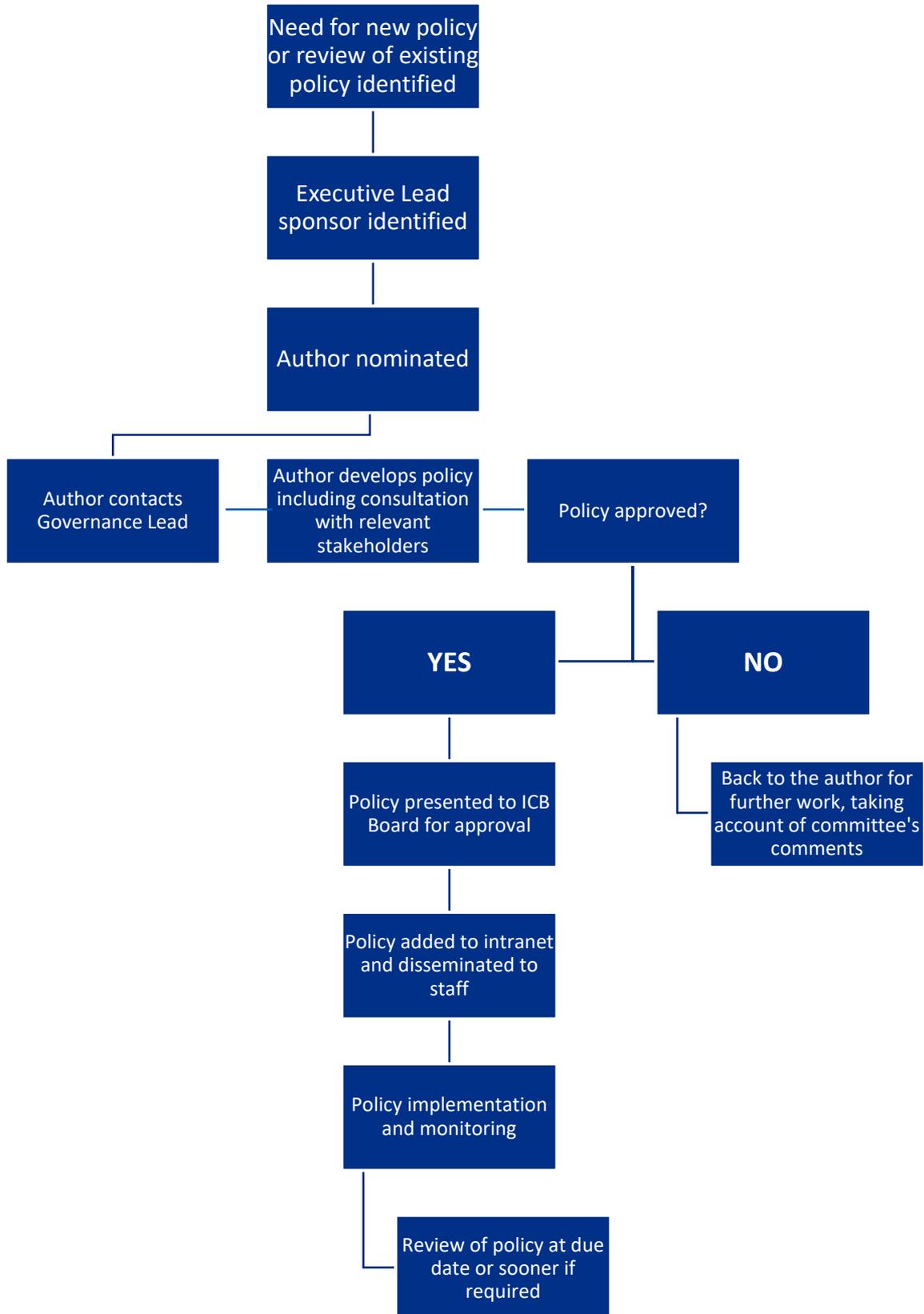
*How often will you review this policy / service?*

Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice.

*If a review process is not in place, what plans do you have to establish one?*

N/A

## Appendix B – Key Stages of the Policy Process



## Appendix C - Policy Development Checklist

Policy title:			
Criteria for Compliance	Author Yes/No	Author's Comments	Reviewer's Comments
Could this policy be incorporated within an existing policy?		If no explain why	
If a new policy, has the Governance Team been notified so a policy reference can be allocated?			
Does this policy follow the style and format of the agreed template?			
Has the Document Control table been completed?			
Has the Version Control table been completed?			
Is there an appropriate review date?		Explain if less or more than 2 years	
Have key performance indicators (or other arrangements) been identified to monitor effectiveness of the policy?			
Have all relevant associated policies and references been listed?			
Have all appropriate stakeholders been consulted and identified on the stakeholder list?			
Has an Equality Impact Assessment (EIA) been undertaken? (included within Policy template)			
Has the policy been amended to address any negative impacts identified from the EIA?			

Policy title:			
Criteria for Compliance	Author Yes/No	Author's Comments	Reviewer's Comments
Is a Quality Impact Assessment (QIA) or required? <i>NB: Seek advice from Quality Team if required.</i>			
Is there a clear indication of how the policy will be implemented?			

## Appendix D – Policy Template

# XXXX Policy Name

## Document Control:

Policy Name	
Policy Number	
Version	
Status	
Author / Lead	
Responsible Executive Director	
Responsible Committee	
Date Ratified by Responsible Committee	
Date Approved by Board/Effective Date	
Next Review Date	
Target Audience	
Stakeholders engaged in development of Policy (internal and external)	
Impact Assessments Undertaken (Delete if non-applicable)	<ul style="list-style-type: none"> <li>• Equality and Health Inequalities Impact Assessment</li> <li>• Quality Impact Assessment</li> <li>• Privacy Impact Assessment</li> <li>• Environmental Impact Assessment</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made

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<b>5.</b>	<b><u>Roles and Responsibilities</u></b>	<b>20</b>
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5.2.	<u>XXXX Committee</u>	20
5.3.	<u>XXXX Committee (Repeat as necessary)</u>	20
5.4.	<u>Chief Executive</u>	20
5.5.	<u>Policy Authors</u>	20
5.6.	<u>Arden and GEM Commissioning Support Unit (AGEMCSU)</u>	21
5.7.	<u>Governance Lead</u>	21
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## 1. Introduction

1.1. Insert text

## 2. Purpose / Policy Statement

2.1. Insert text Insert statement of policy

2.2. Insert narrative for bullet list:

- Bullet list (remove if not using)

## 3. Scope

3.1. E.g. This policy applies to all ICB Board members and staff (including temporary/bank/agency/work experience staff, students and volunteers).

## 4. Definitions

- State Word – Provide Definition
- State Word – Provide Definition
- State Word – Provide Definition

## 5. Roles and Responsibilities

### 5.1. Integrated Care Board

5.1.1. Insert narrative for ICB Board responsibilities.

### 5.2. XXXX Committee

5.2.1. Insert narrative for Committee responsibilities.

### 5.3. XXXX Committee

5.3.1. Insert narrative for XXX Committee responsibilities (if applicable – repeat as necessary).

### 5.4. Chief Executive

5.4.1. Insert narrative for what the Chief Executive is accountable for.

### 5.5. Director of XXX

5.5.1. Insert narrative for what the Executive Director lead is accountable for.

## **5.6. Policy Authors**

5.6.1. Insert narrative for what the Policy Authors are accountable for.

## **5.7. Arden and GEM Commissioning Support Unit (AGEMCSU)**

5.7.1. Insert narrative for relevant AGEMCSU responsibilities (if applicable)

## **5.8. Governance Lead**

5.8.1. Insert narrative for what the Governance Lead is accountable for (if applicable).

## **5.9. Line Managers**

5.9.1. Insert narrative for what Line Managers are accountable for.

## **5.10. All Staff**

5.11. Insert narrative for what all staff are accountable for.

# **6. Policy Detail**

## **6.1. Subheading**

6.1.1. Insert text. Additional headings can be added instead of subheadings if this aids comprehension.

# **7. Monitoring Compliance**

7.1. Insert text regarding KPIs or other ways of monitoring compliance with the policy.

7.2. Insert text regarding Committees responsible for monitoring compliance.

# **8. Staff Training**

8.1. State training requirements

# **9. Arrangements for Review**

9.1.1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

- 9.2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## 10. Associated Policies, Guidance and Documents

- State supplementary documents (if applicable)

### Associated Policies

- List here the relevant associated CCG policies

## 11. References

- Provide a list of references of the documents that have informed or contributed to this policy.

## 12. Equality Impact Assessment

- 12.1. State either – the EIA has identified no equality issues with this policy OR Issues identified in the EIA were XXX and they have been addressed by XXX.
- 12.2. The EIA has been included as Appendix A.

## Appendix A - Equality Impact Assessment

### INITIAL INFORMATION

<b>Name of policy and version number:</b>	<b>Directorate/Service:</b>
<b>Assessor's Name and Job Title:</b>	<b>Date:</b>

<b>OUTCOMES</b>
<i>Briefly describe the aim of the policy and state the intended outcomes for staff</i>
<b>EVIDENCE</b>
<i>What data / information have you used to assess how this policy might impact on protected groups?</i>
<i>Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?</i>

### ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against
- **Neutral outcome** – there is no effect currently on protected groups

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age				
Disability (Physical and Mental/Learning)				
Religion or belief				
Sex (Gender)				
Sexual Orientation				
Transgender / Gender Reassignment				
Race and ethnicity				
Pregnancy and maternity (including breastfeeding mothers)				
Marriage or Civil Partnership				

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

--

### REVIEW

*How often will you review this policy / service?*

Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice.

*If a review process is not in place, what plans do you have to establish one?*

N/A

## Implementing the Policy/Service

### Negative outcomes – action plan

If there are no negative outcomes, please remove this section.

An Equality Impact Assessment cannot be signed off until negative outcomes are addressed. What actions you have taken/plan to take to remove/reduce negative outcomes?

1. Action taken/to be taken	2. Date	3. Person Responsible

If a negative outcome(s) remain explain why you think implementation is justified.

Insert response here

## Appendix B – Title XXX

Insert other appendices as appropriate

Ref Number:	Policy Name
001	Media Relations Policy
002	Social Media Policy
003	Procurement and Contracting Policy
004	Accounting and Financial Management
005	Capital and Fixed Assets Policy
006	Banking and Cashflow Management Policy
007	Creditors and Purchase Policy
008	Debtors and Sales Order Policy
009	Allocations and System Reporting
010	Information Governance Management & Framework Policy
011	Information Sharing Policy
012	Records Management & Information Lifecycle Policy
013	Access to Information Policy
014	Information and Cyber Security Policy
015	IT Equipment Refresh and Disposal Policy
016	Policy for Policies
017	Risk Management Policy
018	Conflicts of Interest, Gifts and Hospital and Commercial Sponsorship
019	Standards of Business Conduct Policy
020	Lone Worker Policy
021	Health & Safety Policy (including Fire Safety, First Aid and Manual Handling)
022	Legal Services Policy
023	Raising Concerns (Whistleblowing) Policy
024	Incident Reporting Policy
025	Management of Violence & Aggression Policy
026	Counter-Fraud, Bribery & Corruption Policy
027	Forensic Readiness Policy
028	Remuneration Policy
029	Security and Lockdown Policy
030	Business Continuity Policy
031	On Call Director Policy
032	Health Inequalities Impact Assessment Policy and Guidance
033	Equality in Employment
034	Recruitment & Selection
035	Job Evaluation
036	Disclosure and Barring Policy
037	Nurse Revalidation Policy
038	Professional Registration Policy
039	Probation Policy
040	Stress Management
041	Flexible Working Policy
042	Grievance Policy
043	Managing Performance Policy
044	Absence Management Policy
045	Disciplinary Policy
046	Hybrid Working Policy
047	Annual Leave Policy
048	Special Leave Policy
049	Maternity, Paternity & Adoption Leave Policy
050	Parental Leave Policy
051	Shared Parental Leave
052	Fostering Policy
053	Learning & Development Policy
054	Appraisal Policy
055	Organisational Change and Pay Protection Policy
056	Dignity at Work Policy
057	Mutually Agreed Resignation Scheme Policy (MARS)

- 058 Management of Leavers Policy
- 059 Pandemic People Incidents Policy
- 060 Close Personal Relationships at Work
- 061 Domestic Violence and Abuse Policy
- 062 Complaints, Compliments and Concerns Management Policy
- 063 Safeguarding Adults and Children (including Children in Care/Looked After Children) Policy
- 064 Safeguarding Supervision Policy
- 065 Management of Allegations against staff, volunteers and people in positions of trust who work with adults and children Policy
- 066 Safeguarding Children & Adults at risk of Domestic Abuse Policy
- 067 Serious Incidents Process Policy
- 068 All Age Continuing Care Policy
- 069 Personal Health Budgets: Ethos, Practice and Guidance Policy
- 070 Management of Perplexing Presentations and Fabricated or Induced Illness in Children Policy
- 071 Counter-Terrorism and Security Act 2015 (including Prevent Duty and Radicalisation) Policy
- 072 Quality Assurance Visits Policy
- 073 Mental Capacity Act 2005 and Deprivation of Liberty Policy
- 074 Communicable Disease Outbreak and Incident Management Policy
- 075 MSE Value Based Commissioning Policies (Service Restriction Policy)
- 076 Individual Funding Request Policy
- 077 Specialist Fertility (IVF) Treatment Policy
- 078** Ref No to be used for next new policy
- 079 Parachute Policy (NEW) Urgent contract for primary medical care provision or caretaking policy

# Risk Management Policy

## Document Control:

Policy Name	Risk Management Policy
Policy Number	MSEICB 017
Version	1.0
Status	Final ICB Policy
Author / Lead	Head of Corporate Governance, MECCG
Responsible Executive Director	The Chief Executive has delegated responsibility to the Chief of Staff for risk management
Responsible Committee	Audit Committee
Date Ratified by Responsible Committee	4 March 2022
Date Approved by Board/Effective Date	1 July 2022
Next Review Date	1 July 2024
Target Audience	<ul style="list-style-type: none"> <li>• Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/voluntary/work experience staff).</li> <li>• Contractors engaged by the ICB.</li> <li>• Staff from other MSE organisations who are members of ICB Committees/Sub-Committees and other groups.</li> </ul>
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> <li>• Mid and South Essex CCG Governance Leads.</li> <li>• MSE CCGs Audit Committees meeting in common.</li> </ul>
Impact Assessments Undertaken (Delete if non-applicable)	<ul style="list-style-type: none"> <li>• Equality and Health Inequalities Impact Assessment</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	09/02/22	Sara O'Connor, Head of Corporate Governance, MECCG	First draft of ICB Risk Management Policy
0.2	22/02/22	Viv Barnes, Director of Governance and Performance	Minor amendments made following review of first draft.
0.3	25/02/22	David Triggs, Head of Corporate Governance, B&B CCG	Minor amendments

Version	Date	Author (Name and Title)	Summary of amendments made
0.4	04/03/22	Sara O'Connor	Updated following comments received from Audit Committee members, 4 March 2022.
0.5	June 2022	Mike Thompson	Review of policy with Chair of ICB.
1.0	21/06/22	Sara O'Connor	Policy Reference number added to final draft.

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## 1. Introduction

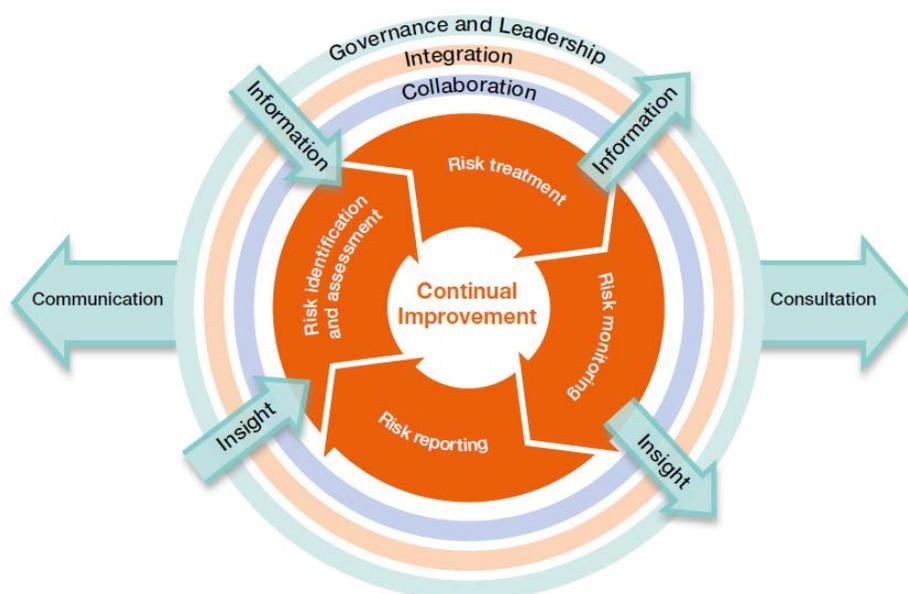
- 1.1. The Mid and South Essex (MSE) Integrated Care Board ('the ICB') works collaboratively across the Mid and South Essex Health and Care System ('the ICS') footprint to manage risks that have the potential to affect the achievement of its objectives. This policy sets out how the ICB will identify and manage risk.
- 1.2. The ICB acknowledges that risks will arise during the commissioning of health services and tackling health inequalities in an innovative and effective way, but that taking risks can bring benefits and opportunities when managed appropriately. The ICB does not aim to create a risk-free environment, but rather one in which risk is appropriately identified and routinely managed via embedded structures and processes, to enable it and partner organisations to provide safe, high quality, and value for money services for the MSE population.
- 1.3. The ICB recognises the importance of involving and working with local partners and other stakeholders to identify, prioritise and manage shared risks. Consequently, a close working relationship will be forged with partners and stakeholders to establish a process to manage system wide risks as the ICS and ICP evolve.

## 2. Purpose / Policy Statement

- 2.1. This policy sets out the overarching framework and process for the management of ICB risks by the Board, members of staff and persons engaged in business on behalf of the ICB.
- 2.2. The aim of the policy is to establish and maintain a framework for risk management which:
  - Supports the ICB in achieving its strategic objectives and realising the significant safety, quality, financial and other organisational benefits from effectively managing risk.
  - Ensures processes are based on best practice, national guidance and take account of organisational needs.
  - Promotes an integrated risk management approach across all areas of corporate and clinical/professional risk which is embedded within day-to-day operational functions across MSE.
  - Assists the ICB Board in agreeing the Governance Statement which forms part of the Annual Report and Accounts.
  - Ensures that risks are managed systematically and consistently to avoid the ICB and members of the wider ICS being exposed to extreme levels of risk threatening the way in which they operate.
- 2.3. Resources available for managing risk are finite. The ICB will aim to

achieve a prioritised and effective response to risk, whilst striking a balance between cost and benefit. The ICB will therefore take action to manage risk to a level which the ICB can justify as being tolerable. This will be achieved by the Board agreeing and reviewing the ICB's 'risk appetite' on an annual basis as detailed in Section 6.4.

- 2.4. A risk management framework operated in isolation is ineffective unless it supports continual learning. The ICB will implement processes to ensure risks are adequately identified, analysed, prioritised, mitigated and reported/communicated at all levels of the organisation, including the ICB's main committees and the Board. Regular reporting will enable the ICB to monitor changes in its risk profile and provide assurance that controls are effective (or not) and will enable learning to be shared.
- 2.5. The way in which those accountable for risk management should engage with the risk management process is depicted in the diagram below, adapted from HM Treasury: The Orange Book. Management of Risk – Principles and Concepts (2020) – referred to hereafter as 'The Orange Book'.



### 3. Scope

- 3.1. This policy applies to the following (collectively known as members of staff):
- Mid and South Essex (MSE) Integrated Care Board (ICB) members
  - Members of staff (including temporary/bank/agency/voluntary/work experience staff).
  - Contractors engaged by the ICB.

- Members of staff from other MSE partner organisations who are members of ICB Committees/Sub-Committees, advisory groups/other groups or otherwise involved in ICB business.

3.1. The policy applies to all areas of the ICB's responsibilities and activities and all ICB premises and other assets.

## 4. Definitions

- **Strategic Objectives** – the main objectives (aims) agreed by the ICB as set out in the MSE Health and Care Partnership Strategy, against which all risks are mapped. The ICB will also set other objectives, including those set out within ICP and Alliance Plans. The ICB's current strategic objectives are set out in **Appendix B** and will be reviewed annually.
- **Hazard** - any source (incident/event/circumstances) of potential damage, harm or adverse effect on someone, something, the organisation or the environment.
- **Risk** – the potential of a situation or event to impact on the achievement of specific objectives. Risks can arise in many ways and include clinical, non-clinical, financial, environmental, workforce, equality and diversity and reputational risks. In the Orange Book, risk is defined as the “uncertainty of outcome, whether positive opportunity or negative threat, of actions and events”.
- Risk is characterised by two factors, being a combination of the
  - **consequences/impact** of a hazard and the
  - **likelihood** of occurrence.
- **Risk Rating** - the level of risk at a particular point in time (i.e. initial, current or target risk rating) expressed by calculating the risk rating score by using the impact and likelihood assessment tables at **Appendices C and D** and the risk rating matrix at **Appendix E**. Depending on the score, risks will be categorised as Red, Amber or Green (often referred to as the 'RAG' rating).
- **Inherent Risk** - the level of exposure arising from a specific risk before any action has been taken to manage it. This is often referred to as the 'initial risk rating'
- **Residual Risk** - it is the level of exposure arising from a specific risk after mitigating action has been taken to manage it.

- **Risk Appetite** - also known as the 'target risk rating', it is the amount of risk that the organisation is prepared to accept, tolerate or be exposed to at any one point in time.
- **Strategic Risk** - a risk with the potential to have significant impact upon the achievement of strategic objectives affecting the whole or several areas of the organisation (as opposed to one department). These risks have the highest potential for external impact. Red rated/extreme risks will be recommended by the Responsible Director/Committee to the Board for consideration as strategic risks and inclusion on the BAF.
- **Operational Risks** – a risk that is most likely to impact on an organisation's ability to undertake its day to day internal functions in a safe and efficient manner. These risks tend to affect one department or a specific area of business. Operational risks will be escalated to the Board for consideration as a strategic risk (and inclusion on the BAF) if they are risk rated 'red/extreme'.
- **Project Risks** – a risk associated with a specific project that is not likely to have an impact beyond the remit/lifetime of that project. Risks or issues identified during the project will be rated having regard to the context of each project. Consequently, highly rated project risks might not need to be included on the corporate risk register or BAF. However, project managers should ensure that any significant risks that might compromise the success of the project are escalated to the Director with responsibility for the project so they can consider including the risk on the corporate register or BAF, taking advice from the Governance Lead in this regard.
- **Risk Management** - a proactive and integral approach to the management of those risks that might affect the achievement of an organisation's objectives.
- **Integrated Risk Management** - the management of risk across the organisation at varying levels via a range of processes. In addition to the maintenance of the risk register and BAF, this includes undertaking specific risk assessments, performance reporting and the management of incidents, complaints and claims. Taking an integrated risk management approach enables the triangulation of data/findings and the sharing of learning.
- **Risk Profile** - the documented overall assessment of the range/type, number and rating of risks faced by the organisation.
- **Risk Materialisation** – the time at which a hazard or adverse circumstances thought possible occur.

- **Controls** - measures implemented to reduce risk and prevent harm. These include systems and structures, processes, policies, guidelines, professional practice and training.
- **Assurances** – evidence relied upon by the organisation to provide it with a level of assurance that its controls are effective (positive assurance) or ineffective (negative assurance). Sources of assurance can be internal or external, with the latter considered to provide a higher level of assurance. Types of assurance include internal/external audits, inspections by regulatory and professional bodies (e.g. Care Quality Commission inspections), monitoring reports to Board/committees, testing of financial, IT and other systems, and assessment of the ICB's systems and processes against specific standards.
- **Board Assurance Framework (BAF)** – the key document used to record and report to the Board significant risks (strategic risks) to achieving its strategic objectives, listing controls/action being taken and sources of assurance. It is used to support the Governance Statement that the Chief Executive is required to sign-off at the end of each financial year.
- **Risk Register** - a document detailing all risks identified by the organisation, similar in format to the BAF. The ICB will maintain a central repository/database of all risks to enable risk registers to be produced for departmental/committee and other meetings.
- **Responsible Executive Director** - the Executive Director with overall responsibility for managing risks within their remit. These individuals will be identified on the risk register and BAF.
- **Risk Lead** – the operational lead (i.e. a senior manager or workstream lead) who has been delegated responsibility for managing specific risks. These individuals will be identified on the risk register and BAF and are responsible for ensuring action is taken to mitigate risks and for providing updates on their status for inclusion on the risk register and BAF.

## 5. Roles and Responsibilities

### 5.1. Chief Executive

- 5.1.1. The Chief Executive of the ICB has overall accountability for effective risk management within the ICB in line with legislation and guidance issued by NHS England and Improvement (NHSE/I).

5.1.2. The Chief Executive will report annually to the ICB Board on the adequacy of internal control and risk management within the Governance Statement that forms part of the Annual Report and Accounts.

## **5.2. ICB Board**

5.2.1. The Board is accountable and responsible for ensuring that the ICB has an effective programme for managing risks that might compromise the achievement of its objectives. The Board will seek regular assurance via the BAF, from its committees, partner organisations and other sources regarding the effectiveness of controls and will ensure further mitigating action is taken where necessary.

5.2.2. The Board will decide which risks will be categorised as strategic risks for inclusion on the Board Assurance Framework. Recommendations for strategic risks will usually be made by the Responsible Director. The Board has authority to:

- Accept operational risks which have been rated red/extreme as strategic risks. If Board members are of the opinion that a red/extreme rating is not justified at the current time, the risk will be re-rated appropriately and remain an operational risk.
- Accept lower rated risks as strategic risks if circumstances merit regular Board level oversight, for example, where a lower-rated risk has the potential to significantly impact on interdependent strategic risks.
- Close existing strategic risks or de-escalate them to operational level.
- Agree that risks not yet included on the ICB's risk registers or BAF are added.
- Prioritise action required to mitigate risk.

## **5.3. Audit Committee**

5.3.1. The Audit Committee has responsibility for monitoring the ICB's compliance with this policy and is the 'sponsoring committee' referred to in Section 9 below.

5.3.2. The Audit Committee will seek assurance that risks are being appropriately and robustly managed via receipt of a report on the BAF, the minutes of other ICB committee meetings and other reports on specific issues requested by the committee.

5.3.3. The Audit Committee will review the outcome of the annual internal audit of governance and risk management arrangements which, along with other assurances received, will enable the committee to recommend the Governance Statement is signed-off by the Chief Executive at the end of each financial year.

5.3.4. The Audit Committee also has responsibility for reviewing and monitoring any specific risks within its remit and for providing regular assurance to the ICB Board, including escalation of significant risks where necessary.

#### **5.4. Other ICB Committees, Sub-Committees and Groups**

5.4.1. Other ICB committees, sub-committees or groups have responsibility for reviewing and monitoring specific risks within their remit and for providing regular assurance to the ICB Board (or in the case of sub-committees, to the relevant committee) and escalation of significant risks where necessary.

5.4.2. ICB Committees will recommend red rated risks within their remit are categorised as strategic risks for inclusion on the BAF.

5.4.3. ICB Committees will also recommend removal of strategic risks from the BAF, or their closure, as appropriate.

#### **5.5. Chief of Staff**

5.5.1. The Chief Executive has delegated overarching responsibility for risk management to the Chief of Staff, with each Executive Director being responsible for risks aligned to their functions.

#### **5.6. Director of Resources**

5.6.1. The Director of Resources has delegated responsibility for financial risk management and will ensure:

- The effectiveness of the ICB's financial control systems.
- Significant financial risks faced by the ICB are identified and managed effectively.
- Audit Committee and Internal Audit effectively perform their roles in assuring the ICB's system of internal control.
- Robust counter fraud arrangements are in place and comply with NHS standards in relation to counter fraud.

5.6.2. The Director of Resources also acts as the ICB Senior Information Risk Owner.

#### **5.7. Chief Nurse**

5.7.1. The Chief Nurse has lead responsibility for the safety and quality of services and is accountable for safeguarding children and adults, working in partnership with responsible local authorities and other key agencies to ensure that the ICB's statutory safeguarding duties are met.

5.7.2. The Chief Nurse provides assurance to the Boards regarding patient safety and quality within commissioned services in line with local and national legislation and guidance and will ensure that any associated risks are appropriately captured on the risk register and escalated to the Board and BAF where necessary.

5.7.3. The Chief Nurse also acts as the ICB Caldicott Guardian.

## **5.8. NHS Alliance Directors, Executive Directors and other Managers**

5.8.1. NHS Alliance Directors, Executive Directors and other managers are responsible for ensuring that appropriate and effective risk management processes are in place within their designated areas and scope of responsibility and that they comply with the requirements of the ICB's risk management arrangements, including regularly reviewing risks with their staff at directorate/departmental meetings and reporting risks to the appropriate Committee or Board, including making recommendations to add, close or re-categorise risks as appropriate.

5.8.2. They are responsible for ensuring that all members of their staff are aware of risks relevant to their area of work and of their personal responsibilities as set out in section 5.11 of this policy. They must ensure their staff receive appropriate information, instruction and training to enable them to undertake their roles effectively and safely.

5.8.3. Responsible Executive Directors may delegate the management of some of the operational risk management processes to an appropriate senior manager, who will be named as the 'Risk Lead' on the risk register/BAF.

## **5.9. Policy Author**

5.9.1. The policy author will have responsibility for developing and updating the policy in line with Section 9.

## **5.10. Governance Lead**

5.10.1. The Governance Lead has responsibility for managing the risk management process, including liaising with risk leads for updates, production of the BAF and corporate risk registers for Board/Committee meetings, and provision of risk management training.

## **5.11. All Members of ICB Staff**

5.11.1. All members of staff are individually responsible for:

- Familiarising themselves with the content of this policy and associated procedures and following these.

- Identifying, assessing and putting systems in place to mitigate any risks to the achievement of the ICB's strategic objectives and those within their remit, to ensure risks are managed and escalated where appropriate through the risk register and associated processes.
- Reporting incidents/accidents and near misses using the ICB incident reporting procedure.
- Being aware of their duty under legislation to maintain safe working practices and to take reasonable care of their own health, safety and welfare and that of others by complying with all relevant ICB policies, procedures and guidance.
- Being aware of any emergency procedures relevant to their role and place of work, e.g. security/lockdown and fire safety procedures.
- Completing their mandatory training and attending risk management training and development events relevant to their role.

## **5.12. Partnership Working**

- 5.12.1. The interface between organisations is often where significant risks arise due to a lack of clarity regarding responsibility and accountability. The ICB will work closely and collaboratively with its partner organisations to reduce the possibility of this occurring by strengthening and integrating risk management arrangements as the ICS and ICP develop.
- 5.12.2. The ICB will endeavour to involve partners in all aspects of risk management as appropriate. Key partners include GP Practices, providers of shared services to the ICB, provider Trusts, independent sector providers, local authorities, the Police, statutory and voluntary bodies and patient representative groups.
- 5.12.3. The ICB will work with key stakeholders on identified risks, including child protection, discharge arrangements, workforce planning, in accordance with joint structures that exist between agencies. These arrangements include Partnership Boards and oversight groups such as the System Leaders Executive Group (SLEG), System Finance Leaders Group (SFLG) and System Oversight and Assurance Group (SOAG).

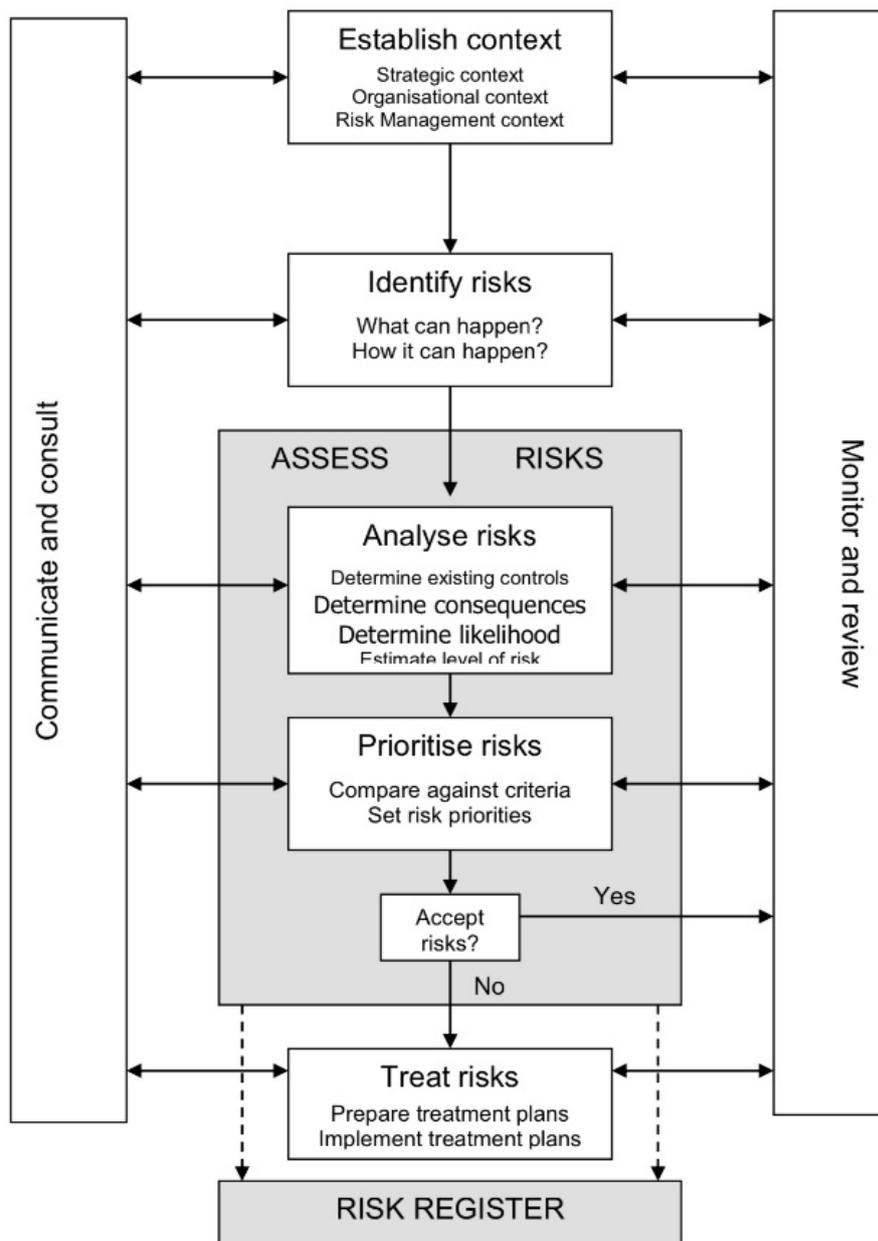
## **6. Policy Detail**

### **6.1. Overview of Risk Management Process**

- 6.1.1. The ICB has adopted the Australia/New Zealand risk management model, advocated within the Orange Book, which sets out the following stages to manage risk:
- Establish the context

- Identification of hazards
- Analyse risk
- Prioritise risk
- Treat risk
- Monitor and review
- Communicate and Consult.

The table below summarises this model:



- 6.1.2. **Establishing the context** defines the scope for the risk management process and sets the criteria against which risks will be assessed. The scope should be determined within the context of the ICB's objectives.
- 6.1.3. **Identification of Risk** will generate a comprehensive list of risks based on events that might create, enhance, prevent, degrade, accelerate, or delay the achievement of objectives. The ICB will use a wide range of information and horizon scanning to identify risks across the ICS footprint and beyond. To embed risk management a combined 'top-down' and 'bottom-up' approach will be taken with all staff, workstreams, departments and local Alliances encouraged to report risks that might affect their ability to meet their specific objectives, affect patient care or affect the worklife of ICB staff. Identified risks will be mapped against workstreams/departments/ Alliances in accordance with the ICB's organisational structure.
- 6.1.4. **Analysis of Risks** involves developing an understanding of the risk, including whether it could have multiple (positive or negative) consequences and the impact of these, its interdependence with other risks, and taking a decision on how to treat it. The effectiveness of existing controls should be considered.
- 6.1.5. **Risk Evaluation** involves the scoring/rating of risks, to determine their initial and current risk rating to assist with prioritisation of risks. Risk ratings must be regularly reviewed. A rationale for any changes made to risk ratings must be provided on the risk register/BAF. The Governance Lead will assist risk leads to adopt a consistent approach to the scoring of risks as part of risk update meetings or related correspondence.
- 6.1.6. **Prioritisation** of risk treatment implementation will ensure that the most highly rated risks are given precedence and will determine the organisational level to which the risk must be reported. Prioritisation should be in accordance with legal, regulatory and other organisational requirements and imperatives.
- 6.1.7. **Treatment of Risks** - Addressing risk can turn uncertainty to the ICB's benefit by constraining threats and taking advantage of opportunities. There are four broad categories of how risks are managed:
- **Tolerate:** A decision is taken to accept the risk involved and to not take further action to mitigate. This might be because it is within the ICBs' risk appetite; the ability to reduce the risk is very limited; or the cost of acting is disproportionate to the potential benefit gained. Any 'tolerated' risks must have contingency plans developed for managing the impact/consequences should the risk materialise.
  - **Treatment:** Most risks are addressed this way by introducing new or strengthening existing controls to reduce the level of risk to an acceptable level.

- **Transfer:** This can be achieved by conventional insurance or by contracting the service to another provider / third party. The relationship with the body to whom the risk is transferred should be managed effectively to successfully transfer the risk. However, in some cases, the risks will not be fully transferrable and consequently the ICB might retain some element of risk such as those relating to its statutory duties or reputational damage.
- **Terminate:** Depending on the type of risk and the ICB's risk appetite, the only sensible option might be to terminate the risk. For example, by decommissioning a service or terminating specific activity. This is a limited option in the NHS and the impact must therefore be fully considered before a decision is made.

6.1.8. Once the most appropriate way of treating a risk has been agreed, an action plan will be drawn up and implemented.

6.1.9. Each stage of the risk management process should be documented to evidence a systematic approach for audit purposes, to develop the ICB's knowledge of risk to aid decision-making, and to facilitate monitoring/consultation and communication of risks.

6.1.10. The arrangements for reporting risks, dependent on their current rating, is as follows:

- **Extreme / Red risk (score of 15 or above):** Immediate action required. The Responsible Executive Director and Risk Lead must take responsibility for development and implementation of an appropriate risk action plan and ensure progress against this is reported to the relevant committee and ICB Board. Risks rated 'extreme' will be recommended by the Responsible Director/Committee to the ICB Board for inclusion on the BAF (see section 5.2.2.)
- **High / Amber risk (score between 8 and 12):** Within one month an appropriate action plan must be agreed, usually with a deadline for completion within 6 months. To be reported to the relevant committee.
- **Low / Green risk (score between 1 and 6):** Acceptable risk. Periodic monitoring and review to be undertaken at Directorate/Departmental level to ensure that risk has not escalated and controls remain effective.

## 6.2. Description of Risks

Risks will be described on risk registers and the BAF in the following format:

*"If this happens/As a result of (description of potential hazard/circumstances)*

*There is a risk that (explanation of what could happen)*

*Resulting in (description of potential consequences)"*

### **6.3. Controls and Assurances**

- 6.3.1. Existing controls and sources of assurance will be mapped against each risk.
- 6.3.2. The effectiveness of controls will be regularly monitored by managers and via the identified assurance processes. Where gaps in controls are identified, action will be taken to address these taking into account the ICB's risk appetite and the cost/benefit of doing so (see paragraph 2.3 above and 6.4 below)
- 6.3.3. Where a specific risk's score does not reach its 'target rating' and has remained static over three iterations of the BAF or risk register, the relevant Director/manager may be required to attend the relevant Committee/Board meeting to explain the reasons for this and provide assurance regarding action being taken.

### **6.4. Risk Appetite**

- 6.4.1. The ICB's risk appetite is the amount of risk that the organisation is prepared to accept, tolerate or be exposed to at any one point in time. Setting the risk appetite assists with the prioritisation of risk.
- 6.4.2. The ICB Board will express the risk appetite score/rating for relevant categories of risk by using the 5 x 5 matrix used for assessing risk at **Appendix E**.
- 6.4.3. The risk appetite will be recorded as the 'target score/rating' for each risk on the risk register and BAF to enable the ICB Board and committees to monitor when this has been achieved. Once the target score/rating is achieved, a decision will be taken whether it is appropriate to close the risk.
- 6.4.4. For the purposes of agreeing risk appetite, risks will be categorised as below:
- Finance
  - Fraud and Negligent Financial Loss
  - Clinical Quality & Patient Safety
  - Statutory & Regulatory Compliance
  - Reputation
  - Partnerships, Engagement and Collaborative Working
  - Innovation and Transformation
  - Provider Performance
  - Commissioning
  - National Policy
  - Clinical Engagement
  - Information Security

- 6.4.5. The ICB's agreed risk appetite is set out at **Appendix F** (exemplar currently inserted until ICB risk appetite is confirmed).

## 7. Monitoring Compliance

- 7.1.1. The Governance Lead is responsible for monitoring the ongoing compliance with this policy and ensuring that an appropriate risk management culture is embedded across the ICB.
- 7.1.2. The Audit Committee is accountable to the Board for ensuring that the risk management process is effective and will ensure that the Annual Internal Audit Plan incorporates yearly assurance to the Board on the robustness of the ICB's risk management arrangements to support completion of the Governance Statement.

## 8. Staff Training

- 8.1.1. All staff will be made aware of the Risk Management Policy as part of their local induction by their line manager including their role and the forms of support available to them. Line managers will be responsible for ensuring that employees' ongoing risk management training needs are assessed during induction and reviewed annually via the staff appraisal process.
- 8.1.2. The Governance Lead will provide ongoing risk management support to relevant staff and will offer one-to-one meetings with all Risk Leads or attendance at team meetings to assist in the review of their risks prior to each Board or Committee meeting.
- 8.1.3. The Governance Lead will also offer risk awareness training to supplement any that might be made mandatory for all or specific groups or staff via the e-learning portal as required.

## 9. Arrangements For Review

- 9.1.1. This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
- 9.1.2. If only minor changes are required, the responsible Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## 10. Associated Policies, Guidance and Documents

### 10.1. Associated Documents

- Board Assurance Framework
- Risk Registers
- Risk Management Training Slides
- General Risk Assessment Template

### 10.2. Associated Policies

- Anti-Fraud, Bribery and Corruption Policy
- Health & Safety Policy
- Information Governance Policy
- Management of Conflicts of Interest Policy (including Gifts and Hospitality, Commercial Sponsorship and Outside Employment)
- Raising Concerns Policy
- Standards of Business Conduct Policy

## 11. References and Sources of Further Information

- The Orange Book: Management of Risk – Principles and Concepts; HM Treasury, October 2004.
- Risk Management Assessment Framework: a tool for departments: HM Treasury, July 2009
- NHS England: Risk Management Policy and Process Guide
- National Patient Safety Agency: Risk Assessment Programme Overview
- Department of Finance and Personnel: Policy and Framework for Risk Management
- HM Treasury: Managing Risks with Delivery Partners
- HM Treasury: Thinking about Risk (Managing your risk appetite: A Practitioner's Guide)
- COSO: Enterprise Risk Management – Integrated Framework
- COSO: ERM Risk Assessment in Practice
- COSO: Enterprise Risk Management – Understanding and Communicating Risk Appetite
- COSO: Internal Control – Integrated Framework.

## 12. Equality Impact Assessment

- 12.1. The EIA has identified a positive impact and is included at **Appendix A**.

## Appendix A - Equality Impact Assessment

### INITIAL INFORMATION

<b>Name of policy and version number :</b> Risk Management Policy, <b>Version:</b> 0.1	<b>Directorate/Service:</b> Corporate / Chief Executive's Office
<b>Assessor's Name and Job Title:</b> Sara O'Connor, Head of Corporate Governance, Mid Essex CCG	<b>Date:</b> 18 February 2022

<b>OUTCOMES</b>
<i>Briefly describe the aim of the policy and state the intended outcomes for staff</i>
The Risk Management Policy will support the organisation and staff to achieve a consistent method for identifying and managing/mitigating risks which threaten to achieve the organisation's strategic and other objectives.
<b>EVIDENCE</b>
<i>What data / information have you used to assess how this policy might impact on protected groups?</i>
The ICB regularly monitors the make-up of its workforce, including protected groups.
<i>Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?</i>
The policy has been shared with the CCG Governance Leads and MSE CCG Audit Committee members/attendees, including internal audit.

### ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against
- **Neutral outcome** – there is no effect currently on protected groups

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age	X			The policy refers to equality and diversity risks (4.3) and makes it clear that all staff are able to raise risks that might affect their worklife (6.1.3).
Disability (Physical and Mental/Learning)	X			As above
Religion or belief	X			As above
Sex (Gender)	X			As above
Sexual Orientation	X			As above
Transgender / Gender Reassignment	X			As above
Race and ethnicity	X			As above
Pregnancy and maternity (including breastfeeding mothers)	X			As above
Marriage or Civil Partnership	X			As above

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

Regular review of the BAF and risk registers, which include risks relating to equality and diversity and workforce, and ensuring that appropriate mitigating action is taken to address these risks.

### REVIEW

*How often will you review this policy / service?*

Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice.

*If a review process is not in place, what plans do you have to establish one?*

N/A

## **Appendix B – Strategic Objectives**

To be confirmed.

## Appendix C – Impact Assessment Table

Level	Objectives / Projects	Clinical / Injury	Patient Experience	Complaints / Claims	Service / Business Interruption	Staffing and Competence / HR / OD	Financial / Materiality	Adverse Publicity / Reputation
1 Low	Insignificant cost increase / schedule slippage  Barely noticeable reduction in scope or quality.	Minor Injury not requiring first aid.	Unsatisfactory patient experience not directly related to patient care.	Locally resolved complaint.	Loss / interruption > 1 hour.	Short term low staffing level temporarily reduces service quality (<1 day)	< £50k	Rumours
2 Medium	Less than 5% over budget / schedule slippage.  Minor reduction in quality / scope.	Minor injury or illness, first aid treatment needed.	Unsatisfactory patient experience partly related to patient care – readily resolvable.	Justified complaint peripheral to clinical care.	Loss / interruption > 8 hours.	On-going low staffing level reduces service quality.	£50k – < £100K	Local media – Short-term.  Minor effect on staff morale / service.
3 High	5-10% over budget / schedule slippage.  Reduction in quality or scope.	Moderate injury or illness, requiring first aid or medical treatment i.e. fractures.  RIDDOR / Agency Reportable.	Mismanagement of patient care.	Below excess claim. Justified complaint involving lack of appropriate care.	Loss / interruption > 1 day.	Late delivery of key objective / service due to lack of staff.  Minor error due to poor training.  On-going unsafe staffing level.	£100K – < £500K	Local media – Long-term.  Significant effect on staff morale / Service.
4 Major	10-25% over budget / schedule slippage.	Major injuries, or long-term incapacity / disability (loss of limb)	Serious mismanagement of patient care.	Claim above excess level.	Loss / interruption > 1 week.	Uncertain delivery of key objective / service due to lack of staff.	£500K - < £1m	National Media - < 3 days.

Level	Objectives / Projects	Clinical / Injury	Patient Experience	Complaints / Claims	Service / Business Interruption	Staffing and Competence / HR / OD	Financial / Materiality	Adverse Publicity / Reputation
	Doesn't meet secondary objectives.			Multiple justified complaints.		Serious error due to poor training.		
5 Critical	>25% over budget / schedule slippage.  Doesn't meet primary objectives.	Death or major permanent incapacity.	Totally unsatisfactory patient outcome or experience.	Multiple claims or single major claim.	Permanent loss of service or facility.	Non delivery of key objective / service due to lack of staff.  Loss of key staff.  Critical error due to insufficient training.	>£1m	National media - > 3 days.  MP Concern (questions in House)

## Appendix D – Likelihood Assessment Table

Level	Description	Controls	Resources	KPIs/Output
1 Rare	The event <b>may</b> only happen in <b>exceptional circumstances</b> . < 20% chance or occurrence Could occur within 5 to 10 years	System controls are <b>sound and working effectively</b> . Policies and procedures established and followed.	<b>Stable</b> staff environment. <b>Good</b> training & development (T&D). <b>Positive</b> staff morale. <b>Suitable</b> premises / working environment	KPIs established and met. Full reporting to mgt & board. Accurate / valid mgt info
2 Unlikely	The event <b>could</b> occur (recur) at <b>some time</b> . 20% - 40% chance of occurrence Could occur within 1 to 5 years	System controls are <b>essentially sound</b> but minor weaknesses may still exist. Policies and procedures in place, but may not always be followed.	<b>Fairly stable</b> staff environment. <b>Some</b> T&D issues. <b>Generally positive</b> staff morale. Premises suitable, but a <b>little restrictive</b> .	KPIs generally established / met. Reporting to mgt / board generally good. Mgt info generally accurate / valid, may be some errors.
3 Possible	The event <b>may well</b> occur (recur) at some time, <b>but may not</b> . 40% - 60% chance of occurrence Could occur within 1 year	Some systems control <b>may be missing</b> or <b>applied inconsistently</b> . Policies and procedures generally exist, some may be missing or they may not be followed in a number of cases.	<b>Some</b> staff turnover / sickness. T&D <b>could be improved</b> . Staff morale <b>indifferent</b> . Premises in need of <b>some repair</b> / larger premises required	KPIs established, but not always met / monitored. Mgt info available, not always reported to mgt / board, sometimes unreliable.
4 Likely	The event <b>will occur</b> (recur) in <b>most circumstances</b> . (Could probably happen) 60% - 80% chance of occurrence Could occur within 6 months	A number of key controls <b>are missing</b> or controls are <b>not followed</b> . Policies and procedures generally lacking.	<b>Medium</b> staff turnover / sickness. <b>Lack</b> of T&D. <b>Low</b> staff morale. Premises requires <b>high level of repair</b> or is highly inappropriate (i.e. size)	Lack of appropriate KPIs or clear fall in performance. Lack of reports to mgt / Board. Data generally unreliable in most cases.
5 Almost Certain	The event is <b>expected to occur</b> (recur) in <b>all circumstances</b> . (Will happen, just a matter of when) 80% - 100% chance of occurrence Could occur within 1 month	Serious <b>lack of controls</b> . No policies / procedures established.	<b>Unstable</b> staff environment (i.e. high turnover / sickness). High use of agency staff. <b>Poor</b> T&D. <b>Negative</b> staff morale. <b>Unsuitable</b> premises / working environment.	KPIs not established / met. Lack of reporting to mgt / board. Unreliable management information.

## Appendix E – Risk Rating Matrix

		Severity of Impact				
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Critical (5)
Likelihood of Occurrence	Rare (1)	1	2	3	4	5
	Unlikely (2)	2	4	6	8	10
	Possible (3)	3	6	9	12	15
	Likely (4)	4	8	12	16	20
	Almost certain (5)	5	10	15	20	25

## Appendix F – Example Risk Appetite

Risk Category	Appetite	Acceptable Risk Score	Rationale
Finance	Moderate	10	The ICB will seek to reduce risk levels to moderate and will seek to avoid risks above this level. However, this should not underestimate the challenges that the ICB will have in maintaining expenditure within allocated resources limits.
Fraud and negligent financial loss	Low	5	The ICB will not tolerate financial losses from fraud and negligent conduct as this represents corporate failure to safeguard public resources.
Clinical Quality and Patient Safety	Low	5	The ICB holds patient and staff safety in the highest regard and will not accept any risks that threaten this. The ICB will commission high quality services for our patients. We will only rarely accept risks which threaten that goal.
Statutory and Regulatory Compliance	Moderate	10	The ICB will comply with all applicable legislation and will not accept any risk which (if realised) would result in non-compliance.
Reputation	Moderate	10	The ICB will maintain high standards of conduct and will not accept risks as a result of circumstances that may cause reputational harm, such as a loss of loyalty, respect or commitment from stakeholders, and/or undermine public confidence.
Partnerships, Engagement and Collaborative Working	High	12	The ICB will work with practices and other organisations (including but not restricted to other CCGs and Local Authorities) to ensure the best outcome for patients and communities. The ICB is willing to accept the risks associated with a collaborative approach.
Innovation and Transformation	High	12	The ICB encourages a culture of innovation and are willing to accept risks associated with this approach where they do not threaten risk areas that the ICB is not prepared to accept (as defined above e.g. quality patient care / safety).
Provider Performance	Moderate	8	The ICB accepts that Provider performance is challenged and there are underlying workforce deficits which mean that changes of performance can take some time to realise.
Commissioning	Moderate	8	Innovative approaches for commissioning incorporate an inherently high level of risk, which can impact on the delivery of outcomes.
National Policy	Low	5	The ICB will follow national policy.
Clinical Engagement	Low	5	The ICBs place importance on the positive effects of clinical engagement and will endeavour to manage issues that risk this.
Information Security	Low	5	The ICB has low appetite for the loss or breach of its business and customer data in pursuit of its objectives. The security of physical and digital information assets will be protected as per the requirements of the Data Security Toolkit via information

Risk Category	Appetite	Acceptable Risk Score	Rationale
			governance and information technology policies and procedures and regular testing of these, to ensure that the necessary data flows between partner organisations are maintained effectively and are secure.

# Management of Conflicts of Interest Policy

(Including Gifts and Hospitality, Outside Employment, Commercial Sponsorship and other situations where conflicts might arise)

## Document Control:

Policy Name	Conflicts of Interest Policy
Policy Number	MSEICB 018
Version	1.0
Status	Final ICB Policy
Author / Lead	Sara O'Connor, Head of Corporate Governance, Mid Essex CCG
Responsible Executive Director	The Chief Executive has delegated responsibility to the Chief of Staff for the management of conflicts of interest
Responsible Committee	Audit Committee
Date Ratified by Responsible Committee	1 February 2022
Date Approved by Board/Effective Date	1 July 2022
Next Review Date	1 July 2023
Target Audience	<ul style="list-style-type: none"> <li>• Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/voluntary/work experience staff).</li> <li>• Contractors engaged by the ICB.</li> <li>• Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups.</li> </ul>
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> <li>• Mid and South Essex CCG Governance Leads.</li> <li>• Human Resources.</li> <li>• Information Governance Lead.</li> <li>• Kevin Edwards, Associate Director, Attain.</li> <li>• MSE Staff Engagement Group.</li> <li>• MSE CCGs Audit Committees meeting in common</li> </ul>
Impact Assessments Undertaken	<ul style="list-style-type: none"> <li>• Equality and Health Inequalities Impact Assessment</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	14/01/2022	Sara O'Connor Head of Corporate Governance, Mid Essex CCG	First draft of new Policy for Integrated Care Board based on NHSE/I Model Conflicts of Interest Policy template

Version	Date	Author (Name and Title)	Summary of amendments made
0.2	20/01/22	As above	Amended to reflect feedback from internal audit and LSMS and insertion of additional guidance regarding sponsored events (S15).
0.3	31/01/22	Viv Barnes, Governance Lead	Minor revisions to reflect Staff Engagement Group feedback.
0.4	26/05/22	Sara O'Connor and Viv Barnes	Amended to reflect latest guidance on managing conflicts of interest within ICBs, including training requirements and Audit Committee comments.
0.5	21/06/22	Sara O'Connor	Policy Reference Number added.
1.0	01/07/22	Sara O'Connor	Final approved version.

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## 1. Introduction

- 1.1. Mid and South Essex Integrated Care Board (the ICB) and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients.
- 1.2. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. However, there is a risk that conflicts of interest may arise. The policy is based on current NHS guidance regarding the management of conflicts, gifts and hospitality, commercial sponsorship, outside employment or other situations where conflicts might arise and will be revised on receipt of any relevant updated guidance relating to ICBs.
- 1.3. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly are key principles in the NHS Constitution. The ICB is committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity, that NHS monies are used wisely by using our finite resources in the best interests of patients, providing best value for taxpayers and being accountable to our residents and patients for the decisions we take.
- 1.4. The ICB will:
  - Ensure that this policy and supporting processes are clear and help staff understand what they need to do.
  - Identify a team or individual with responsibility for:
    - Keeping this policy under review to ensure it is in line with current guidance.
    - Providing advice, training and support for staff on how interests should be managed.
    - Maintaining register(s) of interests.
    - Audit this policy and its associated processes and procedures at least annually.
  - **NOT** avoid managing conflicts of interest.
  - **NOT** interpret this policy in a way which stifles collaboration and innovation with our partners. Measures implemented to manage conflicts of interest will allow the ICB to function as intended in legislation.
- 1.5. It is a requirement for the ICB to have CB Board members from primary care, Trusts/Foundation Trusts and the local authorities in order to support achievement of organisational alignment ensuring that decisions of the ICB Board are well informed from a range of perspectives. The Board and its committees will be appropriately composed and take account of the different perspectives individuals will bring from their respective sectors to help inform decision making.
- 1.6. Decision-making must be geared towards meeting the statutory duties of

the ICB at all times, including the 'triple aim' to consider the effects of its decisions on:

- The health and wellbeing of the population
- The quality of services provided or arranged by both the ICB and other relevant bodies
- The sustainable and efficient use of resources by the ICB and other relevant bodies

- 1.7. Interim Guidance on the functions and governance of the ICB has been published by NHS England and Improvement, which includes principles to support ICBs in managing conflicts of interest. These principles have been incorporated within this policy.
- 1.8. Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than further direct or indirect financial personal, professional or organisational interests.
- 1.9. Partner Members will be expected to act in accordance with paragraph 1.8 above and whilst it should not be automatically assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of the relevant organisations, the possibility of actual and perceived conflicts of interests arising will remain. For all decisions, ICBs will need to carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.
- 1.10. The ICB will consider the composition of decision-making forums and distinguish between those individuals who should be involved in formal decision taking and those whose input informs decisions. This will include considering the perspective the individual brings and the value they add to both discussions around particular decisions and in actually taking part in decisions, including the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for the population.
- 1.11. Actions to mitigate conflicts of interest should be proportionate and should seek to preserve the spirit of collective decision-making wherever possible. Mitigation should take account of a range of factors including the perception of any conflicts and how a decision may be received if an individual with a perceived conflict is involved in that decisions, and the risks and benefits of having a particular individual involved in making the decision. Section 16.9.4 below sets out possible mitigations.

## 2. Purpose

- 2.1. This policy and associated policies and procedures referred to throughout, including NHS England and Improvement (NHSE/I) conflict of interest

guidance, will help our staff manage conflicts of interest risks effectively.

2.2. The policy:

- Introduces consistent principles and rules.
- Provides simple advice about what to do in common situations.
- Supports good judgement about how to approach and manage interests.

### 3. Scope

3.1. This policy applies to:

- Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/ voluntary/work experience staff).
- Contractors engaged by the ICB.
- Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups

### 4. Definitions and Categories of Interests

4.1. **Conflict of Interest** - A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by **another** interest they hold.

A conflict of interest may be:

- **Actual** - there is a material conflict between one or more interests, or
- **Potential** – there is the possibility of a material conflict between one or more interests in the future.

Individuals may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

4.2. **Financial interest** - Where an individual may get direct financial benefit<sup>1</sup> from the consequences of a decision they are involved in making.

4.3. **Non-financial professional interest** - Where an individual may obtain a non-financial professional benefit from the consequences of a decision

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<sup>1</sup> This may be a financial gain, or avoidance of a loss.

they are involved in making, such as increasing their professional reputation or promoting their professional career.

- 4.4. **Non-financial personal interests** - Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- 4.5. **Indirect interests:** Where an individual has a close association<sup>2</sup> with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.
- 4.6. **Decision-Making Staff:** Those staff who are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. The ICB considers decision-making staff to be:
- Executive, non-executive and partner members of the ICB Board (or equivalent roles) who have decision making roles which involve the spending of taxpayers' money.
  - Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services.
  - Staff at Agenda for Change band 8d and above.
  - Administrative and clinical staff who have the power to enter into contracts on behalf of the ICB.
  - Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions.

## 5. Roles and Responsibilities

### 5.1. Chief Executive

The Chief Executive Officer of the ICB has overall accountability for managing conflicts of interest within the ICB.

### 5.2. Chief of Staff

The Chief Executive has delegated responsibility to the Chief of Staff for managing conflicts of interest.

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<sup>2</sup> A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

### 5.3. All ICB Employees and Board members

The ICB uses the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All Board members and salaried employees.
- All prospective employees who are part-way through recruitment.
- Contractors and sub-contractors.
- Agency/bank staff.
- Committee, sub-committee and advisory group members (who may not be directly employed or engaged by the organisation, for example staff employed/engaged by member organisations of the Mid and South Essex Integrated Care Partnership).

As a member of staff you should:

- Familiarise yourself with this policy and follow it.
- Refer to [NHSE/I guidance on managing conflicts of interest](#) for the rationale behind this policy.
- Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent.
- Regularly consider what interests you have and declare these as they arise. If in doubt, declare.
- **NOT** misuse your position to further your own interests or those close to you.
- **NOT** be influenced or give the impression that you have been influenced by outside interests.
- **NOT** allow the outside interests you have to inappropriately affect the decisions you make when using taxpayers' money.
- Seek clarification from your line manager on any points which are not clear.

### 5.4. Audit Committee

5.4.1. The Audit Committee will have responsibility for monitoring the ICB's compliance with this policy.

### 5.5. Conflicts of Interest Guardian

5.5.1. The Chair of the Audit Committee will be the ICB's Conflict of Interest Guardian and, in collaboration with the ICB Governance Lead, will:

- Act as a conduit and safe point of contact for staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest.
- Support the rigorous application of this and associated policies

- Provide independent advice and judgement where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.

5.5.2. Contact details for the Audit Committee Chair/Conflicts of Interest Guardian are at **Appendix D**.

## **5.6. Policy Author**

5.6.1. The policy author will have responsibility for reviewing and updating the policy in line with Section 8.

## **5.7. ICB Governance Lead**

5.7.1. The ICB Governance Lead, with the support of other governance team staff, is responsible for:

- Providing staff and other relevant individuals with advice, support, and guidance to enable them to manage conflicts of interest.
- Maintaining appropriate registers and other records relating to the management of conflicts of interest.
- Ensuring that appropriate arrangements are in place to effectively manage and record/report any issues relating to breaches of this or associated policies.
- Supporting the Conflicts of Interest Guardian to enable them to effectively carry out their responsibilities.
- Ensuring that senior managers provide adequate, appropriate and transparent reporting to the ICB Board, its committees, stakeholders and the public as required by the Health and Social Care Act 2012 and the Health and Care Act 2022.

## **5.8. Line Managers**

5.8.1. Line managers are responsible for upholding and promoting high standards in relation to the management of conflicts of interest, gifts, hospitality and commercial sponsorship, ensuring staff reporting to them adhere to the requirements of this policy and for providing adequate, appropriate and transparent reporting to the ICB Board and its committees, stakeholders and the public.

# **6. Policy Detail**

## **6.1. Identification & Declaration of Interests (Including Gifts and Hospitality)**

6.1.1. All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days).

- 6.1.2. If staff are in any doubt as to whether an interest is material they should declare it so that it can be considered.
- 6.1.3. Declarations should be made:
- On appointment with the organisation – the ICB will implement appropriate arrangements to facilitate this.
  - When staff move to a new role or their responsibilities change significantly.
  - At the beginning of a new project/piece of work/procurement process.
  - As soon as circumstances change and new interests arise (e.g. during a meeting when interests staff hold are relevant to the matters in discussion).
- 6.1.4. The Declaration of Interest form is available at **Appendix B** and as a separate document on the ICB's intranet.
- 6.1.5. Where an interest is declared, the individual's line manager should review the form and agree any mitigating action required to manage any conflicts which should be recorded on the form for transferring to the appropriate register.
- 6.1.6. Declarations of Interest forms submitted outside of recruitment processes should be returned to the Governance team.
- 6.1.7. After expiry, an interest will remain on register(s) for a minimum of six months and a private record of historic interests will be retained for a minimum of six years.

## **6.2. Proactive Review of Interests**

- 6.2.1. The ICB will require all staff to formally review and, if necessary, update their declaration of interest annually.
- 6.2.2. Reminders for staff to review and update their declarations of interest will be provided via the ICB's intranet bi-annually.
- 6.2.3. The ICB will implement arrangements to prompt ICB Board members and other decision-making staff to review and update their declarations of interest on a regular basis by:
- Including 'declarations of interest' on meeting agendas.
  - Providing a register to each meeting of the ICB Board and its main committees/groups setting out the interests of relevant members and regular attendees.

- Implementing arrangements to ensure that staff participating in projects, new pieces of work and procurement processes are required to declare relevant interests.

### **6.3. Maintenance of Records**

6.3.1. The ICB will maintain the following registers:

- Register of Interests.
- Register of Gifts and Hospitality.
- Register of Commercial Sponsorship.
- Register of Procurement Decisions.

6.3.2. All declared interests that are material will be promptly transferred to the register by the Governance team.

### **6.4. Publication**

6.4.1. The ICB will publish the interests declared by decision-making staff in the relevant registers available on the ICB website.

6.4.2. This information will be refreshed on a bi-monthly basis.

6.4.3. Registers of interests for publicly held Board or Committee meetings will be made available within meeting papers available on the ICB website.

6.4.4. Registers will also be made available for inspection, via telephoning 01268 594350 to make an appointment with the Governance team, at Phoenix Court, Christopher Martin Road, Basildon Essex SS14 3HG

6.4.5. If decision-making or other staff have substantial grounds for believing that publication of their interests should not take place, they should contact the ICB Governance Lead to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, with the agreement of the Conflicts of Interest Guardian, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

### **6.5. Wider Transparency Initiatives**

6.5.1. The ICB fully supports wider transparency initiatives in healthcare and encourages staff to engage actively with these.

6.5.2. Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These “transfers of value” include payments relating to:

- Speaking at and chairing meetings.
- Training services.
- Advisory board meetings.
- Fees and expenses paid to healthcare professionals.
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK.
- Donations, grants and benefits in kind provided to healthcare organisations.

6.5.3. Further information about the scheme can be found on the ABPI website: <http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx>

## **6.6. Management of Interests - General**

6.6.1. If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- Restricting staff involvement in associated discussions and excluding them from decision making.
- Removing staff from the whole decision-making process.
- Removing staff responsibility for an entire area of work.
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

6.6.2. Each case will be different and context-specific, and the ICB will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

6.6.3. Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

6.6.4. The ICB Governance Lead and/or the Conflicts of Interest Guardian will provide advice on possible disputes about the most appropriate management action to ensure that interests do not (and do not appear to) affect the integrity of the ICB's decision-making process.

## **6.7. Management of Interests – Common Situations**

6.7.1. Sections 6.8 to 6.20 set out the principles and rules to be adopted by staff in common situations, and what information should be declared.

## **6.8. Gifts**

- 6.8.1. Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.
- 6.8.2. Gifts from suppliers or contractors:
- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
  - Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6 in total and need not be declared.
- 6.8.3. Gifts from other sources (e.g. patients, families, service users):
- Gifts of cash and vouchers to individuals should always be declined.
    - Staff should not ask for any gifts.
    - Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the ICB and not in a personal capacity. These should be declared by staff to the ICB. Governance Lead in order to agree how these should be used, for example, donated to a local charity.
    - Modest gifts accepted under a value of £50 do not need to be declared.
- 6.8.4. A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 6.8.5. Multiple gifts from the same source over a twelve month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
- 6.8.6. The acceptance or rejection of gifts should be declared on the form provided at **Appendix C** and submitted to Corporate Governance Team.

## **6.9. Hospitality (including Meals, Refreshments, Travel and Accommodation)**

- 6.9.1. Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- 6.9.2. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- 6.9.3. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and

must be declared, if modest and reasonable. Prior approval by the relevant Director must be obtained.

6.9.4. Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) prior approval by the relevant Director is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

6.9.5. Travel and accommodation:

- Modest offers to pay some or all travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need prior approval by the relevant Director. They should only be accepted in exceptional circumstances and must be declared.
- A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
  - offers of business class or first class travel and accommodation (including domestic travel).
  - offers of foreign travel and accommodation.

6.9.6. The acceptance or rejection of hospitality should be declared on the form provided at **Appendix C** and submitted to the Corporate Governance Team.

## 6.10. Outside Employment

6.10.1. The ICB requires employees, committee members, contractors and others engaged under a contract with the ICB to declare if they are employed or engaged in any employment, business, consultancy or voluntary role in addition to their work with the ICB.

- 6.10.2. Staff must declare any existing outside employment/engagement on their appointment and any new outside employment/engagement when it arises.
- 6.10.3. Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 6.10.4. Where contracts of employment or terms and conditions of engagement permit, staff will be required to seek prior approval from the ICB to engage in outside employment.
- 6.10.5. The ICB may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.
- 6.10.6. The ICB reserves the right to implement appropriate arrangements to manage any conflict(s) and to refuse permission for outside employment where it believes a conflict will arise which cannot be effectively managed.
- 6.10.7. As set out within the ICB's Standards of Business Conduct Policy, trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing/advertising by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Official ICB email accounts and documentation such as letter headed paper should not be used for private enterprise and may constitute an offence of fraud.
- 6.10.8. The ICB will implement arrangements to facilitate the declaration of outside employment by new staff upon their appointment by completion of the Declaration of Interest form at **Appendix B**. This process will be managed by the ICB's Human Resources and Governance Teams with relevant outside employment interests being recorded within the register of interest.

## **6.11. Shareholdings and other ownership issues**

- 6.11.1. Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the ICB or member organisations of the wider Integrated Care Partnership.
- 6.11.2. Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- 6.11.3. There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

6.11.4. Shareholdings and other ownership issues should be declared on the form provided at **Appendix B** and will be recorded within the register of interests.

## **6.12. Patents**

6.12.1. Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.

6.12.2. Staff should seek prior permission from the ICB before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the ICB's time, or uses its equipment, resources or intellectual property.

6.12.3. Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

6.12.4. Relevant patents must be declared on the form provided at **Appendix B** and submitted to the Corporate Governance Team for recording within the register of interests.

## **6.13. Loyalty Interests**

6.13.1. Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that the ICB does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

6.13.2. Loyalty interests must be declared on the form provided at **Appendix B** and submitted to the Corporate Governance Team for recording within the register of interests.

## **6.14. Donations**

- 6.14.1. Donations made by suppliers or bodies seeking to do business with the ICB should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- 6.14.2. Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the ICB, or is being pursued on behalf of the ICB's own registered charity (if any) or other charitable body and is not for their own personal gain.
- 6.14.3. Staff must obtain permission from the ICB if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- 6.14.4. Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- 6.14.5. Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.
- 6.14.6. The ICB will maintain records in line with the above principles and rules and relevant obligations under charity law.

## **6.15. Sponsored events**

- 6.15.1. Line manager and governance advice must be sought before accepting any type of sponsorship as this can be a controversial issue.
- 6.15.2. In the case of sponsored events, sponsorship should never be accepted from organisations whose business would not be seen as being compatible with the ethos of the NHS, e.g. organisations that are associated with:
  - matters that are damaging to health or associated with gambling, alcohol, tobacco, illegal drugs, weight control or politics
  - the promotion of prescription-only drugs to the general public, or other promotion that contravenes that ABPI Code of Practice to the Pharmaceutical Industry.
  - Pornography or other companies involved in the sexual exploitation of adults or children
  - The manufacture of firearms or other weapons

- Legal services which overtly promote compensation and personal injury services and claims management companies acting on their behalf.
- 6.15.3. Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit to the ICB and the NHS.
- 6.15.4. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- 6.15.5. No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- 6.15.6. At the ICB's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- 6.15.7. The involvement of a sponsor in an event should always be clearly identified.
- 6.15.8. Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- 6.15.9. Staff arranging sponsored events must declare this to the organisation by using the form at **Appendix C**.
- 6.15.10. The organisation will maintain records regarding sponsored events in line with the above principles and rules.

## **6.16. Sponsored Research**

- 6.16.1. Funding sources for research purposes must be transparent.
- 6.16.2. Any proposed research must go through the relevant health research authority or other approvals process.
- 6.16.3. There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- 6.16.4. The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- 6.16.5. Staff should declare involvement with sponsored research to the ICB by using the form at **Appendix B**.

6.16.6. The ICB will retain written records of sponsorship of research, in line with the above principles and rules.

## **6.17. Sponsored Posts**

6.17.1. External sponsorship of a post requires prior approval from the ICB. Requests should be submitted to the Executive Chief People Officer.

6.17.2. Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.

6.17.3. Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.

6.17.4. Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.

6.17.5. Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

6.17.6. The ICB will retain written records of sponsorship of posts, in line with the above principles and rules.

6.17.7. Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

## **6.18. Clinical Private Practice**

6.18.1. Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises<sup>3</sup> including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).
- Action taken to mitigate against a conflict, including details of any approvals given to depart from the terms of this policy.

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<sup>3</sup> Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

- 6.18.2. Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):
- Seek prior approval of the ICB before taking up private practice.
  - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.<sup>4</sup>
  - Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:  
[https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment\\_Order\\_amended.pdf](https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf)
- 6.18.3. Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.
- 6.18.4. Staff should declare involvement with clinical private practice to the ICB by using the form at **Appendix B** which should be submitted to the Corporate Governance Support Officer for inclusion on the relevant register.

## **6.19. Strategic Decision Making Groups**

- 6.19.1. In common with other NHS bodies the ICB uses a variety of different groups to make key strategic decisions about things such as:
- Entering into (or renewing) large scale contracts.
  - Awarding grants.
  - Making procurement decisions.
  - Selection of medicines, equipment, and devices.
- 6.19.2. The interests of those who are involved in these groups should be well known (as highlighted on registers of interests provided to each meeting) so that they can be managed effectively. For this organisation these groups are: The ICB's strategic decision making groups include:
- The ICB Board
  - The ICB's main Committees as set out in its Constitution
  - Mid and South Essex Medicines Optimisation Committee
- 6.19.3. These groups should adopt the following principles:
- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.

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<sup>4</sup> These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: [https://www.bma.org.uk/-/media/files/pdfs/practical\\_advice\\_at\\_work/contracts/consultanttermsandconditions.pdf](https://www.bma.org.uk/-/media/files/pdfs/practical_advice_at_work/contracts/consultanttermsandconditions.pdf)

- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the appropriate register.
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that might prejudice their judgement.

6.19.4. If a member has an actual or potential interest the chair should consider the following approaches and ensure that the justification and reason for the chosen action is documented in the minutes of the meeting and (where appropriate) other records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and/or decision and where necessary, securing technical or local expertise from an alternative unconflicted source.
- Including a conflicted person in the discussion and decision where there is a clear benefit to them being included in both – however, including the conflicted person in the actual decision should be done after careful consideration of the risk and with proper mitigation in place. The rationale for inclusion should also be properly documented and included in minutes.
- Noting the nature and extent of the interest but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.
- Consider using a sub-committee to remove potential conflict from core committee membership.

6.19.5. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

## **6.20. Procurement**

6.20.1. Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour which is against the interest of patients and the public.

6.20.2. Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be

taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

- 6.20.3. In relation to the provider selection regime, where decisions are being taken as part of a formal competitive procurement of services, any individual who is associated with an organisation that has a vested interest in the procurement should recuse themselves from the process.
- 6.20.4. The procedure for managing conflicts of interest during procurements is set out in the ICB's Procurement and Contracting Policy.

## **6.21. Identifying and Reporting Breaches**

- 6.21.1. There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.
- 6.21.2. Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or might be, a breach, should report these concerns to one of the officers listed below, whose contact details are set out on **Appendix D**:
- The ICB Governance Lead.
  - The Conflicts of Interest Guardian.
  - The Director of Resources.
  - The ICB's Local Counter Fraud Specialist.
- 6.21.3. To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised please refer to the ICB's Raising Concerns Policy.
- 6.21.4. The ICB will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.
- 6.21.5. Following investigation, the ICB will:
- Decide if there has been or is potential for a breach and, if so, what the severity of the breach is.
  - Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
  - Consider who else inside and outside the organisation should be made aware
  - Take appropriate action as set out in the next section.

## **6.22. Taking Action in Response to Breaches**

- 6.22.1. Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialist), members of the management or executive teams and auditors.
- 6.22.2. Breaches could require action in one or more of the following ways:
- Clarification or strengthening of existing policy, process and procedures.
  - Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
  - Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Counter Fraud Authority, the Police, statutory health or social care bodies (such as NHS England, NHS Improvement or the Care Quality Commission, Local Government Association, and/or health professional regulatory bodies).
- 6.22.3. Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches in accordance with the ICB's Disciplinary Policy.
- 6.22.4. Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the ICB can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:
- Employment law action against staff, which might include
  - Informal action (such as reprimand or signposting to training and/or guidance).
  - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
  - Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
  - Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
  - Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

## **6.23. Learning and Transparency Concerning Breaches**

- 6.23.1. Anonymised reports on breaches, the impact of these, and actions taken will be considered by the Audit Committee and any other relevant committee/group.

- 6.23.2. To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the ICB's website, as appropriate, or made available for inspection by the public upon request.

## **7. Monitoring Compliance**

- 7.1. Compliance with this policy will be monitored in the following ways:
- As part of the routine monitoring undertaken by the ICB Governance Lead.
  - Monitoring completion rates of mandatory training relating to the management of conflicts of interest and taking action where necessary to improve completion rates.
  - Annual audit of arrangements to manage conflicts of interest undertaken by the ICB's auditors.
  - Anonymised reporting on breaches and significant issues relating to the management of conflicts of interest to the Audit Committee or other relevant committee.
  - By submission of any returns required by NHSE/I in relation to the management of conflicts of interest, which will be signed-off by the Conflicts of Interest Guardian.

## **8. Staff Training**

- 8.1.1. Staff at Band 7 and above and any other staff defined as decision making staff will be required to undertake training deemed to be mandatory by NHSE/I or the ICB on the management of conflicts of interest available via the Electronic Staff Record (ESR) or E-Learning for Health (ELfH) systems.
- 8.1.2. Those staff with responsibility for providing advice and support regarding the management of conflicts of interest (including the ICB Governance Lead, other governance staff and the Conflicts of Interest Guardian) will be required to undertake appropriate additional training relating to the management of conflicts of interest available on ESR or ELfH.
- 8.1.3. Additional training needs may be identified, for example, where a breach has occurred or to provide a member of staff with additional knowledge to undertake their role effectively.
- 8.1.4. Completion of mandatory training will be monitored and action taken to address completion rates where necessary.

## 9. Arrangements For Review

- 9.1. This policy will be reviewed one year from the establishment of the ICB, following which the frequency of future reviews will be agreed. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
- 9.2. If only minor changes are required, the sponsoring committee (Audit Committee) has authority to make these changes without referral to the ICB Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the ICB Board.

## 10. Associated Policies, Guidance And Documents

### 10.1. Associated Guidance and Legislation

- NHSE/I Interim Guidance on the Functions and Governance of the Integrated Care Board
- [www.england.nhs.uk/ourwork/coi](http://www.england.nhs.uk/ourwork/coi)
- Freedom of Information Act 2000
- ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
- ABHI: Code of Business Practice
- NHS Code of Conduct and Accountability (July 2004)

### 10.2. Associated ICB Policies

- Standards of Business Conduct Policy
- Raising Concerns Policy
- Procurement and Contracting Policy
- Disciplinary Policy
- Counter-Fraud, Bribery and Corruption Policy

## 11. References

This policy is based on [Managing Conflicts of Interest in the NHS \(Model Policy for Organisations\) April 2017.](#)

## 12. Equality Impact Assessment (EIA)

- 12.1. The EIA has identified no equality issues with this policy.
- 12.2. The EIA has been included as **Appendix A**.

## Appendix A - Equality Impact Assessment

### INITIAL INFORMATION

<b>Name of policy:</b> Conflicts of Interest Policy	<b>Directorate/Service:</b> Corporate / Chief Executive's Office
<b>Version number (if relevant):</b> 1.0	
<b>Assessor's Name and Job Title:</b> Sara O'Connor, Head of Corporate Governance	<b>Date:</b> May 2022

<b>OUTCOMES</b>
<i>Briefly describe the aim of the policy and state the intended outcomes for staff</i>
This policy is designed to enable the ICB and its staff and partner organisations to effectively manage conflicts of interest in situations where conflicts might arise (e.g. during decision making/procurement processes, offers of gifts and hospitality, commercial sponsorship and outside employment).
<b>EVIDENCE</b>
<i>What data / information have you used to assess how this policy might impact on protected groups?</i>
The ICB monitors the composition of its workforce under the nine protected equality characteristics and reports on this annually. This information helps the ICB to assess the potential impact of its policies upon staff.
<i>Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?</i>
The policy is based on the NHS England/Improvement Policy template for managing conflicts. The Staff Engagement Group have been consulted on the policy and their feedback will be considered before the policy is finalised.

### ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against
- **Neutral outcome** – there is no effect currently on protected groups

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age			X	There is a risk that staff from protected groups may be reluctant to use the policy because of fear of discrimination, harassment or victimisation, however it is considered that this risk will be minimised by the assurances given in the associated Raising Concerns Policy and reference within the Conflicts of Interest Policy that employees will not be penalised for raising honest concerns and by the regular monitoring of cases.
Disability (Physical and Mental/Learning)			X	As above.
Religion or belief			X	As above
Sex (Gender)			X	As above
Sexual Orientation			X	As above
Transgender/Gender Reassignment			X	As above
Race and ethnicity			X	As above
Pregnancy and maternity (including breastfeeding mothers)			X	As above
Marriage or Civil Partnership			X	As above

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

An anonymised summary of breaches will be provided to the Audit Committee. If pertinent, the summary will identify where an individual's protected group status was relevant to the circumstances investigated and identify any lessons learned in this respect.

### REVIEW

*How often will you review this policy / service?*

Every three years unless circumstances require an earlier review.  
(Minimum every three years)

*If a review process is not in place, what plans do you have to establish one?*

N/A



**NB: The names of individuals who make a 'Nil' declaration will not be included in the publicly available register of interests (except where they are Board members).**

**Fair Processing Statement**

This information submitted will be held by the ICB for the reasons specified on this form and to comply with the NHS Act 2006 (section 14O(1)), the ICB's Constitution and the ICB's policies. This information may be held in both manual and electronic form, in accordance with the Data Protection Act 2018. The information will be held securely by the ICB, but, as per the NHS Act 2006 (section 14O(2)), will be made available to the public on request and, as per NHSE/I mandatory guidance on managing conflicts of interest, in the case of Governing Body members and other staff/individuals who have declared an interest, published on the ICB website.

**Declaration**

I confirm the information provided above is complete and correct. I acknowledge that any changes in this declaration must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** object to my name and details of declared interests being published on registers that the ICB holds.

*If you are raising an objection, please give reasons and a decision will be made by the ICB's Conflict of Interests Guardian whether to redact this information from the publicly available register(s).*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Individual making the declaration of interest(s))**

'Nil' declarations **do not** need to be signed-off by the Head of Service/Senior ICB Manager. Where one or more interests have been declared, individuals must discuss and agree how these interests will be managed with their Head of Service/Senior ICB Manager, who must then sign this form before submission to the ICB Governance Lead. Agreed action taken to mitigate the risk must be recorded in the last column of the table on the first page of this form. Declarations from non-ICB employees, will be signed-off by the ICB Governance Lead.

**Signed:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Date:** \_\_\_\_\_  
**(Head of Service/Senior ICB Manager)**  
Please return to: Corporate Governance Team

## DEFINITION OF AN INTEREST

A conflict of interest may be “actual” or “potential”.

Actual	Potential
There is a material conflict between one or more interests	There is the possibility of a material conflict between one or more interests in the future.

It should be noted that a benefit may arise from the making of a gain or the avoidance of a loss. Interests fall into four categories as set out in the table below (not exhaustive). It is also important to avoid any ‘**perception**’ that a conflict of interest has occurred. Therefore, if you have any doubt as to whether an interest should be declared, please seek advice from the ICB Governance Lead.

Interest	Description
<b>Direct Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model.</li> <li>• A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.</li> <li>• A management consultant for a provider;</li> <li>• A provider of clinical private practice;</li> <li>• Employment outside of the ICB;</li> <li>• In receipt of secondary income;</li> <li>• In receipt of a grant from a provider;</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).</li> </ul>
<b>Direct Non-Financial Professional Interests</b>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients;</li> <li>• A GP with special interests e.g., in dermatology, ophthalmology, acupuncture etc.</li> </ul>

Interest	Description
	<ul style="list-style-type: none"> <li>• An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners RCGP, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);</li> <li>• An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);</li> <li>• Engaged in a research role.</li> <li>• The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or</li> <li>• GPs and practice managers or other practice staff who are members of the ICB governing body or committees of the ICB, should declare details of their roles and responsibilities held within their GP practices.</li> </ul>
<b>Direct Non-Financial Personal Interests</b>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion for a provider;</li> <li>• A volunteer for a provider;</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;</li> <li>• Suffering from a particular condition requiring individually funded treatment;</li> <li>• A member of a lobby or pressure groups with an interest in health and care.</li> </ul>
<b>Indirect Interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <p>Spouse / partner;</p> <p>Close family member or relative e.g., parent, grandparent, child, grandchild or sibling, aunt/uncle/niece nephew etc.</p> <p>Close friend or associate; or</p> <p>Business partner.</p> <p>Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual and the role of the individual within the ICB.</p>

## Appendix C – Gifts and Hospitality Declaration Form

### Declaration of Gifts, Hospitality, and Sponsored Events Form

Name of member of staff offered gift(s) or hospitality:						Email Address:	
						Tel No:	
Position within, or relationship with, the Integrated Care Board							
<b>GIFT(S) AND/OR HOSPITALITY – please see table below (pages 3 and 4) for guidance on what can be accepted (in some cases with prior approval) or must be refused, and what must be declared. Please refer to Section 6.15 of the Conflicts of Interest Policy regarding Sponsored Events.</b>							
Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality / Sponsorship	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier/Sponsor	Declined or Accepted?	Reason for Accepting or Declining

REVIEW BY HEAD OF SERVICE	
Name and Position of Manager reviewing and signing-off acceptance/rejection of gift or hospitality.	
Reason for recommending acceptance/rejection, where applicable (see guidance below).	
Signature of Manager	
Date:	

Fair Processing Statement

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds. The Data Protection Officer can be contacted at [Jane.marley@nhs.net](mailto:Jane.marley@nhs.net).

I confirm that the information provided above is complete and correct. I acknowledge that any changes in this declaration must be notified to the ICB as soon as practicable and no later than 28 days after I am aware that changes are required. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

**I do / do not (delete as applicable)** object to this information being included on registers that the ICB holds and publishes on its website.

NB: *If you are raising an objection, please give reasons and a decision will be made by the ICB's Conflict of Interests Guardian whether to redact this information from the publicly available register(s).*

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed and signed form to ICB Governance Lead.

## GUIDANCE ON ACCEPTING, REFUSING AND DECLARING GIFTS, HOSPITALITY AND SPONSORSHIP

### Gifts

A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value. ICB staff should not ask for any gifts. ICB staff should also not accept any unsolicited offers of gifts or hospitality that may affect, or be seen to affect, their professional judgement. The rules for accepting, refusing and declaring gifts and hospitality are summarised below.

If the actual value of a gift is unknown, a 'common sense' approach should be applied to the valuing of such gifts, by using an estimated amount that a reasonable person would make as to its value. Multiple gifts from the same source over a twelve month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50. For further information, please refer to the [ICB's Policy on Gifts & Hospitality](#).

### Hospitality

'Hospitality' means offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education/training or other events. ICB staff, or others working on behalf of the ICB, should not ask for, or accept, hospitality that may affect, or be seen to affect their professional judgement. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

Relevant Paragraph within G&H Policy	Types of Gifts and Hospitality and thresholds for acceptance/refusal.	Accept or Refuse?	Must I Declare the Offer/Gift/Hospitality?
6.8.2	Gifts made by suppliers or contractors linked (currently or prospectively) to the ICB's business. However, see exception below.	<b>Refuse</b>	<b>Yes</b> – all such offers must still be declared.
6.8.2	Low cost branded promotional aids from suppliers or contractors may be accepted and not declared where they are under the value of a common industry standard of £6.	<b>Acceptable</b>	<b>No</b>
6.8.3	Cash or cash equivalents (including vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) whatever their value and whatever their source;	<b>Refuse</b>	<b>Yes</b> – all such offers must still be declared.
6.8.3	Items of low value such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences and modest gifts such as flowers and small tokens of appreciation from patients, families and members of the public to staff for work well done may be accepted where the notional value is under £50. These gifts do not have to be declared.	<b>Acceptable</b>	<b>No</b>
6.8.3	Gifts offered from other sources (i.e. other than suppliers or contractors) and valued		

Relevant Paragraph within G&H Policy	Types of Gifts and Hospitality and thresholds for acceptance/refusal.	Accept or Refuse?	Must I Declare the Offer/Gift/Hospitality?
	at over £50 should be treated with caution and only be accepted on behalf of the ICB (i.e. to the ICB's charitable funds) not in a personal capacity and must be declared.	<b>Acceptable</b> (but treat with caution)	<b>Yes</b> – all such offers must still be declared.
6.8.3	Gifts offered from other sources (i.e. other than suppliers or contractors) should be declined <u>if accepting them might give rise to perceptions of bias or favouritism</u> , and a common sense approach should be adopted as to whether or not this is the case. All such gifts should be declared to a Line Manager, and the Head of Corporate Governance, who will recommend refusal or acceptance.	<b>Refuse</b> if there could be a perception of bias/favouritism.	<b>Yes</b> – all such offers must still be declared.
6.9.4	Modest hospitality, under the value of £25, provided in normal and reasonable circumstances may be acceptable, although it should be on a similar scale to that which the ICB might offer in similar circumstances (e.g. tea, coffee, light refreshments at meetings). A common sense approach should be adopted as to whether hospitality offered is modest or not.	<b>Acceptable</b>	<b>Yes</b> – if offered by suppliers or contractors linked (currently or prospectively) to the ICB's business  <b>No</b> – if offered from other sources.
6.9.4	Offers of hospitality of a value between £25 and £75.	<b>Acceptable</b>	<b>Yes</b> – all such offers must still be declared.
6.9.4	Hospitality (including meals, refreshments, travel, accommodation) of a value above £75 unless (in exceptional circumstances) senior prior approval is given (a clear reason should be recorded on the gifts & hospitality register as to why it was permissible to accept).	<b>Refuse</b> (unless senior prior approval given in exceptional circumstances)	<b>Yes – all such offers must still be declared.</b>
6.15 – 6.17	<b><u>Sponsorship</u></b>  Line manager and governance advice must be sought <u>before</u> accepting any type of sponsorship as this can be a controversial issue.  In the cases of sponsored events, sponsorship should <b>never</b> be accepted from organisations whose business would not be seen as being compatible with the ethos of the NHS, e.g. organisations that are associated with:	<b>Discuss with Line Manager and obtain Governance advice regarding acceptance or refusal.</b>	<b>Yes – all sponsorship must be declared.</b>

Relevant Paragraph within G&H Policy	Types of Gifts and Hospitality and thresholds for acceptance/refusal.	Accept or Refuse?	Must I Declare the Offer/Gift/Hospitality?
	<ul style="list-style-type: none"> <li>• Matters that are damaging to health or associated with gambling, alcohol, tobacco, weight control or politics</li> <li>• The promotion of prescription-only drugs to the general public or other promotion that contravenes that ABPI Code of Practice to the Pharmaceutical Industry.</li> <li>• Pornography or other companies involved in the sexual exploitation of adults or children</li> <li>• The manufacture of firearms or other weapons</li> <li>• Legal services which overtly promote compensation and personal injury services and claims management companies acting on their behalf</li> </ul>		

## Appendix D – Contact Details of Officers referred to within the Policy

ICB Governance Lead – [Mike Thompson](#)

Corporate Governance Team contacts – [Viv Barnes](#), [Sara O'Connor](#), [Nicola Adams](#), or [David Triggs](#)

Audit Committee Chair [George Wood](#)

Conflicts of Interest Guardian: [George Wood](#)

Director of Resources (Interim) – [Dawn Scrafield](#) Tel: 07887 890531

Local Counter Fraud Specialist – [Eleni Gill](#) Tel: 07827308906

# Standards of Business Conduct Policy

## Document Control:

Policy Name	Standards of Business Conduct Policy
Policy Number	MSEICB 019
Version	V1.0
Status	Final ICB Policy
Author / Lead	Head of Corporate Governance, Mid Essex CCG
Responsible Executive Director	The Chief Executive has delegated responsibility to the Chief of Staff for Standards of Business Conduct
Responsible Committee	Audit Committee
Date Ratified by Responsible Committee	1 February 2022
Date Approved by Board/Effective Date	1 July 2022
Next Review Date	1 July 2025
Target Audience	<ul style="list-style-type: none"> <li>• Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/work experience staff).</li> <li>• Contractors engaged by the ICB.</li> <li>• Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups.</li> </ul>
Stakeholders engaged in development of Policy (internal and external)	<ul style="list-style-type: none"> <li>• Mid and South Essex CCG Governance Leads.</li> <li>• Human Resources.</li> <li>• Information Governance Lead.</li> <li>• Associate Director, Attain (independent Procurement Specialists).</li> <li>• MSE CCGs Audit Committees meeting in common</li> </ul>
Impact Assessments Undertaken (Delete if non-applicable)	<ul style="list-style-type: none"> <li>• Equality and Health Inequalities Impact Assessment</li> </ul>

## Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1	17/12/2021	Sara O'Connor Head of Corporate Governance, Mid Essex CCG	First draft of new Policy for Integrated Care Board

Version	Date	Author (Name and Title)	Summary of amendments made
0.2	14/01/22	As above	Updated following comments from other Governance Leads
0.3	17/01/22	As above	Section 5.15 updated following review by Information Governance Lead.
0.4	20/01/22	As above	Section 5.2 amended to reflect feedback from internal audit and LCFS
0.5	01/02/22	Above	Minor amendments at request of Audit Committees in common.
0.5	26/05/22	Sara O'Connor	Updated to confirm policy is based on current NHS guidance but will be revised in the event of updated guidance.
0.6	27/05/22	Viv Barnes	Updated reference to Fit and Proper Person and minor amendments to V.05.
0.7	21/06/22	Sara O'Connor	Policy Reference No. added, references to associated policies updated.

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# 1. Introduction

- 1.1. As a public body, the Mid and South Essex Integrated Care Board (the ICB) has a duty to ensure high standards of corporate and personal conduct. The ICB is accountable to Parliament for the services it provides and for delivering effective, economic and efficient use of taxpayers' money. All Board members, employees and others acting on behalf of the ICB must therefore uphold the highest standards of business conduct when performing their role in relationships with stakeholders, partners and suppliers, and outside of their role where such a relationship might be open to public scrutiny.
- 1.2. Officers and members of public bodies, including the ICB, are subject to the provision of special legislation, guidelines and codes of conduct designed to protect the public interest and public confidence, which has been set out within the Health and Social Care Act 2012, Health and Care Act 2022 and other legislation or NHS guidance including:
- [The Seven Principles of Public Life](#)
  - [Managing Conflicts of Interest in the NHS.](#)
  - [NHS Code of Conduct and Code of Accountability](#) (2004, revised 2013).
  - [The Fit and Proper Persons requirement of The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
  - [Professional Standards Authority: Standards for members of NHS Boards and CCG Governing bodies in England \(2012\).](#)
  - [The Association of the British Pharmaceutical Industry \(APBI\) Code of Professional Conduct](#) relating to hospitality / gifts from the pharmaceutical industry.
  - The Bribery Act 2010.
  - Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176) which is relevant to Community Interest Companies.
  - Local Authority local Codes of Conduct.
- 1.3. This policy reflects current NHS guidance and it is recognised that the ICB's partner members may have slightly differing codes of conduct, however all organisations are bound by their common duty to comply with the Seven Principles of Public Life.
- 1.4. All individuals within the scope of this policy must act with probity when dealing with the assets of the ICB and the NHS in the use of information acquired in the course of their duties and must abide by the Seven

Principles of Public Life (the 'Nolan Principles) as set out by the Committee on Standards in Public Life – see **Appendix B**.

## 2. Purpose / Policy Statement

- 2.1. This is the ICB's policy for upholding high standards of business conduct and public service and values. The policy provides a central reference guide setting out the principles of conduct that should be followed when working on behalf of the ICB that will enable individuals to meet the duties set out in relevant legislation and guidance.
- 2.2. The ICB's Conflicts of Interest Policy and other associated policies referred to throughout should be read in conjunction with this policy.
- 2.3. Staff who are in doubt as to any aspects of this policy should first seek the advice of their line manager and/or the ICB Governance Lead.

## 3. Scope

- 3.1. This policy applies to:
  - Mid and South Essex (MSE) Integrated Care Board (ICB) members and staff (including temporary/bank/agency/work experience staff).
  - Contractors engaged by the ICB.
  - Staff from other MSE Integrated Care Partnership (ICP) organisations who are members of ICB Committees/Sub-Committees and other groups.

## 4. Definitions

- **Accountability** – honest and ethical conduct and being willing for judgements to be made about one's progress, with tasks to be evaluated by others to respond positively to those judgements to better help secure the outcomes the ICB is seeking
- **Corruption** - an impairment of integrity, virtue, or moral principle, bribery or a departure from correct behaviour.
- **Fraud** - includes dishonestly making a false representation, failing to disclose information or abusing a position held, with the intention of making a financial gain or causing a financial loss. The Fraud Act 2006 has no specific definition of fraud, but instead describes ways fraud can be committed as outlined in section 6.2 below.
- **Gift** - any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
- **Gifts and Hospitality Register** – a record of any declarations made by staff in relation to gifts and/or hospitality whether accepted or declined.

- **Honesty** – to act truthfully
- **Hospitality** – the relationship between guest and host, or the act or practice of being hospitable. Specifically, this includes the reception and entertainment of guests including the provision of food and drink.
- **Integrity:** to not act or take decisions in order to gain financial or other material benefits for oneself, family, or friends. This includes declaring and resolving any interests and relationships.
- **Leadership** - the ability of an individual or a group of individuals to influence and guide other members of an organisation. It is expected that leaders should actively promote and robustly support the principles set out in this policy and be willing to challenge poor behaviour wherever it occurs.
- **Openness** – the quality of being honest and willing to talk, including taking decisions in a transparent manner.
- **Probity** – adherence to the highest principles and standards.
- **Professionalism** - to take responsibility for ensuring that one has the relevant knowledge and skills to perform one’s role and to be bound by and act in accordance with any professional codes of conduct.
- **Responsibility** - to be fully accountable for one’s behaviour, work and decisions, including delegated responsibilities and responsibilities for staff and services.
- **Sponsorship** - events such as meetings and educational events for which sponsorship is received from any non-NHS source or events organised by other parties which are sponsored by the ICB.
- **Staff** - an individual employed by the ICB, Board Members and anyone acting on behalf of the ICB either in a permanent, temporary, contracting or advocacy capacity.
- **Transparency** - the open sharing of information between an organisation and its stakeholders, including staff and members of the public.
- **Values** - the principles set out by the ICB to which the organisation aspires and which inform staff behaviour and organisational culture.

## 5. Roles and Responsibilities

### 5.1. ICB Board members

- 5.1.1. ICB Board members should set a vigorous and visible example of high standards of business conduct which will have a consequential influence on the behaviour of all those who work within, or on behalf of, the organisation
- 5.1.2. The role of the ICB Board and its members in relation to business conduct is to lead by example in upholding and promoting the standards set out in the [Standards for NHS Boards](#) and use them to create a culture in which their values can be adopted by all.

5.2. **Audit Committee**

5.2.1. The Audit Committee and its Chair will have responsibility for monitoring the ICB's compliance with this policy.

5.3. **Chief Executive**

5.3.1. The Chief Executive Officer of the ICB has delegated responsibility for Standards of Business Conduct to the Chief of Staff.

5.4. **Policy Author**

5.4.1. The policy author will have responsibility for reviewing and updating the policy on an annual basis or should legislation, guidance, organisational change or other circumstances necessitate an earlier review.

5.5. **ICB Governance Lead**

5.5.1. The ICB Governance Lead is responsible for:

- Providing staff and other relevant individuals with advice, support, and guidance to enable them to uphold high standards of business conduct.
- Ensuring that appropriate arrangements are in place to effectively manage and record/report any issues relating to breaches of this or associated policies.
- Supporting the Conflicts of Interest Guardian to enable them to effectively carry out their responsibilities.
- Ensuring that senior managers provide adequate, appropriate and transparent reporting to the ICB Board, its committees, stakeholders and the public as required by the Health and Social Care Act 2012 and Health and Care Act 2022.

5.6. **Line Managers**

5.6.1. Line managers are responsible for upholding and promoting high standards of business conduct and ensuring staff reporting to them adhere to the requirements of this policy and for providing adequate, appropriate and transparent reporting to the ICB Board and its committees, stakeholders and the public.

5.7. **All Staff**

5.7.1. All staff and other individuals covered by the scope of this policy, and other policies referred to throughout, are personally responsible for ensuring that:

- They do not place themselves in a position that risks or appears to risk conflict between their private interests and their ICB duties.

- They are familiar with and adhere to the principals and values set out within this policy and any other related documents which may be issued.
- They seek clarification from their line manager on any points which they are not clear.
- They report any known or suspected deviations from policy to their manager or to the ICB Governance Lead.

## 6. Policy Detail

### 6.1. Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD)

- 6.1.1. All ICB staff must carry out their duties in accordance with the ICB's SOs, SFIs and SoRD. These documents set out the statutory and governance framework in which the ICB operates and there is considerable overlap between the contents of this policy and the provisions of the SOs, SFIs and SoRD.
- 6.1.2. ICB staff must refer to and act in accordance with the SOs, SFIs and SoRD to ensure the current ICB process is followed. In the event of doubt, ICB staff should seek advice from their line manager and/or the ICB Governance Lead.
- 6.1.3. In the event of any conflict arising between the details of this policy and the SOs, SFIs and SoRD, the provisions of the SOs, SFIs and SoRD shall prevail.

### 6.2. Prevention of Fraud and Bribery

- 6.2.1. The ICB's arrangements for the prevention of fraud and bribery are detailed within the Counter-Fraud, Bribery and Corruption Policy and the Management of Conflicts of Interest Policy.
- 6.2.2. Bribery is defined as giving or offering someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so, or requesting, agreeing to receive or accepting the advantage offered.
- 6.2.3. The Bribery Act 2010 reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.
- 6.2.4. The ICB is committed to preventing fraud and encourages staff with concerns or reasonably held suspicion about potentially fraudulent activity or practice to report these immediately to the ICB Local Counter Fraud Specialist [eleni.gill@wmas.nhs.uk](mailto:eleni.gill@wmas.nhs.uk) or 07827 308906 or the Director of

Resources (DoR) or to the Chair or Chief Executive Officer where it would not be appropriate to report to the DoR.

- 6.2.5. Staff can also refer matters directly and confidentially to the NHS Fraud and Corruption Reporting Line on 0800 028 4060 or by filling in an online form at <https://cfa.nhs.uk/reportfraud>

### 6.3. **Conflicts of Interest**

- 6.3.1. The ICB's arrangements for managing conflicts of interest are detailed within the Conflicts of Interest Policy. Failure to adhere to the policy relating to the declaration of interests may constitute the criminal offence of fraud if an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate.
- 6.3.2. Individuals must declare interests upon their appointment or when the interest is acquired. If an individual's circumstances change, it is their responsibility to update their declaration of interest as soon as possible and in any event within 28 days, rather than waiting to be asked.
- 6.3.3. Individuals must also declare any relevant interests during meetings, procurement processes or other business transactions/dealings to ensure that appropriate arrangements to manage the conflict can be implemented.
- 6.3.4. Any concern that a relevant personal interest may not have been declared should be reported to the ICB Governance Lead or the ICB Local Counter Fraud Specialist.

### 6.4. **Gifts and Hospitality: Refusal and Acceptance**

- 6.4.1. The ICB's arrangements regarding the acceptance/refusal of Gifts and Hospitality are detailed within the Conflicts of Interest Policy, which sets out how to respond to offers of case or cash equivalents, gifts and hospitality from suppliers, non-suppliers, patients and their relatives, and the criteria for declaring these.

### 6.5. **Personal Conduct**

- 6.5.1. **Appropriate Behaviour:** All staff should ensure that they behave in an appropriate manner in accordance with the ICB's policies and values when dealing with other staff, stakeholders and members of the public. They should respect fellow staff members and the role they play, acting with courtesy at all times. Inappropriate or unwanted behaviour (whether aggressive/abusive or discriminatory) will not be tolerated by the ICB and will be dealt with in accordance with the appropriate Human Resources policy or procedure.
- 6.5.2. **Ethical Codes of Conduct:** Many staff members will be a member of an institute or professional body. A key part of any professional membership is abiding by the profession's 'code of ethics'. Staff should ensure that they adhere to their professional obligations.

- 6.5.3. **Dress Code:** All staff should ensure their appearance, attire and personal hygiene is befitting their role within the ICB.
- 6.5.4. **Lending or Borrowing:** Lending or borrowing of money between staff should be avoided, particularly where the amounts are significant. It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.
- 6.5.5. **Betting or Gambling:** No member of staff may bet or gamble when on duty or on ICB premises, except small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.
- 6.5.6. **Trading and Canvassing/Advertising:** Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing/advertising within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Official email accounts and official documentation such as letter headed paper should not be used for private enterprise and may constitute an offence of fraud.
- 6.5.7. **Charitable Collections:** Charitable collections must be authorised by the ICB Governance Lead. Other flag day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events.
- 6.5.8. **Informal Collections:** Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage/civil partnership or a new job.
- 6.5.9. **Bankruptcy or Insolvency:** Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent may not be eligible to work in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.
- 6.5.10. **Criminal Proceedings:** A member of staff who is the subject of any criminal proceedings, including, but not restricted to:
- driving offences,
  - being interviewed under caution by any investigative agency including (but not limited to) the Police, National Crime Agency, Department of Work and Pensions, HMRC, UK Border Agency, Health and Safety Executive and Local Authorities.
  - receiving a caution/conditional caution,
  - being fined,
  - being issued with a fixed penalty notice,
  - being reprimanded,

- being issued with a cannabis warning,
- being issued with a Community Resolution Order,
- being arrested,
- being convicted of any criminal offence, and
- receiving a summons to appear at any Court\*

must inform their line management and Human Resources as soon as the member of staff is made aware of the proceedings.

\*This list is not exhaustive.

## 6.6. **Disclosure and Barring Service**

6.6.1. Some posts within the ICB will require vetting via the [Disclosure and Barring Service](#) (DBS). These requirements are set out within the relevant job description. DBS checks will be undertaken where appropriate and in accordance with the ICB Recruitment Policy and Disclosure and Barring Policy.

## 6.7. **Personal Development and Training**

6.7.1. Staff are expected to participate in regular work reviews with their line manager, including annual appraisal, and to undertake any training and development identified as necessary from such reviews. This includes completing mandatory training modules within the required timescales.

## 6.8. **Staff Expenses**

6.8.1. Staff expenses (such as mileage or actual travel and parking costs) shall be claimed in accordance with the ICB's Reimbursement of Staff Expenses and Travel Policy. Such claims for expenses shall be reasonable and only over and above what staff members would normally incur in their normal journey to work.

6.8.2. In some cases (when required to stay away from home) it may be necessary for staff to claim reimbursement for the cost of accommodation and meals. This shall be only 'reasonable' costs and must be in line with ICB policy and approved by the staff member's line manager prior to the costs being incurred.

## 6.9. **Outside Employment and Private Practice**

6.9.1. Employees of the ICB are required to inform the ICB if they are engaged in or wish to engage in outside employment/private practice in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflict of interest with the employee's ICB role.

6.9.2. The process for declaring outside employment and private practice is detailed within the ICB's Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy.

6.9.3. The ICB reserves the right to refuse permission where it believes an unresolvable conflict will arise.

#### 6.10. **Political Activities**

6.10.1. Any political activity should not identify an individual as an employee of the ICB. Conferences or functions run by a political organisation should not be attended in an official capacity, except with prior written permission from the ICB Governance Lead.

#### 6.11. **Commercial Sponsorship**

6.11.1. The ICB's arrangements regarding commercial sponsorship are set out within the ICB's Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy.

#### 6.12. **Suppliers and Contractors**

6.12.1. All ICB staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services, are expected to adhere to professional standards in line with those set out in the [Code of Ethics of the Chartered Institute of Purchasing and Supply](#).

6.12.2. All ICB staff must treat prospective contractors or suppliers of services to the ICB equally and in a non-discriminatory way, act in a transparent manner and follow the ICB's Procurement Policy and Conflicts of Interest Policy regarding the managing of conflicts of interest during procurement processes.

#### 6.13. **Raising Concerns – Whistleblowing and Complaints**

6.13.1. It is the duty of every member of staff to speak up about genuine concerns in relation to patient safety, criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the covering up of any of these in the workplace. The ICB's Raising Concerns Policy sets out the arrangements for raising and handling staff concerns.

#### 6.14. **Other Initiatives**

6.14.1. As a general principle, any financial gain resulting from external work where use of ICB time or title is involved (e.g. speaking at training events/conferences, writing articles etc, even when done in own time) and/or which is connected with ICB business will be paid to the ICB.

6.14.2. As a general rule, any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an employee of the ICB carried out as part of their employment by the ICB shall be the Intellectual Property of the ICB, unless agreed otherwise.

- 6.14.3. Approval from both the employee's line manager and the ICB Governance Lead should be sought prior to entering into an obligation to undertake external work connected with the business of the ICB, e.g. writing articles for publication, speaking at conferences.
- 6.14.4. Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work benefits or enhances the ICB's reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.
- 6.15. **Confidentiality, Information Security, Social Media and Mobile Phones**
- 6.15.1. Information concerning the ICB which is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged, in line with the Data Protection Act, 1998. This duty of confidence remains after termination of employment and applies to all individuals working within ICB.
- 6.15.2. Care should be taken that confidentiality is not breached inadvertently by, for instance discussing confidential matters in public places, such as whilst travelling by train, or by leaving portable IT equipment containing confidential information where it might easily be stolen, such as on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security.
- 6.15.3. ICB staff must maintain confidentiality of personal information and commercially sensitive data at all times, as per the ICB's Information Governance policies..
- 6.15.4. ICB staff must guard against providing information on the operations of the ICB which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the ICB. For particularly sensitive procurements/contracts ICB staff might be asked to sign a nondisclosure agreement.
- 6.15.5. Staff must be careful to ensure that they do not breach the ICB's Social Media Policy or Information Governance policies by acting in a way that could bring the ICB into disrepute. Posts made by staff should therefore be considered and appropriate, in the knowledge that they could be identified as an ICB employee (or appear as if they are acting on behalf of the ICB). Misconduct in this area could result in disciplinary action in accordance with human resources policies.
- 6.15.6. Staff should restrict personal use of mobile phones or other electronic devices to a minimum during working hours, although the ICB understands that some personal use (i.e. to deal with urgent issues or emergencies) might be necessary.

- 6.15.7. Staff should follow the ICB business meeting etiquette protocol set out at **Appendix C**.

## **7. Monitoring Compliance**

- 7.1. Compliance with this policy will be monitored as part of the routine monitoring undertaken by the ICB Governance Lead, with any persistent or significant breaches being reported to the Audit Committee.
- 7.2. Staff operating outside of this policy may be subject to disciplinary proceedings in accordance with ICB Human Resources policies, which could lead to the termination of their employment/contract or position with the ICB and possible prosecution.

## **8. Staff Training**

- 8.1. All new staff will be inducted regarding the ICB's policies and procedures and expected standards of business conduct.
- 8.2. The ICB will ensure that mandatory training, and role-appropriate training, on the management of conflicts of interest, acceptance/refusal of gifts and hospitality and commercial sponsorship, is offered to all employees, governing body members, members of ICB committees and sub-committees and other individuals with involvement in ICB decision-making to ensure they understand what conflicts are and how to manage them effectively. Completion rates of mandatory training modules will be monitored by the ICB Governance Lead with the support of the Human Resources Department.

## **9. Arrangements For Review**

- 9.1. This policy will be reviewed every three years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.
- 9.2. If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## **10. Associated Policies, Guidance and Documents**

- ICB Constitution (particularly Standing Orders and Standing Financial Instructions)

## Associated Policies

- Conflicts of Interest, Gifts and Hospitality and Commercial Sponsorship Policy
- Counter-Fraud, Bribery and Corruption Policy
- Disclosure and Barring Policy
- Procurement and Contracting Policy
- Information Governance Management and Framework Policy
- IG Resource Guide
- Reimbursement of Staff Expenses and Travel Policy
- Raising Concerns Policy
- Defining the Boundaries between NHS and Private Healthcare
- Recruitment Policy
- Social Media Policy

## 11. References

- The Bribery Act 2010
- Companies Act 2006 – Directors Duties (The duty not to accept benefits from third parties: Section 176) which is relevant to Community Interest Companies.
- The Patents Act 1977
- The Copyright, Designs and Patents Act 1988
- [Managing Conflicts of Interest in the NHS](#)
- [NHS Code of Conduct and Code of Accountability](#) (2004, revised 2013)
- [Professional Standards Authority: Standards for members of NHS Boards and CCG Governing bodies in England \(2012\)](#);
- [The Association of the British Pharmaceutical Industry \(APBI\) Code of Professional Conduct](#) relating to hospitality / gifts from pharmaceutical / external industries.
- [Code of Ethics of the Chartered Institute of Purchasing and Supply.](#)

## 12. Equality Impact Assessment

- 12.1. The EIA has identified a positive impact and is included at **Appendix A**.

## Appendix A - Equality Impact Assessment

### INITIAL INFORMATION

<b>Name of policy:</b> Standards of Business Conduct Policy	<b>Directorate/Service:</b> Corporate / Chief Executive's Office
<b>Version number (if relevant):</b> 1.0	
<b>Assessor's Name and Job Title:</b> Head of Corporate Governance, Mid Essex CCG	<b>Date:</b> February 2022

<b>OUTCOMES</b>
<i>Briefly describe the aim of the policy and state the intended outcomes for staff</i>
The Standards of Business Conduct Policy will support the organisation and staff to uphold high standards of business conduct and public service values including accountability, probity and openness. The policy provides a central reference guide setting out the principles of conduct that should be followed when working on behalf of the ICB that will enable individuals to meet the duties set out in relevant legislation and guidance.
<b>EVIDENCE</b>
<i>What data / information have you used to assess how this policy might impact on protected groups?</i>
The CCGs regularly monitor the make-up of their workforce, including protected groups.
<i>Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?</i>
The policy has been shared with the Staff Engagement Group for feedback and comment.

### ANALYSIS OF IMPACT ON EQUALITY

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

- **Positive outcome** – the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups
- **Negative outcome** – protected group(s) could be disadvantaged or discriminated against
- **Neutral outcome** – there is no effect currently on protected groups

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

Protected Group	Positive outcome	Negative outcome	Neutral outcome	Reason(s) for outcome
Age	X			Section 5.5.1 makes it clear that aggressive/abusive or discriminatory behaviour will not be tolerated and will be dealt with in accordance with the relevant HR procedure. It is anticipated that any concerns that members of protected groups may have regarding raising concerns will be alleviated by the assurances provided within the Raising Concerns (Whistleblowing) Policy.
Disability (Physical and Mental/Learning)	X			As above
Religion or belief	X			As above
Sex (Gender)	X			As above
Sexual Orientation	X			As above
Transgender/Gender Reassignment	X			As above
Race and ethnicity	X			As above
Pregnancy and maternity (including breastfeeding mothers)	X			As above
Marriage or Civil Partnership	X			As above

### MONITORING OUTCOMES

Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals.

*What methods will you use to monitor outcomes on protected groups?*

Any breaches of this policy will be reported to the Audit Committee and triangulated with other information held by the ICB in relation to incidents, complaints or disciplinary action involving individuals who believe they have been mis-treated due to their protected groups status.

### REVIEW

*How often will you review this policy / service?*

Annually

*If a review process is not in place, what plans do you have to establish one?*

N/A



## Appendix B – The Nolan Principles

The seven principles of public life set out by the Committee on standards in public life (the Nolan principles)

### 1. Selflessness

Holders of public office should act solely in terms of the public interest.

### 2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

### 3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

### 4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

### 5. Openness

Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

### 6. Honesty

Holders of public office should be truthful.

### 7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

## Appendix C – Business Meeting Etiquette

- Prepare well for the meeting as your contribution is integral to the proceedings.
- Send any reports you are producing in the correct format, with a completed cover sheet, in good time to meet the secretary's deadline.
- You will be expected to have read the papers so that the meeting discussion can focus on key elements in order to make decisions. If you are presenting a paper, please assume that the Committee members have read it so your introduction should be concise and limited to the key points.
- Switch off your mobile phone and any other devices and keep them out of sight to avoid distraction to others.
- Acknowledge any introductions or opening remarks with a brief recognition of the Chair and other participants.
- Always address the Chair when making your points and talk through the Chair to the committee members.
- Never interrupt anyone or talk over someone else – even if you disagree strongly. Note what has been said and return to it later with the Chair's permission.
- Do not hold side conversations when someone else is talking.
- When speaking, be brief and ensure what you say is relevant.
- With the exception of meetings held in public, it is a serious breach of business etiquette to divulge information to others not entitled to receive information about matters discussed during a meeting. What has been discussed should be considered as confidential.
- Decisions by the Board are final and can only be revisited in exceptional circumstance.
- The Board is the final arbiter on all issues, once the decision is reached it is critical for good governance that all members assist in its implementation.
- It is the responsibility of the Chair to maintain order, keep to allotted times, manage conflicts of interest, allow everyone to have their say, provide focus to deliver successful outcomes, and to ensure the agenda meets the needs of good governance.
- It is the membership's responsibility to respect the role of the Chair and to assist them in the delivery of the above.
- The underlying principles of the meeting etiquette pointers are good manners, courtesy and consideration, which if adhered to will reduce the chance of offence and misunderstanding.



## **5. Principles of Governance**

**5.1. NHS Constitution**

**5.2. Nolan Principles**

**5.3. Our People Promise**

**5.4. East of England Leadership Compact**

## Coronavirus (COVID-19) (/coronavirus)

Latest updates and guidance

1. Home (<https://www.gov.uk/>)
  2. Health and social care (<https://www.gov.uk/health-and-social-care>)
  3. National Health Service (<https://www.gov.uk/health-and-social-care/national-health-service>)
  4. NHS Constitution for England (<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>)
- Department of Health & Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

## Guidance

# The NHS Constitution for England

Updated 1 January 2021

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Staff: your responsibilities



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## Introduction to the NHS Constitution

The NHS belongs to the people.

It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. References in this document to the NHS and NHS services include local authority public health services, but references to NHS bodies do not include local authorities. Where there are differences of detail these are explained in the Handbook to the Constitution.

The Constitution will be renewed every 10 years, with the involvement of the public, patients and staff. It is accompanied by the Handbook to the NHS Constitution, to be renewed at least every 3 years, setting out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements for renewal are legally binding. They guarantee that the principles and values which underpin the NHS are subject to regular review and re-commitment; and that any government which seeks to alter the principles or values of the NHS, or the rights, pledges, duties and responsibilities set out in this Constitution, will have to engage in a full and transparent debate with the public, patients and staff.

## Principles that guide the NHS

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. These values are set out in the next section of this document.

### 1. The NHS provides a comprehensive service, available to all

It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

## **2. Access to NHS services is based on clinical need, not an individual's ability to pay**

NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

## **3. The NHS aspires to the highest standards of excellence and professionalism**

It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.

## **4. The patient will be at the heart of everything the NHS does**

It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.

## **5. The NHS works across organisational boundaries**

It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.

## **6. The NHS is committed to providing best value for taxpayers' money**

It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

## **7. The NHS is accountable to the public, communities and patients that it serves**

The NHS is a national service funded through national taxation, and it is the government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

## **NHS values**

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

## **Working together for patients**

Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.

## **Respect and dignity**

We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

## **Commitment to quality of care**

We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

## **Compassion**

We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.

## **Improving lives**

We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

## **Everyone counts**

We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

## **Patients and the public: your rights and the NHS pledges to you**

Everyone who uses the NHS should understand what legal rights they have. For this reason, important legal rights are summarised in this Constitution and explained in more detail in the Handbook to the NHS Constitution, which also explains what you can do if you think you have not received what is rightfully yours. This summary does not alter your legal rights.

The Constitution also contains pledges that the NHS is committed to achieve. Pledges go above and beyond legal rights. This means that pledges are not legally binding but represent a commitment by the NHS to provide comprehensive high quality services.

## Access to health services

### Your rights

You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.

You have the right to access NHS services. You will not be refused access on unreasonable grounds.

You have the right to receive care and treatment that is appropriate to you, meets your needs and reflects your preferences.

You have the right to expect your NHS to assess the health requirements of your community and to commission and put in place the services to meet those needs as considered necessary, and in the case of public health services commissioned by local authorities, to take steps to improve the health of the local community.

You have the right to authorisation for planned treatment in the EU under the UK EU Trade and Cooperation Agreement where you meet the relevant requirements.

You also have the right to authorisation for planned treatment in the EU, Norway, Iceland, Lichtenstein or Switzerland if you are covered by the Withdrawal Agreement and you meet the relevant requirements.

You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

You have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.

### NHS pledges

The NHS pledges to:

- provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution
- make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered

- make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them

## **Quality of care and environment**

### **Your rights**

You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.

You have the right to be cared for in a clean, safe, secure and suitable environment.

You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.

You have the right to expect NHS bodies to monitor, and make efforts to improve continuously, the quality of healthcare they commission or provide. This includes improvements to the safety, effectiveness and experience of services.

### **NHS pledge**

The NHS also pledges to identify and share best practice in quality of care and treatments.

## **Nationally approved treatments, drugs and programmes**

### **Your rights**

You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.

You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.

You have the right to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.

### **NHS pledge**

The NHS also commits to provide screening programmes as recommended by the UK National Screening Committee.

## **Respect, consent and confidentiality**

### **Your rights**

You have the right to be treated with dignity and respect, in accordance with your human rights.

You have the right to be protected from abuse and neglect, and care and treatment that is degrading.

You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests.

You have the right to be given information about the test and treatment options available to you, what they involve and their risks and benefits.

You have the right of access to your own health records and to have any factual inaccuracies corrected.

You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.

You have the right to be informed about how your information is used.

You have the right to request that your confidential information is not used beyond your own care and treatment and to have your objections considered, and where your wishes cannot be followed, to be told the reasons including the legal basis.

## **NHS pledges**

The NHS also pledges:

- to ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively
- that if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution
- to anonymise the information collected during the course of your treatment and use it to support research and improve care for others
- where identifiable information has to be used, to give you the chance to object wherever possible
- to inform you of research studies in which you may be eligible to participate
- to share with you any correspondence sent between clinicians about your care

## **Informed choice**

### **Your rights**

You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.

You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.

You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, and on outcomes, as compared to others nationally.

You have the right to make choices about the services commissioned by NHS bodies and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution.

# NHS pledges

The NHS also pledges to:

- inform you about the healthcare services available to you, locally and nationally
- offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available

## Involvement in your healthcare and the NHS

### Your rights

You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers. This includes being given the chance to manage your own care and treatment, if appropriate.

You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which, in the opinion of a healthcare professional, has caused, or could still cause, significant harm or death. You must be given the facts, an apology, and any reasonable support you need.

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

### NHS pledges

The NHS also pledges to:

- provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services
- work in partnership with you, your family, carers and representatives
- involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one
- encourage and welcome feedback on your health and care experiences and use this to improve services

## Complaint and redress

### Your rights

You have the right to have any complaint you make about NHS services acknowledged within three working days and to have it properly investigated.

You have the right to discuss the manner in which the complaint is to be handled, and to know the period within which the investigation is likely to be completed and the response sent.

You have the right to be kept informed of progress and to know the outcome of any investigation into your complaint, including an explanation of the conclusions and confirmation that any action needed in consequence of the complaint has been taken or is proposed to be taken.

You have the right to take your complaint to the independent [Parliamentary and Health Service Ombudsman \(http://www.ombudsman.org.uk/\)](http://www.ombudsman.org.uk/) or [Local Government Ombudsman, \(http://www.lgo.org.uk/\)](http://www.lgo.org.uk/) if you are not satisfied with the way your complaint has been dealt with by the NHS.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body or local authority.

You have the right to compensation where you have been harmed by negligent treatment.

## NHS pledges

The NHS also pledges to:

- ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment
- ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again
- ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services

## Patients and the public: your responsibilities

The NHS belongs to all of us. There are things that we can all do for ourselves and for one another to help it work effectively, and to ensure resources are used responsibly.

Please recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it.

Please register with a GP practice – the main point of access to NHS care as commissioned by NHS bodies.

Please treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.

Please provide accurate information about your health, condition and status.

Please keep appointments, or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.

Please follow the course of treatment which you have agreed, and talk to your clinician if you find this difficult.

Please participate in important public health programmes such as vaccination.

Please ensure that those closest to you are aware of your wishes about organ donation.

Please give feedback – both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve NHS services for all.

## **Staff: your rights and NHS pledges to you**

It is the commitment, professionalism and dedication of staff working for the benefit of the people the NHS serves which really make the difference. High-quality care requires high-quality workplaces, with commissioners and providers aiming to be employers of choice.

All staff should have rewarding and worthwhile jobs, with the freedom and confidence to act in the interest of patients. To do this, they need to be trusted, actively listened to and provided with meaningful feedback. They must be treated with respect at work, have the tools, training and support to deliver compassionate care, and opportunities to develop and progress. Care professionals should be supported to maximise the time they spend directly contributing to the care of patients.

The Constitution applies to all staff, doing clinical or non-clinical NHS work – including public health – and their employers. It covers staff wherever they are working, whether in public, private or voluntary sector organisations.

### **Your rights**

Staff have extensive legal rights, embodied in general employment and discrimination law. These are summarised in the Handbook to the NHS Constitution. In addition, individual contracts of employment contain terms and conditions giving staff further rights.

The rights are there to help ensure that staff:

- have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives
- have a fair pay and contract framework
- can be involved and represented in the workplace
- have healthy and safe working conditions and an environment free from harassment, bullying or violence
- are treated fairly, equally and free from discrimination
- can in certain circumstances take a complaint about their employer to an Employment Tribunal
- can raise any concern with their employer, whether it is about safety, malpractice or other risk, in the public interest.

### **NHS pledges**

In addition to these legal rights, there are a number of pledges, which the NHS is committed to achieve. Pledges go above and beyond your legal rights. This means that they are not legally binding but represent a commitment by the NHS to provide high-quality working environments for staff.

The NHS pledges to:

- provide a positive working environment for staff and to promote supportive, open cultures that help staff do their job to the best of their ability
- provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities
- provide all staff with personal development, access to appropriate education and training for their jobs, and line management support to enable them to fulfil their potential
- provide support and opportunities for staff to maintain their health, wellbeing and safety
- engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families (pledge)
- to have a process for staff to raise an internal grievance (pledge)
- encourage and support all staff in raising concerns at the earliest reasonable opportunity about safety, malpractice or wrongdoing at work, responding to and, where necessary, investigating the concerns raised and acting consistently with the Employment Rights Act 1996

## Staff: your responsibilities

All staff have responsibilities to the public, their patients and colleagues.

Important legal duties are summarised below.

You have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.

You have a duty to take reasonable care of health and safety at work for you, your team and others, and to co-operate with employers to ensure compliance with health and safety requirements.

You have a duty to act in accordance with the express and implied terms of your contract of employment.

You have a duty not to discriminate against patients or staff and to adhere to equal opportunities and equality and human rights legislation.

You have a duty to protect the confidentiality of personal information that you hold.

You have a duty to be honest and truthful in applying for a job and in carrying out that job.

The Constitution also includes expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care.

You should aim to:

- provide all patients with safe care, and to do all you can to protect patients from avoidable harm
- follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers
- maintain the highest standards of care and service, treating every individual with compassion, dignity and respect, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole
- find alternative sources of care or assistance for patients, when you are unable to provide this (including for those patients who are not receiving basic care to meet their needs)
- take up training and development opportunities provided over and above those legally required of your post
- play your part in sustainably improving services by working in partnership with patients, the public and communities
- raise any genuine concern you may have about a risk, malpractice or wrongdoing at work (such as a risk to patient safety, fraud or breaches of patient confidentiality), which may affect patients, the public, other staff or the organisation itself, at the earliest reasonable opportunity
- involve patients, their families, carers or representatives fully in decisions about prevention, diagnosis, and their individual care and treatment
- be open with patients, their families, carers or representatives, including if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in a spirit of co-operation
- contribute to a climate where the truth can be heard, the reporting of, and learning from, errors is encouraged and colleagues are supported where errors are made
- view the services you provide from the standpoint of a patient, and involve patients, their families and carers in the services you provide, working with them, their communities and other organisations, and making it clear who is responsible for their care
- take every appropriate opportunity to encourage and support patients and colleagues to improve their health and wellbeing
- contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care
- inform patients about the use of their confidential information and to record their objections, consent or dissent
- provide access to a patient's information to other relevant professionals, always doing so securely, and only where there is a legal and appropriate basis to do so.



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## Nolan principles - The Seven Principles of Public Life

The Committee on Standards in Public Life was established in 1994, initially to deal with concerns about unethical conduct amongst MPs, including accepting financial incentives for tabling Parliamentary questions, and issues over procedures for appointment to public bodies. As an independent advisory body to the Government it monitors, reports and makes recommendations on all issues relating to standards in public life.

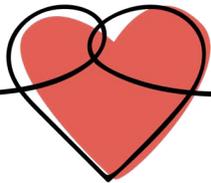
The seven principles are:

- **Selflessness** - Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.
- **Integrity** - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** - Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** - Holders of public office should promote and support these principles by leadership and example.

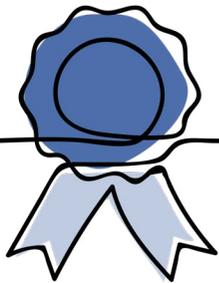


# People Promise

We are more than 1.3 million strong.  
We are all walks of life, all kinds of experiences.  
**We are the NHS.**



We are **compassionate** and **inclusive**



We are **recognised** and **rewarded**



We each have a **voice that counts**



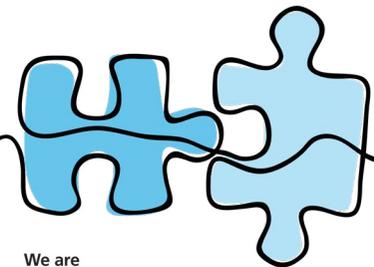
We are **safe** and **healthy**



We are **always learning**



We work **flexibly**



We are **a team**

# People Promise

**This is a promise we must all make to each other – to work together to improve the experience of working in the NHS for everyone.**

The themes and words that make up Our People Promise have come from those who work in the NHS. People in different healthcare roles and organisations have made it clear what matters most to them, and what would make the greatest difference in improving their experience in the workplace.

For many, some parts of the Promise will already match their current experience. For others, it may still feel out of reach. We must all pledge to work together to make these ambitions a reality for all of us, within the next four years.

The people best placed to say when progress has been made are those who work in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

The NHS is an extraordinary, world-class service – thanks to every single one of us who contributes to it. Our service, training, skills and commitment are admired across the world. Together we have achieved the extraordinary – and together we continue to do so.

We feel the pressure of workload and not always having enough colleagues. We all want more time to support one another and provide great care. And we are often so busy with the daily demands of our

work that we lack the time and energy to find new and better ways of doing it. But we know that the NHS always rises to the challenge, and we have seen its resilience, teamwork and innovation.

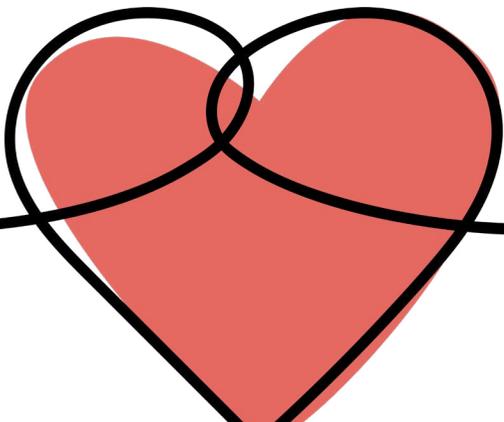
We want to continue to bring out the very best in one another – inspiring each and every person and unleashing potential. We do this by making the culture of the NHS one that's compassionate and inclusive, and addressing our workforce and workload challenges.



## We are **compassionate** and **inclusive**

**We are kind and respectful. We all feel the pressure at times, but we care for each other, as we care for our patients. We don't tolerate any form of discrimination, bullying or violence, and call out inappropriate behaviour.**

We are open and inclusive. We understand, encourage and celebrate diversity, making the NHS a place where we all feel we belong.



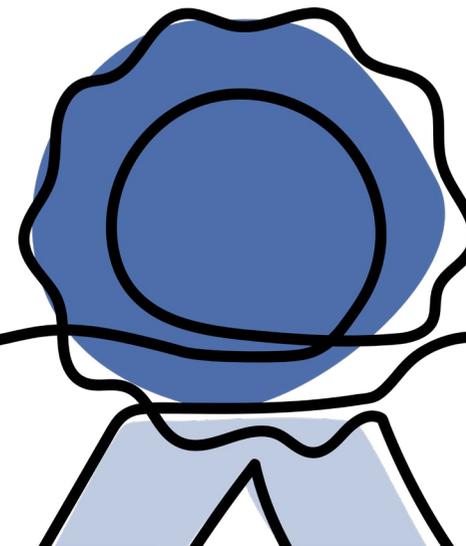
# We are **recognised** and **rewarded**

**We are recognised and appreciated – whether a simple thank you for our day-to-day work, or formal recognition for our dedication, such as every decade of service to the NHS.**

We have a fair salary, competitive pension, and an attractive package of extended benefits, whatever our role.

We have more choices. We can buy and sell unused holiday and arrange unpaid leave, if this is what we'd prefer. We also enjoy enhanced maternity and shared parental leave.

We have access to employee assistance programmes for advice and support on issues like caring responsibilities and financial wellbeing.



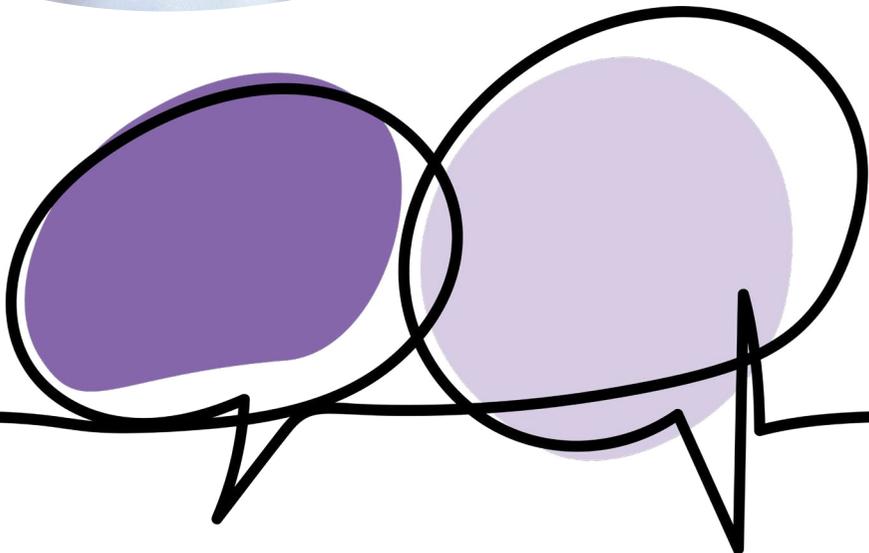


## We each have **a voice that counts**

**We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported. Our teams are safe spaces where we can work through issues that are worrying us.**

If we find a better way of doing something, we share it. We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation.

We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them. We help one another through challenges, during times of change, and to make the most of new opportunities.



# We are **safe** and **healthy**

**We're considerate of each other's time and mindful of each other's workload and the physical and emotional impact this can have. While we may choose to go the extra mile to deliver exceptional care, we still look after ourselves and each other.**

Wellbeing is our business and our priority. We stay mentally and physically fit and healthy through working hour limits, healthier food choices and access to schemes to help us stay in shape.

And if we're unwell ourselves, we are supported to get the help we need, take the time to recover, and return to work at our own pace.

Our occupational health and wellbeing services are there for us when we need them, with rapid access to help with work-related mental and physical injury and illness.

We have clean safe spaces to rest and reflect, and access to hot food and drinks, including fresh water. These are the basics, but they really matter and can't be underestimated.

We have the technology and equipment we need to keep us safe, deliver the best possible care, and make the best use of our time and our skills.





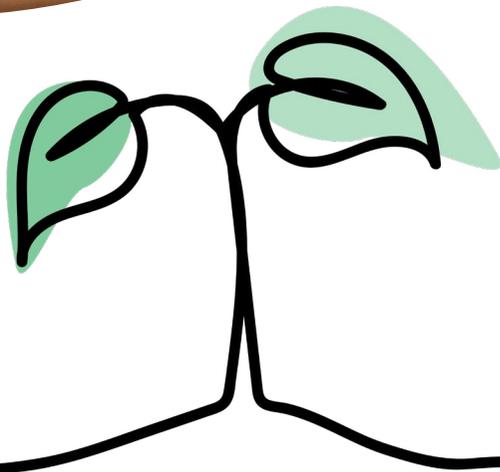
# We are **always learning**

**Opportunities to learn and develop while working for the NHS are plentiful. Our management and supervision are first class – with regular reviews of workload, and opportunities for two-way feedback and appraisals – to ensure we are able to realise our potential.**

We are supported to invest in our careers, through formal and informal training, to reach our personal and professional goals. We have the time, space and funding to do this.

The many career options mean we can experience a variety of health and care settings, skills and practice, and progress to different roles. There are opportunities to take advantage of shadowing and secondments, coaching and mentoring, and contribute towards research and teaching. We exchange our skills and knowledge across the local health and care system, and beyond.

We all have equal access to opportunities – with fair and transparent selection processes that attract, develop and retain talented people from all backgrounds.



# We work flexibly

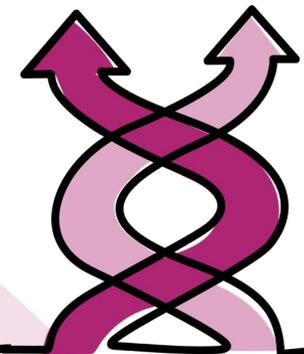
**Our work doesn't mean we have to sacrifice family, friends or interests. Predictable working patterns and hours, that we have a say in agreeing, make a real difference to our lives and our wellbeing. That's why we have access to new rostering technology that lets us take more control over when we work.**

We can work flexibly, doing whatever work pattern fits our needs, regardless of the type of role we're in. As a modern and model employer, flexible and less than full-time working isn't a barrier to progress in the NHS – it is commonplace.

As more people are recruited to the NHS across many areas, and roles are adapted to make everyone's workload more manageable, we feel better supported and the demands of work are more sustainable.

And if we have unpaid caring duties, we are supported and helped to return to work if we take time off to look after someone.

We are able to come back to the NHS even after we retire, if we still want to contribute our expertise.



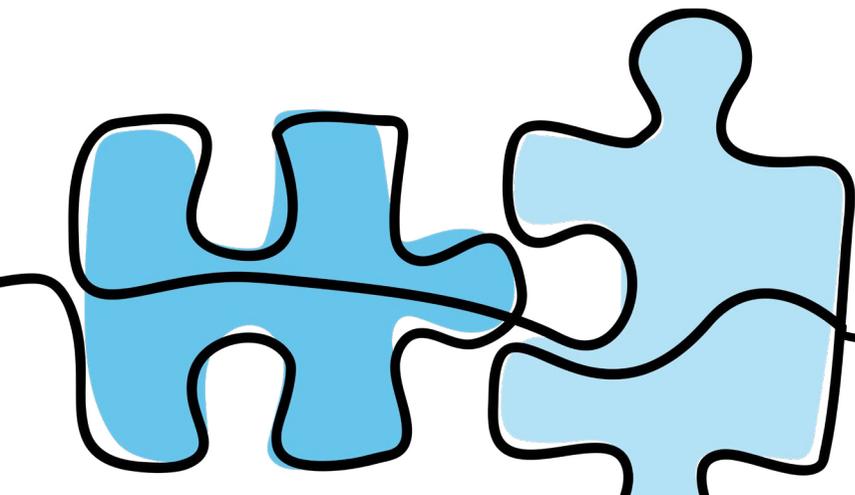


## We are a team

**The NHS is first and foremost one huge team. Regardless of our role, experience or background, if we work for the NHS, we are part of that team. We are united by a desire to provide the very best care and support not just to those using our services, but to each other.**

We're also part of a growing team, with people from many different professions and roles, working together in a flexible way to respond to the changing needs of our patients. Being in a diverse team gives us a chance to learn from each other's experience, specialisms and skills, working with a shared purpose.

Our work is fulfilling – it makes a real difference and is rewarding. We give one another the space to innovate, we support each other when times are tough, and we take time to celebrate successes, small and large.



# People Promise

Together we make the  
NHS the best place to work.  
**We are the NHS.**



## **East of England Leadership Compact**

In working together as a leadership community, we will adopt the following behaviours and hold each other to account for upholding these:

- We will put people first – our patients, staff and citizens.
- We will support each other to deliver excellence in quality and performance.
- We will respect and trust each other and share important information, so there are no surprises
- We will have inclusive robust, honest and realistic conversations where all voices are heard, views respected and differences resolved for the greater good of our population.
- We will be compassionate and caring, supporting each other, especially in difficult times.
- We will value each other's contributions, celebrate successes collectively and learn from failure
- We will ensure our collective decisions are transparent and inclusive and we will abide by them.
- We will agree expectations and hold each other to account.
- We will be ambitious to improve health and wellbeing, sharing expertise, talent, knowledge, best practice, innovation and learning for the benefit of our patients, staff and citizens
- We will work together to have a strong, united external voice for our region.



## **6. Board Nomination and Selection Process**

**6.1. Partner Application Pack**

**6.2. Nomination Letters**

**6.3. List of eligible nominating PMS (GMS/APMS) Providers**



**Designate Partner Members**  
**Mid and South Essex Integrated Care Board**  
**Information pack for Nominations and Selection**

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6. Nomination and Selection	Error! Bookmark not defined.

## Appendix A - C Extract from ICB Constitution – eligibility, nominations and selection of partner members

**We value and promote diversity and are committed to equality of opportunity for all. We believe that the best boards are those that reflect the communities they serve.**

**We prioritise Equality, Diversity and Inclusion, team health and wellbeing and the principles of kind leadership in our 'ways of working'. All postholders will have a key role in nurturing this culture.**

**Appointment will be made on merit after a fair and open process so that the best people, from the widest possible pool of applicants, are appointed.**

## 1.The opportunity

Integrated care systems (ICSs) are partnerships of health and care organisations, local government, and the voluntary sector. They exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. They will take on statutory form following the implementation of proposed legislation from July 2022 and will comprise an Integrated Care Board (ICB) and Integrated Care Partnership. The Integrated Care Board will take on the CCGs' functions and broader strategic responsibility for overseeing healthcare strategies for the system. We are looking for nominees? who will work with the designate chair of ICB, and, subject to legislation, support the establishment of the system's new statutory arrangements as a designate Partner member of the ICB.

We are seeking Partner members from:

- MSE Upper Tier Local Authorities (3 members)
- NHS Foundation trusts
  - 1 Member - Acute
  - 1 Member - Mental Health
- Primary Care – 1 member

In addition to the Board partner members may be asked to join the following committees:

- Remuneration Committee
- Audit Committee
- System Oversight & Performance Committee
- Finance & Investment Committee
- Quality & Safety Committee
- (Primary Care) Commissioning Committee

## 2. Role priorities and accountabilities

Please note: the following role description is dependent on legislation. Appointees will be taken on in the first instance as designate partner member(s) of the anticipated NHS ICB.

Final appointment to the role of partner member of the ICB, as described below, would be dependent on the passage of the Health and Care Bill, and any potential amendments made to that Bill.

### Priorities

The partner members will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- Ensure that the Board is effective in all aspects of its role and appropriately focused on the four core purposes, to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development.
- Be champions of new governance arrangements (including with the ICP), collaborative leadership, joint accountability and effective partnership working, including with local government, NHS bodies and the voluntary sector.

- Support the Chair and the wider Board on issues that impact organisations and workforce across the ICS, such as integration, the People agenda, Digital transformation, Emergency Preparedness, Resilience and Response (EPRR) and Covid-19 challenges.
- Play a key role in establishing new statutory arrangements for the ICS to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from CCGs and NHS England.

## Accountabilities

The partner members:

- Are accountable to the ICB Chair.
- Have designated areas of responsibilities as agreed with the ICB Chair.
- Have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.

## 3. Role responsibilities and competencies

You will work alongside the Chair, non-executives, executive directors and other partner members as equal members of a unitary board.

As a senior leader in MSE, you will demonstrate a range of leadership competencies outlined below. Corporately, as members of a unitary board, you will contribute to a wide range of areas, including:

### Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost-control.
- Ensuring the reduction of health inequality becomes an organising principle of the ICB
- Aligning partners in transforming the [Long Term Plan](#) and the [People Plan](#) into real progress

### Partnerships and communities

- Promoting dialogue and consensus between the NHS, local government and broader partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- Supporting the establishment of the ICP, developing strong relationships between the ICB and the ICP.
- Supporting the success of the ICP in establishing shared strategic priorities within the NHS, in partnership with local government, to tackle population health challenges and enhance services across health and social care.

### Social justice and health equalities

- Advocating diversity, health equality and social justice to close the gap on health inequalities and achieve the service changes that are needed to improve population health.
- Ensuring the ICB is responsive to people and communities and that public, patient and carer voices are embedded in all of the ICB's plans and activities.
- Promoting the values of the [NHS Constitution](#) and modelling the behaviours embodied in [Our People Promise](#) and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

## Sustainable outcomes

- Oversight of purposeful arrangements for effective leadership of clinical and professional care throughout the ICB and the ICS.
- Fostering a culture of research, innovation, learning and continuous improvement to support the delivery of high quality services for all.
- Ensuring the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment.

## Governance and assurance

- Collectively ensuring that the ICB is compliant with its constitution and contractual obligations, holding other members of the ICB and the ICS to account through constructive, independent and respectful challenge.
- Maintaining oversight of the delivery of ICB plans, ensuring expected outcomes are delivered in a timely manner through the proportionate management of risks.
- Ensuring that the ICB operates to deliver its functions in line with all of its statutory duties, and that compliance with the expected standards of the regulatory bodies is maintained.

## People and culture

- Supporting the development of other board members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the Board's behaviour and decision-making.
- Ensuring the Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.
- Lead in line with the NHS Leadership Compact

## 5. Designate partner member: person specification

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"><li>• Knowledge of health, care, local government landscape and/ or the voluntary sector</li><li>• A capacity to thrive in a complex and politically charged environment of change and uncertainty</li><li>• Experience leading change at a senior level to bring together disparate stakeholder interests</li><li>• Ability to influence partner organisations</li></ul>
Building trusted relationships with partners and communities	<ul style="list-style-type: none"><li>• An understanding of different sectors, groups, networks and the needs of diverse populations</li><li>• Exceptional communication skills and comfortable presenting in a variety of contexts</li><li>• Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate</li><li>• Experience working collaboratively across agency and professional boundaries</li></ul>
Leading for Social Justice and health equality	<ul style="list-style-type: none"><li>• An awareness and appreciation of social justice and how it might apply within an ICS</li><li>• Record of promoting equality, diversity and inclusion in leadership roles</li><li>• Life experience and personal motivation that will add valuable personal insights</li></ul>

<b>Driving high quality, sustainable outcomes</b>	<ul style="list-style-type: none"> <li>• Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions</li> </ul>
<b>Providing robust governance and assurance</b>	<ul style="list-style-type: none"> <li>• An understanding of good corporate governance</li> <li>• Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity</li> <li>• Experience contributing effectively in complex professional meetings at a very senior level</li> </ul>
<b>Creating a compassionate and inclusive culture for our people</b>	<ul style="list-style-type: none"> <li>• Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff</li> <li>• Creates and lives the values of openness and transparency embodied by the <a href="#">principles-of-public-life</a> and in <a href="#">Our People Promise</a></li> </ul>

Nominees will:

- Bring the skills and experience of their sector but not act as delegates or representatives of their organisation.
- Demonstrate a proven track record of working within a complex environment to champion and effect change around equality, diversity and inclusion
- Have an understanding of the demographics of the ICB population, in order to ensure that any proposals around interventions are fit for purpose and tailored to the specific needs of the population
- Demonstrate independent and proactive leadership with confidence and integrity
- Champion open, frank and disciplined discussion and be prepared to ask the difficult questions

The term of office for these Partner Members will be three years and the total number of terms they may serve is three terms.

## 6. Nomination and Selection

The eligibility, nominations and selection process for each category of Partner Member are set out in the appendices A to C.

### 6.1 Assessment & Selection

Received and eligible nominations will be submitted to nominating organisations to demonstrate the requirement for joint nominations

If, as set out in the Constitution, the number of nominations is equal to the number of partner member roles, there will be a confirmation process with the ICB Chair to ensure that the nominated partner member meets the criteria for board membership including the requirements of the role description and person specification and the disqualification criteria.

In the event that there is more than one suitable nominee for each of the partner member roles, the full list of nominees will be considered by a panel convened by the Chief Executive. The panel will assess the suitability of the nominees against the requirements of the role and will confirm that shortlisted nominees meet the requirements set out in the constitution.

The Chair will determine whether to approve the appointment of the most suitable nominee.

## 7. Timetable

- 6 May - Packs issued to eligible partners for nomination
- 18 May – Deadline for nominations to be received
- 23 May – Lists of nominations to be submitted to partner members for confirmation (jointly nominated requirement)
- w/c 30 May / 6 June – Panel interviews / Chair confirmation

## Appendix A - Partner Member, NHS Trusts and Foundation Trusts (FTs)

### 3.2 Disqualification Criteria for Board Membership

#### 3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the United Kingdom of any offence, or
- b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office.
- b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings.
- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest.
- d) of misbehaviour, misconduct or failure to carry out the person’s duties.

3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was:

- a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated.
- b) the person’s erasure from such a register, where the person has not been restored to the register.
- c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded.
- d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:

- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
- b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.5.1 These Partner Members are jointly nominated by the Partners which provide services within the area and are of essential to the development and delivery of the 5-year joint forward plan, namely:

- a) East of England Ambulance Service NHS Trust.
- b) Essex Partnership University NHS Foundation Trust.
- c) Mid and South Essex NHS Foundation Trust.
- d) North East London NHS Foundation Trust.

3.5.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Be a CEO or Executive Director of one of the NHS Trusts or FTs within the ICB's area.
- b) One member must provide current and on-going experience of the Acute Hospital sector.
- c) One member must provide current and on-going knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.
- d) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.5.3 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply.

3.5.4 These members will be appointed by the ICB Chief Executive subject to the approval of the Chair.

3.5.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.5.1 will be invited to make one nomination for each role (one for Acute and one for Mental Health) .
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. This will be determined by a simple majority being in favour with nil responses taken as assent. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c):

- If the number of nominations is equal to the number of partner member roles, there will be a confirmation process with the ICB Chair to ensure that the nominated partner member meets the criteria for board membership including the requirements of the role description and person specification and the disqualification criteria.

- In the event that there is more than one suitable nominee for each of the partner member roles, the full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3.
- The panel will select the most suitable nominee for appointment via the shortlisting, interview and selection process set out in the Governance Handbook.

c) Chair's approval:

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.5.6 The term of office for these Partner Members will be three years and the total number of terms they may serve is three terms. However, where more than one Trust can act on behalf of their sector the nomination and selection process will be revisited at the end of each term at the discretion of the Chair.

## Appendix B - Partner Member, Providers of Primary Medical Services.

### 3.2 Disqualification Criteria for Board Membership

#### 3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the United Kingdom of any offence, or
- b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office.
- b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings.
- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest.
- d) of misbehaviour, misconduct or failure to carry out the person’s duties.

3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was:

- a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated.
- b) the person’s erasure from such a register, where the person has not been restored to the register.
- c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded.
- d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

- 3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.
- 3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:
- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
  - b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).
- 3.6.1 This Partner Member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area and are Primary Medical Services (General Practice) contract holders responsible for the provision of essential services to a list of registered patients within core hours in the ICB's area.
- 3.6.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this constitution.
- 3.6.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:
- a) Be registered with the General Medical Council.
  - b) Be a practising provider of Primary Medical Services within the ICB area.
  - c) Work as a GP in the ICB area for a minimum of 1 session per week.
  - d) Fulfil the requirements relating to the relevant experience, knowledge, skills and attributes set out in a role specification.
- 3.6.4 Individuals will not be eligible if:
- a) Any of the disqualification criteria set out in 3.2 apply
- 3.6.5 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair.
- 3.6.6 The appointment process will be as follows:
- a) Joint Nomination:
    - When a vacancy arises, each eligible organisation described at 3.6.1 and listed in the Governance Handbook will be invited to make one nomination.
    - Each nomination must be seconded by one of the other eligible organisations described at 3.6.1 and listed in the Governance Handbook.
    - Eligible organisations may nominate an individual from their own organisation or another organisation.
    - All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. This will be determined by a simple majority being in favour with nil responses taken as assent. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.
  - b) Assessment, selection, and appointment subject to approval of the Chair under c):
    - If the number of nominations is equal to the number of partner member roles, there will be a confirmation process with the ICB Chair to ensure that the nominated partner member meets

the criteria for board membership including the requirements of the role description and person specification and the disqualification criteria.

- In the event that there is more than one suitable nominee for the role, the full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.3 and 3.6.4.
- The panel will select the most suitable nominee for appointment via the shortlisting, interview and selection process set out in the Governance Handbook.

c) Chair's approval:

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.6.7 The term of office for this Partner Member will be three years, subject to re-appointment following the process described in 3.6.5, and the total number of terms they may serve is three terms.

## Appendix C - Partner Members, Local Authorities

### 3.2 Disqualification Criteria for Board Membership

#### 3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare sector or otherwise.

3.2.3 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the United Kingdom of any offence, or
- b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.6 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office.
- b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings.
- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest.
- d) of misbehaviour, misconduct or failure to carry out the person’s duties.

3.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was:

- a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated.
- b) the person’s erasure from such a register, where the person has not been restored to the register.
- c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded.
- d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.

3.2.8 A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.10 A person who has at any time been removed, or is suspended, from the management or control of any body under:

- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
- b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.7.1 These Partner Members are jointly nominated by the upper tier Local Authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those Local Authorities are:

- a) Essex County Council
- b) Southend on Sea Borough Council
- c) Thurrock Council

3.7.2 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Be the Chief Executive or hold a relevant Executive level role of one of the bodies listed at 3.7.
- b) The ICB is seeking knowledge and experience covering the full breadth of the ICB geography, its range of health and care services and professions.
- c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.7.3 Individuals will not be eligible if:

- a) Any of the disqualification criteria set out in 3.2 apply

3.7.4 This member will be recommended for appointment by the ICB Chief Executive subject to the approval of the Chair.

3.7.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.7.1 will be invited to make one nomination for each role.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. This will be determined by a simple majority being in favour with nil responses taken as assent. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c):

- If the number of nominations is equal to the number of partner member roles, there will be a confirmation process with the ICB Chair to ensure that the nominated partner member meets the criteria for board membership including the requirements of the role description and person specification and the disqualification criteria.

- In the event that there is more than one suitable nominee for each of the partner member roles, the full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.2 and 3.7.3.
- The panel will select the most suitable nominee for appointment via the shortlisting, interview and selection process set out in the Governance Handbook.

c) Chair's approval:

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b)).

3.7.6 The term of office for these Partner Members will be three years and the total number of terms they may serve is three terms.



By email:

Chair, East of England Ambulance Service NHS Trust.  
Chair, Essex Partnership University NHS Foundation Trust.  
Chair, Mid and South Essex NHS Foundation Trust.  
Acting Chair, North East London NHS Foundation Trust.

6 May 2022

Dear ....

### **MSE Integrated Care Board Partner Member Nomination**

We are seeking nominations from partner organisations for each of the 6 Partner Member roles required within the MSE ICB's constitution.

Attached is a pack providing more information about these roles, including key responsibilities, the role specification, the mandatory eligibility criteria and the nomination and selection process.

As an NHS Foundation Trust you are able to make up to two nominations, one for a member who will bring a perspective of the local Acute sector and one for a member who will bring a perspective of the local Mental Health sector.

Please return your nominations to Viv Barnes ([viv.barnes@nhs.net](mailto:viv.barnes@nhs.net)) by 18 May 2022. We will then issue a full list of received nominations by 23 May 2022 in order that these can be jointly agreed by all nominating organisations.

If more than one individual is nominated for each role, panel interviews will be held during the weeks commencing 30 May and 6 June 2022 to select the most suitable nominee. Where only one individual is nominated for a role, a confirmation process will be undertaken to ensure that the nominated individual meets the criteria for Board membership prior to any appointments being made.

If you have any queries regarding the process please do not hesitate to contact me (or Mike Thompson, [mike.thompson6@nhs.net](mailto:mike.thompson6@nhs.net)). I look forward to receiving your nomination/s by **18 May 2022** at the latest.

Yours sincerely

**Professor Mike Thorne CBE**  
**ICB Chair (designate)**



By email:

Leader of Essex County Council  
Leader, Thurrock Council  
Leader, Southend Council

6 May 2022

Dear ....

### **MSE Integrated Care Board Partner Member Nomination**

We are seeking nominations from partner organisations for each of the 6 Partner Member roles required within the MSE ICB's constitution.

Attached is a pack providing more information about these roles, including key responsibilities, the role specification, the mandatory eligibility criteria and the nomination and selection process.

As a Local Authority you are able to make up to three nominations of individuals with knowledge and experience covering the full breadth of the ICB geography, its range of health and care services and professions.

Please return your nominations to Viv Barnes ([viv.barnes@nhs.net](mailto:viv.barnes@nhs.net)) by 18 May 2022. We will then issue a full list of received nominations by 23 May 2022 in order that these can be jointly agreed by all nominating organisations.

If more than one individual is nominated for each role, panel interviews will be held during the weeks commencing 30 May and 6 June 2022 to select the most suitable nominee. Where only one individual is nominated for a role, a confirmation process will be undertaken to ensure that the nominated individual meets the criteria for Board membership prior to any appointments being made.

If you have any queries regarding the process please do not hesitate to contact me (or Mike Thompson, [mike.thompson6@nhs.net](mailto:mike.thompson6@nhs.net)). I look forward to receiving your nomination/s by **18 May 2022** at the latest.

Yours sincerely

**Professor Mike Thorne CBE**  
**ICB Chair (designate)**



By email:

To all Primary Care (General Practice) Providers in mid and South Essex

6 May 2022

Dear colleague,

### **MSE Integrated Care Board Partner Member Nomination**

We are seeking nominations from partner organisations for each of the 6 Partner Member roles required within the MSE ICB's constitution.

Attached is a pack providing more information about these roles, including key responsibilities, the role specification, the mandatory eligibility criteria and the nomination and selection process.

As a Primary Care Provider you are able to make one nomination, seconded by another eligible practice, of an individual who will bring the perspective of the primary care sector within the ICB area.

Please return your nomination to Viv Barnes ([viv.barnes@nhs.net](mailto:viv.barnes@nhs.net)) by 18 May 2022. We will then issue a full list of received nominations by 23 May 2022 in order that these can be jointly agreed by all nominating organisations.

If more than one individual is nominated for each role, panel interviews will be held during the weeks commencing 30 May and 6 June 2022 to select the most suitable nominee. Where only one individual is nominated for a role, a confirmation process will be undertaken to ensure that the nominated individual meets the criteria for Board membership prior to any appointments being made.

If you have any queries regarding the process please do not hesitate to contact me (or Mike Thompson, [mike.thompson6@nhs.net](mailto:mike.thompson6@nhs.net)). I look forward to receiving your nomination/s by **18 May 2022** at the latest.

Yours sincerely

**Professor Mike Thorne CBE  
ICB Chair (designate)**

**List of eligible nominating PMS (GMS/APMS) Providers**

**Basildon & Brentwood**

<p><b>Arterial Locality</b> Ballards Walk Surgery  Dipple Medical Centre, East Wing (Dr Arayomi)  Western Road Surgery  The Billericay Medical Practice  Dr Sims and Partners  Queens Park Surgery  The New Surgery (Billericay)  Chapel Street Surgery  South Green Surgery  Knights Surgery  Dipple Medical Centre, South Wing (Dr Nasah)</p>	<p><b>Partnership BIC Locality</b> Felmores Medical Centre  Fryerns Medical Centre  Noak Bridge Medical Centre  Aryan Medical Centre  Rosevilla Surgery  Matching Green Surgery  The Knares Medical Practice  The Murree Medical Centre  Kingswood Medical Centre  Laindon Medical Group</p>
<p><b>Brentwood Locality</b> Rockleigh Court Surgery  Deal Tree Health Centre  New Folly Surgery  Tile House Surgery  The Highwood Surgery  Beechwood Surgery  The New Surgery (Brentwood)  Mount Avenue Surgery</p>	<p><b>SEMC Locality</b> Langdon Hills Medical Practice  Clayhill Medical Practice  The Robert Frew Medical Centre  Swanwood Partnership  The London Road Surgery  Aegis Medical Centre</p>

### Castle Point & Rochford

Member Name	F Code and Practice Address
Dr Ratnasingham	F81740, Central Canvey PCC, Long Road, Canvey Island, SS8 0JA
Dr S Conner and Partners	F81061, Riverside Medical Centre, 175 Ferry Road, Hullbridge, SS5 6JH
Dr R. Srivastava	F81089, Great Wakering Medical Centre 274 High Street, Great Wakering, SS3 0HX
Dr J B Ghauri	F81205, Hawkesbury Road Surgery, 1a Hawkesbury Road, Canvey Island, SS8 0EX
Dr S Gill	F81713, Benfleet Surgery, 12 Constitution Hill, Benfleet, SS7 1ED
Dr M R Khan	F81001, 91 Rushbottom Lane, Benfleet, SS7 4EA
Dr I Jayaweera	F81704, Downhall Park Surgery, 49 Rawreth Lane, Rayleigh, SS6 9QD
Dr S M Khalil	F81101, Essex Way Surgery, 34 Essex Way, Benfleet, SS7 1LT
Dr Metcalfe	F81007, The Puzey Family Practice Southwell House, Back Lane, Rochford, SS4 1AY
Dr B Kuriakose	F81066, Greensward Surgery, Greensward Lane, Hockley, SS5 5HQ
Dr O Omosini	F81075, The Hollies, 41 Rectory Road, Hadleigh, SS7 2NA
Dr C Lewis	F81123, Audley Mills Surgery, 57 Eastwood Road, Rayleigh, SS6 7JF
Dr A Linacero Gracia	F81739, The Island Surgery, Central Canvey PCC, Long Road, Canvey Island, SS8 0JA
Dr S Mahmud	F81125, Church View Surgery, Burley House, 15-17 High Street, Rayleigh, SS6 7DY Branch site: Jones Family Practice, 55 Southend Road, Hockley, SS5 4PX
Dr G Adegbite	F81096, Oaklands Surgery, Central Canvey Primary Care Centre, Long Road, Canvey Inland, SS8 0JA
Dr S Merali	F81690, Ashingdon Medical Centre, 57 Lascelles Garden, Ashingdon, SS4 3BW Branch site: The Dome Caravan Park, Lower Rd, Hockley SS5 5LU
Dr Annan	F81032, Hart Road Surgery, 85 Hart Road, Thundersley, SS7 3PR
Dr K Siddiqui and Partners	F81142, St Georges Medical Centre, 91 Rushbottom Lane, Benfleet, SS7 4EA
Dr Richard	F81700, Canvey Village Surgery, 391 Long Road, Canvey Island, SS8 0JH
Dr S Dharmarathna	F81065, William Harvey Surgery 83 London Road, Rayleigh, SS6 9HR
Dr J Chavda	F81051, Third Avenue Health Centre, 1 Third Avenue, Canvey Island, SS8 9SU
The Practice	F81675, 1 Leecon Way, Ashingdon Gardens, Rochford, SS4 1TU Branch site: Hawkwell Park Drive Branch surgery, Hockley, Essex, SS5 4HB
Dr C Volkmar	F81618, High Road Family Doctors, 119 High Road, Benfleet, SS7 5LN

Mid Essex

Practice	Area served	Primary Care Network
<b>Baddow Village Surgery</b>	Great Baddow	Chelmsford City Health
<b>Beacon Health Group</b>	Chelmsford and Danbury	Phoenix (Mid Essex)
<b>Beauchamp House Surgery</b>	Chelmsford	Chelmsford City Health
<b>Blackwater Medical Centre</b>	Maldon	Witham and Maldon
<b>Blandford Medical Centre</b>	Braintree	Braintree
<b>Blyth's Meadow Surgery</b>	Braintree	Braintree
<b>Burnham Surgery</b>	Burnham-on-Crouch	Dengie and SWF
<b>Chelmer Medical Partnership</b>	Western Chelmsford	Chelmsford West
<b>Chelmer Village Surgery</b>	Chelmsford	Chelmer
<b>Church Lane Surgery</b>	Braintree	Braintree
<b>Coggeshall Surgery</b>	Coggeshall	Colne Valley
<b>Collingwood Road Surgery</b>	Witham	Witham and Maldon
<b>Dengie Medical Partnership</b>	Tillingham, the Maylands	Dengie and SWF
<b>Dickens Place Surgery</b>	Chelmsford	Chelmsford West
<b>Douglas Grove Surgery</b>	Witham	Aegros
<b>Elizabeth Courtauld Surgery</b>	Halstead	Colne Valley
<b>Fern House Surgery</b>	Witham	Witham and Maldon
<b>Freshford Practice</b>	Finchingfield	Colne Valley
<b>Greenwood Surgery</b>	South Woodham Ferrers	Dengie and SWF
<b>Hedingham Medical Centre</b>	Castle Hedingham, Sible Hedingham, Yeldham	Colne Valley
<b>Kelvedon and Feering Health Centre</b>	Kelvedon	Colne Valley
<b>Kingsway Surgery</b>	South Woodham Ferrers	Dengie and SWF
<b>Little Waltham and Great Notley Surgeries</b>	Little Waltham	Aegros
<b>Longfield Medical Centre</b>	Maldon	Phoenix (Mid Essex)
<b>Mount Chambers Surgery</b>	Braintree	Braintree
<b>North Chelmsford Healthcare Centre</b>	Chelmsford	Chelmer
<b>Pump House Surgery</b>	Earls Colne	Colne Valley
<b>Rivermead Gate Medical Centre</b>	Chelmsford	Chelmer
<b>Sidney House &amp; The Laurels Surgeries</b>	Hatfield Peverel, Boreham	Aegros
<b>Silver End Surgery</b>	Witham	Braintree
<b>Stock Surgery</b>	Stock	Chelmsford City Health
<b>Sutherland Lodge Surgery</b>	Chelmsford	Chelmer
<b>Tollesbury Surgery</b>	Tollesbury	Phoenix (Mid Essex)
<b>Trinity Medical Practice</b>	The Maylands	Dengie and SWF
<b>Whitley House Surgery</b>	Chelmsford	Chelmsford City Health
<b>William Fisher Medical Centre</b>	Southminster	Dengie and SWF
<b>Witham Health Centre</b>	Witham	Witham and Maldon
<b>Writtle Surgery</b>	Writtle	Chelmsford West
<b>Wyncroft Surgery</b>	Bicknacre, East Hanningfield	Dengie and SWF

## Southend

Member Name	F Code and Practice Address
Drs Agha and Siddique	F81121, The Thorpe Bay Surgery, 99 Tyrone Road, Thorpe Bay, SS1 3HD
Dr B Bekas	F81207, 48 Argyll Road, Westcliff on Sea, SS0 7HN
Dr H Siddique	F81209, Shaftsbury Avenue Practice, 119 Shaftesbury Ave, Southend on Sea, SS1 3AN
Dr S M Callaghan and Partners	F81097, Valkyrie Surgery, Valkyrie Road PCC, 50 Valkyrie Road, Westcliff on Sea, SS0 8BU
Dr B R M Houston and Partners	F81112, Highlands Surgery, 1643 London Road, Leigh on Sea, SS9 2SQ Branch site: 1446 London Road
Dr A C Irlam and Partner	F81086, Central Surgery, 27 Southchurch Blvd, Southend on Sea, SS2 4UB
Dr A Sivaprasad and Partners	F81081, Queensway Medical Centre, 75 Queensway, Southend on Sea, SS1 2AB Branch: 508 Sutton Rd, Southend, SS2 5PN
Dr G K Jayatilaka and Partner	F81696, The Leigh Surgery, 194 Elmsleigh Drive, Leigh on Sea, SS9 4JQ
Dr F Khan	F81003, Carnarvon Medical Centre, North Road Primary Care Centre, 183-195 North Road, Westcliff on Sea, SS0 7AF
Dr A C Krishnan and Partner	F81046, Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU
Dr Navin Kumar	F81147, Central Surgery, 1st Floor, North Road Primary Care Centre, 183-195 North Road, Westcliff on Sea, SS0 7AF Branch: 38 Acacia Dr, Thorpe Bay, SS1 3JX
Dr N Kumar and Partner	F81613, Shoebury Health Centre, Campfield Road, Shoebury, SS3 9BX
Dr S A Malik	F81223, Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU
Dr H Siddique	F81684, North Shoebury Surgery, Frobisher Way, Shoebury, SS3 8UT
Dr L Nagle and Partners	F81144, The Pall Mall Surgery, 1st Floor, Leigh Primary Care Centre, 918 London Road, Leigh on Sea, SS9 3NG
Dr H W Ng	F81744, Scott Park Surgery, 205 Western App. Southend on Sea, SS2 6XY
Dr J Palacin	F81649, Shoebury Health Centre, Campfield Road, Shoebury, SS3 9BX
Dr N K Shah and Partner	F81176, North Avenue Surgery, 332 North Avenue, Southend on Sea, SS2 4EQ
Dr H Siddique and Agha	F81159, Southend Medical Centre, 50-52 London Road, Southend on Sea, SS1 1NX
Dr V Sooriakumaran and Partner	F81092, 3 Prince Avenue, Southend on Sea, SS2 6RL Branch: 38 Leigh Road, Leigh on Sea, SS9 1LF
HCRG	Y02707 St Luke's Health Centre, Pantile Avenue, Southend on Sea, SS2 4BD
The Practice	Y02177, 32 Northumberland Avenue, Southend on Sea, SS1 2TH
Dr S L Vashisht	F81656, 61 Warrior Square, Southend on Sea, SS1 2JJ
Dr S H Zaidi (two Practices)	F81128, Eastwood Group Practice, 335 Eastwood Road North, Leigh on Sea, SS9 4LT Branch: Kent Elms Health Centre, 1 Rayleigh Road, Leigh on Sea, SS9 5UU Branch: 348 Rayleigh Road, Eastwood, SS9 5PU

**Thurrock**

Member Name	Practice Address
<b>PCN - Corringham and Stanford</b>	
<b>Hassengate Medical Centre</b>	Southend Road, Stanford-le-Hope, Essex, SS17 0PH
<b>Neera Medical Centre</b>	2 Wharf Road, Stanford-le-Hope, Essex, SS17 0BY
<b>Orsett Surgery</b>	63 Rowley Road, Orsett, Essex, RM16 3ET
<b>The Surgery, Horndon-on-the-Hill</b>	High Road, Horndon-on-the-Hill, Essex, SS17 8LB
<b>The Sorrells Surgery</b>	7 The Sorrells, Stanford-le-Hope, Essex, SS17 7DZ
<b>Southend Road Surgery</b>	271A Southend Road, Stanford-le-Hope, Essex, SS17 8HD
<b>PCN - Grays</b>	
<b>Balfour Medical Centre</b>	2 Balfour Road, Grays, Essex, RM17 5NS
<b>Chafford Hundred Medical Centre</b>	Drake Road, Chafford Hundred, Essex, RM16 6RS
<b>The Dell Medical Centre</b>	111 Orsett Road, Grays, Essex, RM17 5HA
<b>East Thurrock Road Medical Centre</b>	34 East Thurrock Rd, Grays, Essex, RM17 6SP
<b>The Grays Surgery</b>	78 High Street, Grays, RM17 6HU
<b>Milton Road Surgery</b>	12 Milton Road, Grays, Essex, RM17 5EZ
<b>Oddfellows Hall Health Centre</b>	Odd Fellows Hall, Dell Road, Grays, Essex, RM17 5JY
<b>Primecare Medical Centre</b>	167 Bridge Road, Grays, Essex, RM17 6DB
<b>Stifford Clays Medical Practice</b>	Crammavill Street, Stifford Clays, Grays, Essex, RM16 2AP
<b>Thurrock Health Centre</b>	55-57 High Street, Grays, Essex, RM17 6NB PCN
<b>PCN - Aveley, South Ockendon and Purfleet</b>	
<b>Aveley Medical Centre</b>	22 High Street, Aveley, Essex, RM15 4AD
<b>Derry Court Medical Centre</b>	Derry Court, Derry Ave, South Ockendon, Essex, RM15 5GN
<b>Pear Tree Surgery</b>	Pear Tree Close, South Ockendon, Essex, RM15 6PR
<b>Purfleet Care Centre</b>	Tank Hill Road, Purfleet, Essex, RM19 1SX
<b>The Sancta Maria Centre</b>	Daiglen Drive, South Ockendon, Essex, RM15 5SZ
<b>Dr Yasin Surgery</b>	Darenth Lane, South Ockendon, Essex, RM15 5LP
<b>PCN - Tibury &amp; Chawell</b>	
<b>Commonwealth Health Centre</b>	Quebec Road, Tilbury, Essex, RM18 7RB
<b>Medic House</b>	Ottawa Road, Tilbury, Essex, RM18 7RJ
<b>The Rigg Milner Medical Centre</b>	2 Bata Avenue, East Tilbury, Essex, RM18 8SD
<b>Sai Medical Centre</b>	105 Calcutta Road, Tilbury, Essex, RM18 7QA
<b>Tilbury Health Centre</b>	London Road, Tilbury, Essex RM18 8EB



## **7. System Working Arrangements**

- 7.1. Map of system groups and interrelationships [to follow Under development]**
- 7.2. ICP Memorandum of Understanding [to follow, being refreshed]**
- 7.3. System Compacts [to follow under development/being refreshed]**



## 8. Summary Delegation Arrangements

There are currently none in place 2022/2023



## **9. Financial Management**

### **9.1. Public engagement/communities strategy [to follow]**



## **10. Use of the ICB Seal**

### **10.1. Guidance for use of the ICB Seal**

## **Custody of Seal, Sealing of Documents and Signature of Documents**

The common seal of the ICB shall be kept by the Chief Executive or a nominated manager in a secure place.

### **Sealing of Documents**

The following individuals of Officers are authorised to authenticate use of the seal by their signature:

- The Chief Executive
- The ICB Chair
- The Director of Finance (Director of Resources)

Where it is necessary that a document shall be sealed, the seal shall be affixed in the presence of two senior managers duly authorised by the Chief Executive, and not also from the originating department, and shall be attested by them.

### **Register of Sealing**

The Chief Executive shall keep a register in which he/she, or another manager of the ICB authorised by him/her, shall enter a record of the sealing of every document. Generally, this will be the Chief of Staff.

### **Use of Seal – General guide**

Where NHS Standard Contracts are used, there is no requirement to use the ICB Seal. Where non-NHS Standard Leases and Contracts that exceed £XXX [and any other conditions] will be sealed.

### **Signature of documents**

Where any document will be a necessary step in legal proceedings on behalf of the ICB, it shall, unless any enactment otherwise requires or authorises, be signed by the Chief Executive or any Executive member of the ICB Board.

In land transactions, the signing of certain supporting documents will be by the Chief Executive, ICB Chair or Director of Resources as set out in the Scheme of Delegation but will not include the main or principal documents effecting the transfer (e.g. sale/purchase agreement, lease, contracts for construction works and main warranty agreements or any document which is required to be executed as a deed) which may be signed by other ICB officers in line with their delegated authority.



## **11. Selection Process for Non-ICB Committee Members**

**11.1. Selection Process for non-ICB Committee Members**

**11.2. Non-Executive Member Remuneration Panel [to follow]**

## Selection of Committee Members outside the ICB

### Introduction

The legislation creating ICBs enables integrated working across the ICB and partner organisations. To successfully achieve its objectives the ICB will need to ensure its governance arrangements are inclusive of partners and as such intends to include partners in the membership of some committees, such members may be employees of partner organisations. This guidance document sets out how the ICB will select those members.

### Non-ICB Committee Members

For the effective running of its Committees, the ICB may seek Committee Members from its partner organisations. For example, where the Finance & Investment Committee has oversight of the delivery of financial duties across the integrated care system, it may ask partner organisations to be involved in committee members to ensure it sufficiently considers the full needs of the system.

### Selection of Non-ICB Committee Members

There will be an equitable process for the selection of non-ICB Committee members that will be confirmed by the ICB Chair in consultation with the Committee Chair having due regard to transparency and ensuring that the ICB has the best blend of skills and expertise in the roles on committees. The Committee terms of reference defines the membership requirements and the role that may need to be filled through Partner Organisations. Where appropriate the ICB will engage with all relevant and appropriate Partners to fulfil those roles to meet the needs of the ICB.

The ICB Chair shall approve the candidate as part of the process for approving committee membership, as defined below.

### Role of non-ICB Committee Members

All members of ICB Committees shall attend to provide their expertise and experience of their sector and shall not be representing their organization as such, (except for Joint Committees, that are not included within this guidance). All committee members shall partake in decision making (as defined within the committee terms of reference) for the purpose of the achievement of ICB objectives.

The ICB Chair shall consider removal of committee members who do not adhere to these principles.

### Approval of Committee Members

The ICB Chair shall approve the Committee Membership and any concerns relating to membership shall be managed by the ICB Chair.

The decision of the Chair shall be final.