NHS Somerset
Integrated Care Board

CONSTITUTION

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V1.0	N/A	July 1st 2022
V1.1	N/A	28 October 2022
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1. Introduction

1.1 Background/Foreword

1.1.1 NHS England has set out the following as the four core purposes of Integrated Care Systems (ICSs):

a) improve outcomes in population health and healthcare
b) tackle inequalities in outcomes, experience and access
c) enhance productivity and value for money
d) help the NHS support broader social and economic development.

1.1.2 The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to 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.

1.2 Name

1.2.1 The name of this Integrated Care Board is NHS Somerset Integrated Care Board ("the ICB").

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is fully coterminous with the Local Authority (Somerset Council). A map identifying the Somerset area is included in the Governance Handbook for reference.

1.4 Statutory Framework

1.4.1 The ICB is established by order made by NHS England under powers in the 2006 Act.

1.4.2 The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act.

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its Constitution (section 14Z29). This Constitution is published on the ICB website (www.nhssomerset.nhs.uk).

1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:

a) having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
b) exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
c) duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
d) adult safeguarding and carers (the Care Act 2014)
e) equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35); and

f) information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000).
g) provisions of the Civil Contingencies Act 2004

1.4.6 The ICB is subject to an annual assessment of its performance by NHS England which is also required to publish a report containing a summary of the results of its assessment.

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under—
a) section 14Z34 (improvement in quality of services),
b) section 14Z35 (reducing inequalities),
c) section 14Z38 (obtaining appropriate advice),
d) section 14Z40 (duty in respect of research)
e) section 14Z43 (duty to have regard to effect of decisions)
f) section 14Z45 (public involvement and consultation),
g) sections 223GB to 223N (financial duties), and
h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

1.4.8 NHS England has powers to obtain information from the ICB (section 14Z60 of the 2006 Act) and to intervene where it is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so (section 14Z61).

1.5 Status of this Constitution

1.5.1 The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

1.5.2 ~~The Constitution must be reviewed and maintained in line with any agreements with and requirements of NHS England set out in writing at establishment~~Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

1.6.1 In accordance with paragraph 15 of Schedule 1B to the 2006 Act this Constitution may be varied in accordance with the procedure set out in this paragraph. The Constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and

b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).

1.6.2 The procedure for proposal and agreement of variations to the Constitution is as follows:

a) Proposals to vary the constitution should be made in writing to the Chair and Chief Executive. The proposals should be shared with partner organisations for engagement and then approved by the Board before formal submission to NHS England.

b) Proposed amendments to this constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

1.7.1 This Constitution is also supported by ~~a number of~~several documents ~~which~~ that provide further details on how governance arrangements in the ICB will operate.

1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a constitution:

a) Standing orders – which set out the arrangements and procedures to be used for meetings and the processes to appoint the ICB committees.

1.7.3 The following do not form part of the Constitution but are required to be published.

a) **The Scheme of Reservation and Delegation (SoRD)** – sets out those decisions that are reserved to the Bboard of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.

b) **Functions and Decision map** – a high-level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decision map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).

c) **Standing Financial Instructions** – which set out the arrangements for managing the ICB's financial affairs.

d) **The ICB Governance Handbook** – this brings together all the ICB's governance documents, so it is easy for interested people to navigate. It includes:

- The Scheme of Reservation and Delegation (SoRD)
- Functions and Decision map
- Standing Financial Instructions
- Terms of reference for all committees and sub-committees of the Bboard that exercise ICB functions.
- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- the up-to-date list of eligible providers of primary medical services under clause 3.6.2

e) **Key policy documents**, which should also be included in the governance handbook or linked to it – including:

- Standards of Business Conduct Policy
- Conflicts of interest policy and procedures
- Policy for public involvement and engagement

2 Composition of the Board of the ICB

2.1 Background

2.1.1 This part of the Constitution describes the membership of the Integrated Care Board. Further information about the criteria for the roles and how they are appointed is in section 3.

2.1.2 Further information about the individuals who fulfil these roles can be found on the ICB website (www.nhssomerset.nhs.uk).

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as "the Bboard" and members of the ICB are referred to as "bBoard Members") consists of:

a) a Chair
b) a Chief Executive
c) at least three Ordinary members.

2.1.4 The membership of the ICB (the bBoard) shall meet as a unitary board and shall be collectively accountable for the performance of the ICB's functions.

2.1.5 NHS England Policy, requires the ICB to appoint the following additional Ordinary Members:

a) three executive members, namely:
- Director of Finance
- Medical Director
- Director of Nursing

b) At least two non-executive members.

2.1.6 The Ordinary Members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following and appointed in accordance with the procedures set out in Section 3 below:

- NHS trusts and foundation trusts ~~who~~ that provide services within the ICB's area and are of a prescribed description

- the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
- the local authorities ~~which~~ that are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.

2.1.7 While the Partner Members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the B~~b~~oard, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has 3 Partner Members.

a) Partner member NHS and Foundation Trusts
b) Partner member primary medical services
c) Partner member Local Authority

2.2.2 The ICB has also appointed the following further Ordinary Members: to the B~~b~~oard

a) Five~~our~~ Independent Non executive members
b) Director of Finance
c) Medical Director
d) Director of Nursing
e) Public Health expert

2.2.3 The B~~b~~oard is therefore composed of the following members:

a) Chair
b) Chief Executive
c) One Partner member(s) NHS and Foundation Trusts
d) One Partner member(s) primary medical services
e) One Partner member(s) Local Authorities
f) Four Non executive members (one of which, but not the Audit Committee Chair, will be appointed Deputy Chair, and one of which, who may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-Executive Member)
g) Director of Finance
h) Medical Director

i) Director of Nursing
j) Public Health expert

2.2.4 The Chair will exercise their function to approve the appointment of the ordinary members with a view to ensuring that at least one of the Ordinary Members will have knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness

2.2.5. The Bb~~b~~oard will keep under review the skills, knowledge and experience that it considers necessary for members of the Bb~~b~~oard to possess (when taken together) ~~in order~~ for the Bb~~b~~oard effectively to carry out its functions and will take such steps as it considers necessary to address or mitigate any shortcoming.

2.3 Regular Participants and Observers at Board Meetings

2.3.1 The Bb~~b~~oard may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

2.3.2 Participants will receive advanced copies of the notice, agenda and papers for Bb~~b~~oard meetings. They may be invited to attend any or all of the Board meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair to ask questions and address the meeting but may not vote.

a) Additional ICB Executive Directors
b) Healthwatch individual
c) Voluntary, Community Faith, and Social Enterprise (VCFSE) sector individual
~~c)~~d) Associate Non-Executive Member

2.3.3 Observers will receive advanced copies of the notice, agenda and papers for Bb~~b~~oard meetings. They may be invited to attend any or all of the Bb~~b~~oard meetings, or part(s) of a meeting by the Chair. Any such person may not address the meeting and may not vote.

a) Details of regular observers will be included on the ICB website (www.nhssomerset.nhs.uk)

2.3.4 Participants and / or observers may be asked to leave the meeting by the Chair in the event that the Bboard passes a resolution to exclude the public as per the Standing Orders.

3 Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership:

3.1.1 Each member of the ICB must:

a) Comply with the criteria of the "fit and proper person test"

b) Be willing committed to upholding the Seven Principles of Public Life (known as the Nolan Principles)

c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

3.2 Disqualification Criteria for Board Membership

3.2.1 A Member of Parliament.,

3.2.2 A person whose appointment as a Bboard member ("the candidate") is considered by the person making the appointment as one which that 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, Part 13 of the Bankruptcy (Scotland) Act 2016 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, or

d) of misbehaviour, misconduct or failure to carry out the person's duties;

3.2.7 A Health Care Professional, meaning an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002, or other professional person who has at any time been subject to an investigation or proceedings, by any body ~~which~~ that 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~~ that had the effect of preventing the person from practising the profession in question, where that decision has not been superseded,

or

c)d) a decision by the regulatory body ~~which~~ that had the effect of imposing conditions on the person's practise 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

a)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 to 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).

3.3 Chair

3.3.1 The ICB Chair is to be appointed by NHS England, with the approval of the Secretary of State for Health and Social Care.

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria:

a) The Chair will be independent.

3.3.3 Individuals will not be eligible if:

a) They hold a role in another health and care organisation within the ICB area.

b) Any of the disqualification criteria set out in 3.2 apply

~~c) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.~~

3.3.4 The term of office for the Chair will be 2 years and the total number of terms a Chair may serve is 4 terms. TBC

3.4 Deputy Chair and Senior Non-Executive Member

3.4.1 The Deputy Chair is to be appointed from amongst the Non-Executive Members by the Board subject to approval of the Chair.

3.4.2 No individual shall hold the position of Chair of the Audit Committee and Deputy Chair at the same time.

3.4.3 The Senior Non-Executive Member is to be appointed from among the Non-Executive Members by the Board subject to the approval of the Chair.

3.5 Chief Executive

3.5.1 The Chief Executive will be appointed by the Chair of the ICB in accordance with any guidance issued by NHS England.

3.5.2 The appointment will be subject to approval of NHS England in accordance with any procedure published by NHS England

3.5.3 The Chief Executive must fulfil the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

b) Other criteria will be set out in the job role and Governance Handbook as necessary.

3.5.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply

b) Subject to clause 3.54.3(a), they hold any other employment or executive role

c) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.

3.6 Partner Member - NHS Trusts and Foundation Trusts

3.6.1 This Partner Member is jointly nominated by the NHS trusts and/or foundation trusts thatFTs which provide services for the purposes of the health service within the ICB's area and meet the fForward pPlan cCondition orf (if the forward plan condition is not met) the level of services provided condition: Those Trusts are:

a) Somerset NHS Foundation Trust

b) South West Ambulance Service NHS Foundation Trust

3.6.2 This member (must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an Executive Director of one of the NHS Trusts or FTs foundation trusts within the ICB's area

b) bringing the perspective of the trust and the knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness

3.6.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply

b) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.

3.6.4 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair

3.6.5 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.65.1.a will be invited to make one nomination
- 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 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not 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)

- 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 3.65.2 and 3.65.3
- In the event that there is more than one suitable nominee the panel will select the most suitable for appointment

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b)

3.6.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.7 Partner Member - Providers of Primary Medical Services

3.7.1 This Partner Member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB area, and that are primary medical services contract holders responsible for the provision medical services contract holders responsible for the provision of essential

services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.7.2 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

3.7.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Provider of primary care services in the Somerset system working as a GP in one of the practices in the ICB area.

3.7.4 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

b) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.

3.7.5 This member will be appointed by[39] the ICB Chief Executive subject to the approval of the Chair

3.7.6 The appointment process will be as follows:

a) Joint nomination:

- When a vacancy arises, each eligible organisation described at 3.7~~6~~.1.and listed in the Governance Handbook will be invited to make one nomination.
- The nomination of an individual must be seconded by 2 other eligible organisations (seconding is most suitable when there are large numbers of nominating organisations). Each nominating organisation is permitted to second only one nomination.
- 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 5 working days being deemed to constitute agreement. If they do agree, the list will be out 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)

- 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 3.76.3. and 3.76.4
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b)

3.7.7 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.8 Partner Member - local authorities

3.8.1 This Partner Member is nominated by the Local Authorities whose areas coincide with, or include the whole or any part of, the ICB's area. Those local authorities are:

a) Somerset Council

3.8.2 This member 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 3.87.1

3.8.3 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply

b) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.

3.8.4 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair

3.8.5 The appointment process will be as follows:

a) Nomination:

- When a vacancy arises, each eligible organisation listed at 3.7.1.a will be invited to make one nomination
- Eligible organisations may nominate individuals from their own organisation or another organisation
- All eligible organisations will be requested to confirm whether they agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. 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)

- 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 requirement set out in clauses 3.8~~7~~.2 and 3.8~~7~~.3
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b)

3.8.6 The term of office for this Partner Member will be 3 years and the total number of terms they may serve is 3 terms.

3.9 Medical Director

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

b) Be a registered Medical Practitioner

3.9.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

3.9.3 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair.

3.10 Director of Nursing

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 18(4)(b) of Schedule 1B to the 2006 Act

b) Be a registered Nurse

3.10.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply

3.10.3 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair.

3.11 Director of Finance

3.11.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act

3.11.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.11.3 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair.

3.12 Non-Executive Members

3.12.1 The ICB will appoint four Non-Executive Members.

3.12.2 These members will be appointed by the Remuneration Committee subject to the approval of the Chair.

3.12.3 These members will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a) Not be employee of the ICB or a person seconded to the ICB

b) Not hold a role in another health and care organisation in the ICS area

c) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee

d) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee.

3.12.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply

b) They hold a role in another health and care organisation within the ICB area

c) Failure to comply with the eligibility criteria for board roles described in the Governance Handbook.

3.12.5 The term of office for non-executive member will be 3 years per term and the total number of terms an individual may serve is 3 terms after which they will no longer be eligible for re-appointment.

3.12.6 Initial appointments may be for a shorter period in order to avoid all non-executive members retiring at once. Thereafter, new appointees will ordinarily retire on the date that the individual they replaced was due to retire in order to provide continuity.

3.12.7 Subject to satisfactory appraisal the Chair may approve the re-appointment of non-executive member up to the maximum number of terms permitted for their role.

3.13 Other Board Member: Public Health expert

3.13.1 A Public Health advisor will be an additional member of the Board. This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria

a. A high level of expertise in the field of Public Health
b. Knowledge of the area of the ICB such that they can give an informed opinion on matters relating to Public Health.

3.13.2 Individuals will not be eligible if:

a) Any of the disqualification criteria set out in 3.2 apply.

3.13.3 This member will be appointed by the ICB Chief Executive subject to the approval of the Chair.

3.14 Board Members: Removal from Office

3.14.1 Arrangements for the removal from office of ~~b~~Board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

3.14.2 With the exception of the Chair, ~~B~~board members shall be removed from office if any of the following occurs:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance
b) If they fail to attend a minimum of 75% of the meetings to which they are invited unless agreed with the Chair in extenuating circumstances
c) If they are deemed to not meet the expected standards of performance at their annual appraisal

d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICS (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise
e) Are deemed to have failed to uphold the Nolan Principles of Public Life
f) Are subject to disciplinary proceedings by a regulator or professional body.

3.14.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.143.3 apply.

3.14.4 Executive Directors (including the Chief Executive) will cease to be Bboard members if their employment in their specified role ceases, regardless of the reason for termination of the employment.

3.14.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State for Health and Social Care.

3.14.6 If NHS England is satisfied that the ICB is failing or has failed to discharge any of its functions or that there is a significant risk that the ICB will fail to do so, it may:

a) terminate the appointment of the ICB's chief executive; and
b) direct the chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.15 Terms of Appointment of Board Members

3.15.1 With the exception of the Chair and Non-executive members, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published on the ICB website (www.nhssomerset.nhs.uk) and any guidance issued by NHS England or other relevant body. Remuneration for Chairs, will be set by NHS England. Remuneration for non-executive

members will be set in accordance agreed ICB nominations and appointments procedure for non-executive members as detailed in the Governance Handbook.

3.15.2 Other terms of appointment will be determined by the Remuneration Committee.

3.15.3 Terms of appointment of the Chair will be determined by NHS England.

~~**3.16 Specific arrangements for appointment of Ordinary Members made at establishment**~~

~~3.16.1 Individuals may be identified as "designate ordinary members" prior to the ICB being established.~~

~~3.16.2 Relevant nomination procedures for partner members in advance of establishment are deemed to be valid so long as they are undertaken in full and in accordance with the provisions of 3.5-3.7~~

~~3.16.3 Any appointment and assessment processes undertaken in advance of establishment to identify designate ordinary members should follow, as far as possible, the processes set out in section 3.5-3.12 of this Constitution. However, a modified process, agreed by the Chair, will be considered valid.~~

~~3.16.4 On the day of establishment, a committee consisting of the Chair, Chief Executive and one other senior executive officer will appoint the ordinary members who are expected to be all individuals who have been identified as designate appointees pre ICB establishment and the Chair will approve those appointments.~~

~~3.16.5 For the avoidance of doubt, this clause is valid only in relation to the appointments of the initial ordinary members and all appointments post establishment will be made in accordance with clauses 3.5 to 3.12~~

4 Arrangements for the Exercise of our Functions

4.1 Good Governance

4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Seven Principles of Public Life (the Nolan Principles) ~~of Public Life~~ and any governance guidance issued by NHS England.

4.1.2 The ICB has agreed a ~~c~~Code of C~~c~~onduct and ~~b~~Behaviours which sets out the expected behaviours that members of the B~~b~~oard and its committees will uphold whil~~est~~ undertaking ICB business. It also includes a set of principles

that will guide decision making in the ICB. The ICB ~~c~~Code of ~~c~~Conduct and ~~b~~Behaviours is published in the Governance Handbook.

4.2 General

4.2.1 The ICB will:

a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations;
b) comply with directions issued by the Secretary of State for Health and Social Care
c) comply with directions issued by NHS England;
d) have regard to statutory guidance including that issued by NHS England; and
e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England.
f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area.

4.2.2 The ICB will develop and implement the necessary systems and processes to comply with ~~(~~a) to ~~(~~f) above, documenting them as necessary in this Constitution, its Gg~~~~overnance ~~h~~Handbook and other relevant policies and procedures as appropriate.

4.3 Authority to Act

4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:

a) any of its members or employees
b) a committee or sub-committee of the ICB.

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions

of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

4.3.3 Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the Bboard must authorise the arrangement, which must be described as appropriate in the SoRD.

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a sScheme of rReservation and dDelegation (SoRD) which is published in full on the ICB website (www.nhssomerset.nhs.uk).

4.4.2 Only the Bboard may agree the SoRD and amendments to the SoRD may only be approved by the Bboard.

4.4.3 The SoRD sets out:

a) those functions that are reserved to the Bboard;
b) those functions that have been delegated to an individual or to committees and sub-committees;
c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act.

4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the Bboard for the exercise of their delegated functions.

4.5 Functions and Decision Map

4.5.1 The ICB has prepared a Functions and Decision Map which sets out at a high level its key functions and how it exercises them in accordance with the SoRD.

4.5.2 The Functions and Decision Map is published on the ICB website (www.nhssomerset.nhs.uk).

4.5.3 The map includes:

a) Key functions reserved to the Bboard of the ICB
b) Commissioning functions delegated to committees and individuals.
c) Commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body;
d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and Sub-Committees

4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.

4.6.2 All committees and sub-committees are listed in the SoRD.

4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference agreed by the Bboard. All terms of reference are published in the Governance Handbook.

4.6.4 The bBoard remains accountable for all functions, including those that it has delegated to committees and sub-committees and therefore, appropriate reporting and assurance arrangements are in place and documented in terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to:

a) Present reportminutes s of each meeting to the ICB Bboard
b) Provide an annual report to the ICB bBoard on the work of the committee and its sub committees.

4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of, or include, persons who are not ICB Members or employees.

4.6.6 All members of committee and sub-committees that exercise the ICB commissioning functions will be appointed by the Chair. The Chair will not appoint an individual to such a committee or sub-committee if they consider that the appointment 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.

4.6.7 All members of committees and sub-committees are required to act in accordance with this Constitution, including the standing orders as well as the SFIs and any other relevant ICB policy.

4.6.8 The following committees will be maintained:

a) **Audit Committee:** This committee is accountable to the Bboard and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The Audit Committee will be chaired by non-executive member (other than the Chair and Deputy Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration Committee:** This committee is accountable to the Bboard for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.
The Remuneration Committee will be chaired by non-executive member other than the Chair or the Chair of Audit Committee.

4.6.9 The terms of reference for each of the above committees are published in the governance handbook.

4.6.10 The Bboard has also established ~~a number of~~several other committees to assist it with the discharge of its functions. These committees are set out in the SoRD and further information about these committees, including terms of reference, are published in the Governance Handbook.

4.7 Delegations made under section 65Z5 of the 2006 Act

4.7.1 As per 4.3.2 t~~T~~he ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).

4.7.2 All delegations made under these arrangements are set out in the ICB Scheme of Reservation and Delegation and included in the Functions and Decision Map.

4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement ~~which~~ that sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the B~~b~~oard.

4.7.4 The B~~b~~oard remains accountable for all the ICB's functions, including those that it has delegated and, therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the Governance Handbook.

4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5 Procedures for Making Decisions

5.1 Standing Orders

5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:

- conducting the business of the ICB
- the procedures to be followed during meetings~~; and~~
- the process to delegate functions.

5.1.2 The Standing Orders apply to all committees and sub-committees of the ICB unless specified otherwise in the terms of reference ~~which~~ that have been agreed by the B~~b~~oard.

5.1.3 A full copy of the Standing Orders is included in Appendix 2 and form part of this Constitution.

5.2 Standing Financial Instructions (SFIs)

5.2.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.

5.2.2 A copy of the SFIs published on the ICB website (www.nhssomerset.nhs.uk).

6 Arrangements for Conflict of Interest Management and Standards of Business Conduct

6.1 Conflicts of Interest

6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website (www.nhssomerset.nhs.uk).

6.1.3 All Bboard, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.

6.1.4 All delegation arrangements made by the ICB under sSection 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest ~~which~~ that could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of Interest Policy and the Standards of Business Conduct Policy.

6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

a) Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
b) Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
c) Support the rigorous application of conflict of interest principles and policies;
d) Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
e) Provide advice on minimising the risks of conflicts of interest.

6.2 Principles

6.2.1 In discharging its functions the ICB will abide by the following principles:

a) Selflessness
b) Integrity
c) Objectivity
d) Accountability
e) Openness
f) Honesty
g) Leadership

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

a) Members of the ICB
b) Members of the Bboard's committees and sub-committees
c) Its employees.

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB website (www.nhssomerset.nhs.uk).

6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

6.3.5 All declarations will be entered in the registers as per 6.3.1.

6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.

6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will

retain a record of historic interests and offers/receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The ICB's published register of interests states that historic interests are retained by the ICB for the specified timeframe and details of whom to contact to submit a request for this information.

6.3.8 Activities funded in whole or in part by third parties who may have an interest in ICB business such as sponsored events, posts and research will be managed in accordance with the ICB policy to ensure transparency and that any potential for conflicts of interest are well-managed.

6.4 Standards of Business Conduct

6.4.1 Board members, employees, committee and sub-committee members of the ICB will at all times comply with this Constitution and be aware of their responsibilities as outlined in it. They should:

a) act in good faith and in the interests of the ICB;

b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles);

c) comply with the ICB's Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

6.4.2 Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interest. This requirement will be written into their contract for services and is also outlined in the ICB's Standards of Business Conduct Ppolicy.

7 Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in ~~a number of~~several ways, including by upholding the requirement for transparency in accordance with paragraph 12(2) of Schedule 1B to the 2006 Act.

7.2 Principles

7.2.1 The ICB's approach is to have transparent, accessible, decision-~~-~~making processes that are open to all, with the aim of ensuring that health services commissioning is informed by the needs and views of the people of Somerset.

7.2.2 In implementing its arrangements to secure public involvement the B~~b~~oard shall follow the principles set out in the ICB Engagement Strategy with careful regard to the aims and objectives set out in that Strategy.

7.2.3 The B~~b~~oard shall receive and publish an annual report on the delivery of these arrangements.

7.3 Meetings and publications

7.3.1 Board meetings and committees composed entirely of B~~b~~oard members or that include all Board members will be held in public except where a resolution is agreed to exclude the public on the grounds that it is believed not to be in the public interest.

7.3.2 Papers and minutes of all meetings held in public will be published.

7.3.3 Annual accounts will be externally audited and published.

7.3.4 A clear complaints process will be published.

7.3.5 The ICB will comply with the Freedom of Information Act 2000 and with the Information Commissioner Office requirements regarding the publication of information relating to the ICB.

7.3.6 information will be provided to NHS England as required.

7.3.7 The Constitution and Governance Handbook will be published as well as other key documents including but not limited to:

- Conflicts of Interest Policy and procedures
- Registers of interests
- All key policies will be published on the ICB website (www.nhssomerset.nhs.uk).

7.3.8 The ICB will publish, with its partner NHS trusts and NHS foundation trusts, 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 (the 'Joint Forward Plan'). The plan will:

a) describe the health services for which the ICB proposes to make arrangements in the exercise of its functions

~~b)~~ explain how the ICB proposes to discharge its duties under section 14Z34 to 14Z45 (general duties of integrated care boards) and

b) sections 223GB and 223N (financial duties)~~.~~

c) set out any steps that the ICB proposes to take to ~~to~~ implement the Somerset joint local health and wellbeing strategy

d) set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25

~~c)~~e) set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic abuse and sexual abuse, whether of children or adults).

7.4 Scrutiny and Decision Making

7.4.1 At least three non-executive members will be appointed to the B~~b~~oard including the Chair; and all ~~of~~ the ~~b~~Board and committee members will comply with the Seven Principles of Public Life (the Nolan Principles) ~~of Public Life~~ and meet the criteria described in the Fit and Proper Person Test.

7.4.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime.

7.4.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including: ~~complying with existing procurement rules until the provider selection regime comes into effect.~~

~~a)~~ Implementing the provider selection defined processes to award contracts

a)

b) Implementing governance arrangements in relation to decision-making, record keeping and transparency

c) Ensuring broader systems and processes are reflective of the new regime.

7.4.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.5 Annual Report

7.5.1 The ICB will publish an annual report in accordance with any guidance published by NHS England and that sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:

a) Explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z~~z~~49 (general duties of integrated care boards)

b) Review the ~~external~~ extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)

c) Review the ~~external~~ extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised) and

d) Review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007

8 Arrangements for Determining the Terms and Conditions of Employees~~.~~

8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines and appoint staff on such terms and conditions as it determines.

8.1.2 The B~~b~~oard has established a Remuneration Committee which is chaired by a Non-Executive M~~m~~ember other than the Chair or Audit Chair.

8.1.3 The membership of the Remuneration Committee is determined by the B~~b~~oard. No employees may be a member of the Remuneration Committee but the B~~b~~oard ensures that the Remuneration Committee has access to appropriate advice by:

a) Ensuring that a Human Resources professional will be in attendance (except when issues regarding his/her own remuneration are discussed) to provide guidance to the Committee and to draw the Committee's attention to best practice, national guidance and other relevant documents, as appropriate

b) Authorising the Committee to obtain legal, remuneration or other professional advice as and when required, at the ICB's expense, and to appoint and secure the attendance of external consultants and advisors if it considers this beneficial

8.1.4 The B~~b~~oard may appoint independent members or advisers to the Remuneration Committee who are not members of the B~~b~~oard.

8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the B~~b~~oard are published in the Governance Handbook and on the ICB website (www.nhssomerset.nhs.uk).

~~8.1.4~~8.1.6 The duties of the Remuneration Committee include:

a) Setting the ICB pay policy (or equivalent) and standard terms and conditions

b) Making arrangements to pay employees such remuneration and allowances as it may determine

c) Set remuneration and allowances for members of the B~~b~~oard

d) Set any allowances for members of committees or sub-committees of the ICB who are not members of the ~~b~~Board

e) Any other relevant duties as set out in the terms of reference

~~8.1.5~~8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9 Arrangements for Public Involvement

9.1.1 In line with section 14Z454(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services ~~which~~ that are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

~~a)~~ the planning of the commissioning arrangements by the ICB~~;~~

a)

~~b)~~ the development and consideration of proposals by the ICB ~~B~~

~~c)~~b) for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them~~, and~~

c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z54 of the 2006 Act the ICB has made the following arrangements to ~~involve~~ consult its population on its system plan as detailed in our ICB Engagement strategy.

9.1.3 The ICB ~~will~~ has adopted ~~with~~ the ten principles set out by NHS England for working with people and communities.

a) Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS~~.~~

b) Start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions~~.~~

c) Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect~~.~~

d) Build relationships with excluded groups – especially those affected by inequalities~~.~~

e) Work with Healthwatch and the voluntary, community, faith ~~and~~ social enterprise (VCFSE) sector as key partners~~.~~

f) Provide clear and accessible public information about vision, plans and progress to build understanding and trust.

g) Use community development approaches that empower people and communities, making connections to social action.

h) Use co-production, insight and engagement to achieve accountable health and care services.

i) Co-produce and redesign services and tackle system priorities in partnership with people and communities.

j) Learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

9.1.4 In addition, the ICB will also:

a) Demonstrate accountability through the publication of an Engagement strategy and an Engagement annual report

b) Monitor and review our public involvement through the Bboard of the ICB

9.1.5 These principles will be used when developing and maintaining arrangements for engaging with people and communities as set out in our Engagement Strategy.

Appendix 1: Definitions of Terms Used in This Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
ICB ~~b~~Board	Members of the ICB
Area	The geographical area that the ICB has responsibility for, as defined in clause 1.3 ~~part 2~~ of this Constitution
Committee	A committee created and appointed by the ICB ~~b~~Board.
Sub-Committee	A committee created and appointed by and reporting to a committee.
Forward Plan Condition	The 'Forward Plan Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Level of Services Provided Condition	The 'Level of Services Provided Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Integrated Care Partnership (ICP)	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.

Ordinary Member	The Board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the Board are referred to as Ordinary Members.
Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are and appointed in accordance with the procedures set out in Section 3 having been nominated by the following: • NHS trusts and foundation trusts ~~who~~ that provide services within the ICB's area and are of a prescribed description • The primary medical services (general practice) providers within the area of the ICB and are of a prescribed description • The local authorities ~~which~~ that are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
Health Care Professional	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

Appendix 2: Standing Orders

1. ~~-~~Introduction

1.1. These Standing Orders have been drawn up to regulate the proceedings of Somerset Integrated Care Board so that the ICB can fulfil its obligations as set out largely in the 2006 Act (as amended). They form part of the ICB's Constitution.

2. Amendment and review

2.1. The Standing Orders are effective from ~~1 July 2022~~TBC.

2.2. Standing Orders will be reviewed on an annual basis or sooner if required.

2.3. Amendments to these Standing Orders will be made as per Section 1.6.

2.4. All changes to these Standing Orders will require an application to NHS England for variation to the ICB C~~c~~onstitution and will not be implemented until the constitution has been approved.

3. Interpretation, application and compliance

3.1. Except as otherwise provided, words and expressions used in these Standing Orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.

3.2. These standing orders apply to all meetings of the B~~b~~oard, including its committees and sub-committees unless otherwise stated. All references to B~~b~~oard are inclusive of committees and sub-committees unless otherwise stated.

3.3. All members of the ~~b~~Board, members of committees and sub-committees and all employees, should be aware of the Standing Orders and comply with them. Failure to comply may be regarded as a disciplinary matter.

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the ICB Corporate Governance lead will provide a settled view which shall be final.

3.5. All members of the Bboard, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these Standing Orders to the Chief Executive as soon as possible.

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next formal meeting of the Bboard for action or ratification and the Audit Committee for review.

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings

4.1.1. Meetings of the Bboard of the ICB shall be held at regular intervals at such times and places as the ICB may determine.

4.1.2. In normal circumstances, each member of the Bboard will be given not less than one month's notice in writing of any meeting to be held. However:

a) The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.

b) One third of the members of the Bboard may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Bboard members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Bboard specifying the matters to be considered at the meeting.

c) In emergency situations the Chair may call a meeting with two~~100~~ days' notice by setting out the reason for the urgency and the decision to be taken.

4.1.3. A public notice of the time and place of the meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

4.1.4. The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

4.2. **Chair of a meeting**

4.2.1. The Chair of the ICB shall preside over meetings of the Bboard.

4.2.2. If the Chair is absent, or is disqualified from participating by a conflict of interest, then one of the non executive members will act as a deputy for the meeting or specific item as appropriate.

4.2.3. The Board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3. **Agenda, supporting papers and business to be transacted**

4.3.1. The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

4.3.2. Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the Bboard at least five calendar working days before the meeting.

4.3.3. Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website (www.nhssomerset.nhs.uk).

4.4. **Petitions**

4.4.1. Where a valid petition has been received by the ICB it shall be included as an item for the agenda of the next meeting of the Bboard in accordance with the ICB policy as published in the Governance Handbook.

4.5. **Nominated Deputies**

4.5.1. With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the Bboard may nominate a deputy to attend a meeting of the bBoard that they are unable to attend. The deputy may speak and vote on their behalf.

4.5.2. The decision of the person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6. **Virtual attendance at meetings**

4.6.1. The Bboard of the ICB and its committees and sub-committees may meet virtually using telephone, video and other electronic means when necessary, unless the terms of reference prohibit this.

4.7. **Quorum**

4.7.1. The quorum for meetings of the Bboard will be at least 75% of its members, including:

a) Either the Chief Executive or the Director of Finance
b) Either The Medical Director or the Director of Nursing
c) At least one independent member (i.e. the Chair or Non-Eexecutive mMember)
d) At least one Partner Member

4.7.2. For the sake of clarity:

~~a)~~ No person can act in more than one capacity when determining the quorum.

~~b)~~a)

b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

c) A nominated deputy permitted in accordance with Standing Order 4.5 will count towards quorum for meetings of the Board.

4.7.3. For all committees and sub-committees, the details of the quorum for these meetings and status of deputies are set out in the appropriate terms of reference.

4.8. **Vacancies and defects in appointments**

4.8.1. The validity of any act of the ICB is not affected by any vacancy among members or by any defect in the appointment of any member.

4.8.2. In the event of vacancy or defect in appointment the following temporary arrangement for quorum will apply:

- Ensure 75% of active members are in attendance

4.9. **Decision making**

4.9.1. The ICB has agreed to use a collective model of decision-making that seeks to find consensus between system partners and make decisions based on unanimity as the norm, including working though difficult issues where appropriate.

4.9.2. Generally it is expected that decisions of the ICB will be reached by consensus. Should this not be possible then a vote will be required. The process for voting, which should be considered a last resort, is set out below:

a) All members of the B~~b~~oard who are present at the meeting will be eligible to cast one vote each.

b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so. Any nominated Deputies are able to vote on behalf of the absent member.

c)b)

d)

e) For the sake of clarity, any additional Participants and Observers (as detailed within paragraph 5.6. of the Constitution) will not have voting rights.

c)

f)

g) A resolution will be passed if more votes are cast for the resolution than against it.

d)

h)

i) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.

e)

j)

f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

4.9.3. Where helpful, the Bboard may draw on third party support to assist them in resolving any disputes, such as peer review or support from NHS England.

Urgent decisions

4.9.4. In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Bboard to meet virtually. Where this is not possible the following will apply.

4.9.5. The powers which are reserved or delegated to the Bboard, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees) subject to every effort having made to consult with as many members as possible in the given circumstances.

4.9.6. The exercise of such powers shall be reported to the next formal meeting of the Bboard for formal ratification and the Audit Committee for oversight.

4.10. **Minutes**

4.10.1. The names and roles of all members present shall be recorded in the minutes of the meetings.

4.10.2. The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

4.10.3. No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.

4.10.4. Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11. **Admission of public and the press**

4.11.1. In accordance with Public Bodies (Admission to Meetings) Act 1960. All meetings of the bBoard and all meetings of committees which that are comprised of entirely Bboard members or all bBoard members, at which public functions are exercised will be open to the public.

4.11.2. The Bboard may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

4.11.3. The person presiding over the meeting shall give such directions as ~~he/she~~they think~~s~~ fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the ~~board's~~ governing body's business shall be conducted without interruption and disruption.

4.11.4. As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 (as amended from time to time)) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

4.11.5. Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the B~~b~~oard.

5. Suspension of Standing Orders

5.1. In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of these Standing Orders may be suspended by the Chair in discussion with at least 2 other members,

5.2. A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

5.3. A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the Audit Committee for review of the reasonableness of the decision to suspend Standing Orders.

6. Use of seal and authorisation of documents~~.~~

6.1. The ICB may have a seal for executing documents where necessary. The common seal of the ICB and the register of sealing shall be kept by the Chief Executive, or an officer nominated by him, in a secure place.

6.2. 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.

6.3. The Chief Executive shall keep a register in which he, or another senior manager of the ICB authorised by him, shall enter a record of the sealing of every document. A report of all sealings shall be made to the Bboard.

Execution of a Document by Signature

~~6.3.~~6.4. The following individuals are authorised to execute a document on behalf of the group by their signature:

a) the Chief Executive
b) the Chair of the ICB
c) any senior officer authorised by the Chief Executive

NHS Somerset Integrated Care Board

Audit Committee

Terms of Reference (ToR)

Constitution

The Audit Committee (the Committee) is established as a Non-Executive Committee of the Board in accordance with the Integrated Care Board (ICB) Constitution. The ToR must be published on the ICB website and can only be modified with ICB Board approval. This ensures transparency and alignment with the ICB's governing documents. Committee members are bound by the Standing Orders and other policies of the ICB.

Authority

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;
- 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, for which the membership and terms of reference of any such sub-groups shall be in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The Committee may not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference, other than for the following exceptions:

- any exceptions agreed by the Board.

Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the 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 organisation's objectives and the associated risks. An annual programme of business for internal audit and counter fraud will be agreed before the start of the financial year; however this will be flexible to new and emerging priorities and risks.

Provide assurance to the Board of ICB on the appropriateness and effectiveness of ICB's Risk Assurance Framework and of the processes for its implementation

Assure the Board on the appropriateness and effectiveness of the external audit, internal audit and counter fraud services its fees, findings and co-ordination with between audit providers. This will include overseeing the procurement for future external, internal and counter fraud service provision through an Audit Panel.

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

Membership and attendance

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

The Committee shall comprise of three Non-Executive Directors, of which one would be nominated as the Chair of the Audit Committee.

Neither the Chair of the Board, nor employees of the ICB will be members of the Committee but can attend as required.

Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, 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.

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.

Chair

In accordance with the constitution, the Committee will be chaired by an Independent Non-Executive Member of the Board appointed on account of their 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.

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 all meetings of the Committee will also be attended by the following individuals who are not members of the Committee:

- Chief Finance Officer and Director of Performance and Contracting
- Representatives of both internal and external audit and counter fraud
- Individuals who lead on risk management matters
- other relevant attendees as required

The Chief Executive should be invited to attend the meeting at least annually.

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.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda. 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.

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. If a member of the Committee is unable to attend, then a nominated deputy should be recommended and will assume the voting rights of that member. 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.

Members are expected to attend 75% of meetings held each year.

Frequency, quoracy and decisions

The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders.

At least once a year the committee should meet privately with the internal auditors, external auditors and LCFS either separately or together.

Additional meetings may take place as required.

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.

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.

The Committee will have an annual schedule of business to ensure that agenda are planned well in advance of meetings.

Dates and times of meetings will be planned at least 12 months in advance providing the Committee with notice of meetings.

Quorum

For a meeting to be quorate a minimum of two independent Non-Executive Members of the Board 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 and their decisions accepted as valid and binding.

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 the Department of Health and Social Care's (DHSC) Group Accounting Manual.

- To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, 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 consistency that the ICB acts consistently with the principles and guidance established in HM Treasury's Managing Public Money.

- To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated 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 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

- 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 external 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
- 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
- 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

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:
    - review the reports and any required actions for any providers supplying financial services to the ICB (including NHS Shared Business Service, NHS Business Services Authority, NHS South, Central and West Commissioning Support Unit, NHS Digital and Capital Primary Care Support England)

- reviews and reports issued by arm's length bodies or regulators and inspectors: eg. National Audit Office, Select Committees, NHS Resolution, Care Quality Commission

- reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (eg. 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 shall 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.

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

Information Governance (IG)

- To receive regular updates on IG compliance (including uptake and 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 and 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 and 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
    - responses to the external auditors from ICB officers responsible for governance
    - unadjusted mis-statements in the Financial Statements
    - significant judgements and estimates made in preparing of the Financial Statements
    - significant adjustments resulting from the audit
    - 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.

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 provide assurance in relation to the appropriateness of decisions and to derive future learning.

Communication

- To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

- To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

Behaviours and conduct

Committee members must adhere to ICB values, conduct, and policies, with a specific emphasis on equality and diversity in decision-making.

Accountability and reporting

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

Matters of material of significance in respect of audit issues will be escalated to the following meeting of the Board of ICB. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Committee minutes.

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, the Governance Statement and assure the Board on compliance. 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

Secretariat and administration

The Committee shall be supported with a secretariat function, whose duties in this respect will include:

- preparation and distribution of the agenda and papers in no less than five working days prior to a meeting, wherever possible
- monitoring attendance of the Committee and highlighting to the Chair those that do not meet the minimum requirements
- formally recording minutes of each meeting of the Committee
- supporting the Committee Chair to provide a written report to the Board after each meeting which will draw attention to any issues that require disclosure to the Board, or that require executive action
- keeping a record of matters arising and issues to be carried forward within an action log

Openness

The agenda, papers and minutes of the Audit Committee are considered to be confidential.

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, to reflect evolving healthcare needs, regulatory changes and organisational priorities. The Committee will solicit input from stakeholders and experts to ensure

relevance and alignment with current healthcare commissioning practices and strategic objectives.

Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:	
Date of next review:	

NHS Somerset Integrated Care Board

Management Board

Terms of Reference (ToR)

Constitution

The Management Board (the Committee) is established as an executive Committee of the Board in accordance with the Integrated Care Board (ICB) Constitution. The ToR must be published on the ICB website and can only be modified with ICB Board approval. This ensures transparency and alignment with the ICB's governing documents. Committee members are bound by the Standing Orders and other policies of the ICB.

Authority

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;
- 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, for which the membership and terms of reference of any such sub-groups shall be in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The Committee may not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference, other than the Committee being permitted to meet in private.

Purpose

The Committee is responsible for the management of the organisation and the overall delivery of the ICB objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities. Its purpose is (but not limited to):

- be responsible for operational delivery of the organisation
- support the Chief Executive and Executive Team in delivering the organisation's objectives
- provide a forum to discuss, understand and agree approaches to key issues impacting the delivery of the organisation's objectives
- be the key decision-making forum in respect of operational delivery that impacts across the organisation and cannot be managed within individual services

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

Membership and attendance

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

The Committee shall comprise:

- Committee Chair: Chief Executive
- Committee Vice-Chair: Chief Medical Officer
- Chief Finance Officer and Director of Performance and Contracting
- Chief Nursing Officer/Chief Operating Officer
- Chief Officer for Strategy, Digital and Integration
- Chief People Officer
- Chief Pharmacist
- Deputy Chief Finance Officer and Deputy Director of Performance and Contracting

- Deputy Chief Medical Officer(s)
- Deputy Chief Nursing Officer
- Deputy Director of Corporate Services (working across Somerset NHS Foundation Trust and NHS Somerset)
- Deputy Medical Director
- Chief Data Officer
- Director of Localities and Strategic Commissioning
- Director of Primary Care
- Executive Director of Communications, Engagement and Marketing
- Executive Director of Corporate Affairs
- Executive Director of Public and Population Health

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

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda. 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.

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. 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.

Members are expected to attend 75% of meetings held each year.

Frequency, quoracy and decisions

The Committee will meet on a monthly basis. Additional meetings may take place as required.

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.

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.

The Committee will have an annual schedule of business to ensure that agenda are planned well in advance of meetings.

Dates and times of meetings will be planned at least 12 months in advance providing the Committee with notice of meetings.

Quorum

A quorum will be at least 60% of deputies and include at least two of the following executives: The Chief Executive, the Chief Nursing Officer/Chief Operating Officer, the Chief Medical Officer or the Chief Finance Officer and Director of Performance and Contracting.

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 and their decisions accepted as valid and binding.

Responsibilities of the Committee

The Committee's scope includes but is not limited to:

- risk and forward planning
- service development, change and consultation
- Joint Forward Plan – update on ICB priority work programmes
- business cases/contracts/digital projects
- corporate policy approval
- reports/updates from sub-groups (IGRMCC, People and Culture Committee, Clinical Commissioning Policy Forum and Health and Safety Committee)

Behaviours and conduct

Committee members must adhere to ICB values, conduct, and policies, with a specific emphasis on equality and diversity in decision-making.

Accountability and reporting

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

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.

Secretariat and administration

The Committee shall be supported with a secretariat function, whose duties in this respect will include:

- preparation and distribution of the agenda and papers in no less than five working days prior to a meeting, wherever possible
- monitoring attendance of the Committee and highlighting to the Chair those that do not meet the minimum requirements
- formally recording minutes of each meeting of the Committee
- supporting the Committee Chair to provide a written report to the Board after each meeting which will draw attention to any issues that require disclosure to the Board, or that require executive action

- keeping a record of matters arising and issues to be carried forward within an action log

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, to reflect evolving healthcare needs, regulatory changes and organisational priorities. The Committee will solicit input from stakeholders and experts to ensure relevance and alignment with current healthcare commissioning practices and strategic objectives.

Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:	
Date of next review:	

NHS Somerset Integrated Care Board

Finance Committee

Terms of Reference (ToR)

Constitution

The Finance Committee (the Committee) is established as a Committee of the Board in accordance with the Integrated Care Board (ICB) Constitution. The ToR must be published on the ICB website and can only be modified with ICB Board approval. This ensures transparency and alignment with the ICB's governing documents. Committee members are bound by the Standing Orders and other policies of the ICB.

Authority

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;
- 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, for which the membership and terms of reference of any such sub-groups shall be in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The Committee may not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference, other than the Committee being permitted to meet in private.

Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities.

To provide assurance on the ICS financial position, as well as the ICB financial position. The Committee will look at the overall position of Somerset system financial performance, linking with the Finance Committee for SFT where necessary. As an assurance Committee of the Board, it will hold to account the ICB Executive team for delivery of the ICB's financial plan and recommend further areas for financial scrutiny. This will be done through:

- reviewing the financial performance of the ICB against statutory financial targets, financial control targets and the annual commissioning plan

- reviewing the ICB's financial position and improving value schemes (QIPP) agenda and provide assurance to the Board in the delivery against annual plans

- reviewing financial performance improvement plans, identifying areas for further improvement or commissioner actions and monitors trajectories towards improvement

- supporting the development and onward monitoring of the overall process of financial planning across the system and reviewing through the 5-year financial plan

- where finance issues are raised then these will be highlighted to the ICB Management Board and relevant delivery boards to agree actions and mitigations (via the ICB's Chief Executive) to rectify the issue

- ensure that the Committee agenda and papers take into account the risks on the Board Assurance Framework (BAF) and risk registers. The Committee will wish to be assured that matters of risk, with a financial impact, are being effectively managed

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

Membership and attendance

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

The Committee shall comprise:

- Committee Chair: Non-Executive Member (must not be the Chair of the Audit Committee)
- Non-Executive Member (who will act as Committee Vice-Chair and whom also cannot not be Chair of the Audit Committee)
- Chief Executive
- Chief Finance Officer and Director of Performance and Contracting

In attendance:

- Chief Medical Officer
- Chief Nursing Officer/Chief Operating Officer
- Chief Officer for Strategy, Digital and Integration
- Chief Finance Officer, Somerset NHS Foundation Trust
- Chair of Finance Committee and Non-Executive Director, Somerset NHS Foundation Trust
- Chief Finance Officer of Somerset Council (or representative)
- Deputy Chief Finance Officer and Deputy Director of Performance and Contracting

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

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda. 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. This will include other executive members for

Somerset NHS Foundation Trust when discussing specific cross cutting agenda items, to ensure a truly joined up approach.

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. If a member of the Committee is unable to attend, then a nominated deputy should be recommended and will assume the voting rights of that member. 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.

Members are expected to attend 75% of meetings held each year.

Frequency, quoracy and decisions

The Committee will meet on a monthly basis. Additional meetings may take place as required.

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.

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.

The Committee will have an annual schedule of business to ensure that agenda are planned well in advance of meetings.

Dates and times of meetings will be planned at least 12 months in advance providing the Committee with notice of meetings.

Quorum

A quorum will be at least two voting members who will include:

- Non-Executive Director, acting as Chair
- Chief Finance Officer and Director of Performance and Contracting or Deputy Chief Finance Officer and Deputy Director of Performance and Contracting

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 and their decisions accepted as valid and binding.

Responsibilities of the Committee

The Committee's scope includes but is not limited to:

- overseeing and recommending to the Board the medium term (5-year) financial recovery plan and annual financial plan that reflects the prioritised commissioning plan for the ICB.

- receiving reports that provide assurance on the ICS's financial performance in relation to the following areas:

    - activity against agreed contract levels

    - 'in year' financial position by receiving a detailed report of the financial position, variances and progress towards meeting the targets within the ICB's financial plan, statutory financial targets and financial control targets

- detailed reports on each saving programme, to monitor in year delivery against programme initiation document (PID)

- receiving reports on the overall ICS financial performance in relation to the following areas:
  - performance delivery against operational plan objectives
  - emerging and crystalised cost pressures and risks across partner organisations
  - workforce and productivity indices
- challenging the delivery plans to achieve financial targets and/or improve performance and understand and proactively identify and support remedial actions
- reviewing the financial implications of opportunities to improve performance delivery during the financial year, taking into account the impact on the financial framework
- reviewing opportunities to improve performance of identified schemes or ad-hoc finance and performance related issues that may arise
- having oversight of the development of the annual finance plan, including:
  - annual system delivery intentions and national operating guidance
  - system financial framework and prioritisation process for both investment and savings that supports the ICS in formulating the annual financial plans for the next year
  - overview of any business cases approved, taking into account expected delivery of impact and/or benefits
- obtaining assurance of the development of savings schemes and services, approving the business cases and mobilisation plans

- receiving and considering evaluation reports for commissioned services in order to inform commissioning and decommissioning decisions, including:

    - delivery against expected benefits set out in any business cases approved through the annual planning cycle, to understand future intentions

    - consider the financial assessment for all new or proposed contractual arrangements, to ensure Value for Money is delivered in all cases (taking into account benchmarking where appropriate)

- ensuring that the financial risks and risks with a financial impact on the Board Assurance Framework are being managed and are mitigated against in accordance with the ICB's agreed risk appetite, taking into account any in-year usage of the system contingency

- identifying any new financial risks not recorded and ensure these are entered onto the risk register(s) as appropriate

- reviewing work plans for the Committee to ensure preparatory work to meet national budgetary planning timelines are appropriately scheduled

- overseeing strategic financial planning for newly commissioned services

- **Procurement:**

    The Committee will provide general oversight (with the delegated sub-group reviewing procurements and bringing these to Finance Committee for approval) of all procurements taking place on behalf of the Board, to include:

    - support of the ICS Procurement Policy in line with all legislative requirements and guidance

    - oversight of all procurement and contract award processes, including contract extensions, invitation to tender, evaluation and preferred bidder and contract award recommendations for new contracts (where material or where there is a significant reputational risk)

    - approval of ICB's contract for commissioning and corporate support

- **Policies and Procedures:**
    - approval of procedures, policies and strategies relevant to the Committee's Terms of Reference
    - agreeing the operational Scheme of Reservation and Delegation (SoRD) setting out key operational decisions of Chief Executive, Chief Finance Officer and other executive directors
    - approving/ratifying detailed financial policies
- **Risk Management**:
    - receiving assurance from officers of the ICB (and partner organisations where appropriate) and provide assurance to the Board that the risks to the finances ICB and ICS are appropriately managed
    - acting as an assurance committee of the ICB and highlighting to Board any high risks and issues for review, escalation and inclusion on Corporate Risk Register and Board Assurance Framework
    - reviewing, updating and seeking assurance that finance risks escalated to the Board are being managed effectively by the ICB

Behaviours and conduct

Committee members must adhere to ICB values, conduct, and policies, with a specific emphasis on equality and diversity in decision-making.

Accountability and reporting

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

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.

Secretariat and administration

The Committee shall be supported with a secretariat function, provided by the Executive and Business Support Assistant for the Finance, Performance and Contracting Directorate, whose duties in this respect will include:

- preparation and distribution of the agenda and papers in no less than five working days prior to a meeting, wherever possible
- monitoring attendance of the Committee and highlighting to the Chair those that do not meet the minimum requirements
- formally recording minutes of each meeting of the Committee
- supporting the Committee Chair to provide a written report to the Board after each meeting which will draw attention to any issues that require disclosure to the Board, or that require executive action
- keeping a record of matters arising and issues to be carried forward within an action log

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, to reflect evolving healthcare needs, regulatory changes and organisational priorities. The Committee will solicit input from stakeholders and experts to ensure relevance and alignment with current healthcare commissioning practices and strategic objectives.

Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:	
Date of next review:	

NHS Somerset Integrated Care Board

Quality Committee

Terms of Reference (ToR)

Constitution

The Quality Committee (the Committee) is established as a non-executive Committee of the Board in accordance with the Integrated Care Board (ICB) Constitution. The ToR must be published on the ICB website and can only be modified with ICB Board approval. This ensures transparency and alignment with the ICB's governing documents. Committee members are bound by the Standing Orders and other policies of the ICB.

Authority

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;
- 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, for which the membership and terms of reference of any such sub-groups shall be in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The Committee may not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities.

The ICB Quality Committee has been established to provide 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 NHSE (2021) Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the outcomes of care and improving access to health care in an inclusive way.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, effective, safe high-quality care.

With regards to safety and quality improvement, the Committee will:

- Promote a culture within Somerset Integrated Care System that focuses on Safety, Experience, Safeguarding and Quality Improvement and clinical effectiveness and outcomes.

- Provide assurance on all NHS Provider services governance arrangements, patient safety and performance, through the receipt of timely insight and intelligence reports.

- Report areas of risk, concerns, mitigations and opportunities for improvement to the NHS Somerset Integrated Care Board.

- Have strong links with the Somerset System Quality Group and onwards to the Regional System Quality Group.

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

Membership and attendance

The Committee members shall be appointed by the Board in accordance with the ICB Constitution. The Board will appoint no fewer than four members of the Committee including two of whom are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board and would be appropriate representations from the areas reporting into the Committee.

The Committee shall comprise:

- Committee Chair: Non-Executive Director
- Committee Vice-Chair: Non-Executive Director
- ICB Chief Nursing Officer and Director of Operations (CNO)
- ICB Chief Medical Officer (CMO)
- 1 x lay members with lived experience (e.g. Healthwatch, Patient Safety Partners)

In attendance:

- Deputy Chief Nursing Officer
- One Deputy Chief Medical Officer
- Associate Directors – Directorate of Quality, Safety & Improvement

The following officers will attend the Committee routinely to present their reports:

- Chief Pharmacist
- Associate Director of Safeguarding, Mental Health, Learning Disability and Autism
- Associate Director of Continuing Healthcare Services
- Associate Director for Health Inclusion
- Head of Infection Prevention and Control
- LeDeR Local Area Contact
- Quality Leads – Directorate of Quality, Safety & Improvement

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

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda. 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.

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. If a member of the Committee is unable to attend, then a nominated deputy should be recommended and will assume the voting rights of that member. 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.

Members are expected to attend 75% of meetings held each year.

Frequency, quoracy and decisions

The Committee will meet on a bi-monthly basis. Additional meetings may take place as required. Additional meetings will be held each year to undertake reviews and sign of annual reports as designated by the NHS Somerset Board and the invitation list will be extended to all members of the NHS Somerset Integrated Care Board.

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.

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.

The Committee will have an annual schedule of business to ensure that agenda are planned well in advance of meetings.

Dates and times of meetings will be planned at least 12 months in advance providing the Committee with notice of meetings.

Quorum

A quorum will be at least 3 members to include:

- Two Non-Executive Directors

- Chief Nursing Officer and Director of Operations, Chief Medical Officer or Deputy Chief Nursing Officer/Deputy CMO

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 and their decisions accepted as valid and binding.

Responsibilities of the Committee

Strategically, the responsibilities of the Quality Committee will be authorised by the ICB Board. It is expected that the Quality Committee will:

- Be assured there are robust processes in place for the effective surveillance and management of the quality of services, planned, commissioned and delivered by NHS Somerset.

- Scrutinise structures in place to support all aspects of quality, including assurance, oversight, planning, insight, impact and improvement.

- Ensure structures operate effectively, where openness and transparency inform the culture and evidence of timely action is taken to identify learning opportunities and improvement, addressing areas of concern and risk as required.

- Agree and put forward the key quality priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care.

- Oversee and monitor delivery of the ICB key statutory quality requirements.

- Review and monitor risks on the Board Assurance Framework (BAF) and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner. This will require triangulation with other ICB formal committees.

- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standards, policies, reports, reviews and best practice as issued by the Department of Health and Social Care (DHSC), NHS England (NHSE) and other regulatory bodies/external agencies (e.g. Care Quality Commission, National Institute of Clinical Excellence) and gain assurance 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 relevant stakeholder sites.

- Oversee and seek assurance on the effective and sustained delivery of the ICB's quality improvement programmes, triangulating where necessary with the national, regional and local transformation programmes.

- Ensure mechanisms are in place to review and monitor the effectiveness of the quality of care planned and delivered by providers, localities, and neighbourhoods.

- Receive assurance that the ICB identifies lessons learned from all relevant sources and insight, including but not limited to; patient safety incidents, never events, statutory safeguarding adults and child reviews, complaints, compliments, learning from deaths and claims and ensures that learning is effective, disseminated and embedded.

- Develops a culture which helps to surface and supports effective use of insight to inform implementation, improvement, and impact.'

- 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 Regulation 28 Preventing Future Death reports).

- To be assured that people accessing services are systematically and effectively involved as equal partners in the design and review of quality aspects of services.

- 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 robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for equality, diversity and inclusion as it applies to people accessing services.

- Scrutinise the robustness of 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 and onward escalation relating to the Quality Committee (e.g. Infection Prevention and Control, Safeguarding Boards and Parternships, Review Learn and Improve Group, Medicines Programme Board Provider Quality Committees and Patient Safety Boards and the Local Maternity and Neonatal System, etc)

- Provide insight and engagement with relevant System Quality Groups and forums, such as Somerset System Quality Group and Somerset System Mortality Group.

Operationally the Quality Committee will undertake the following actions:

- Monitor the work programmes and effectiveness of the Quality, Safety and Improvement directorate work plan. This will include the receipt and review of

relevant annual reports prepared by Senior Leads in the directorate and Quality Leads.

- Oversee patient safety incidents, risks and action plans linked to key areas of responsibility where Somerset ICB:
    - are Lead Commissioners
    - are Host Commissioners
    - have statutory responsibility
    - or where responsibility falls directly to Somerset ICB for improving the quality of services.

- Ensure that key themes and lessons learned from patient safety incidents, statutory safeguarding reviews, domestic homicide reviews, mental health homicide reviews, primary care significant event audits and all other relevant reviews are identified and shared across all NHS and care providers for continuous quality improvement of service planning, delivery and commissioning to prevent re-occurrence and inform change as required.

- Monitor mortality data and review findings, including Learning Disability Mortality Reviews (LeDeR) and the implementation of improvement actions.

- Monitor progress and performance across a range of quality metrics, promoting harm free care across all health and care providers to include a focus on organisational actions to reduce risk of harm such as provider performance dashboards, maternity dashboards, the integrated board assurance report and others as required.

- Receive assurance from the Leadership Committee and Clinical, Care and support Professionals Cabinet, and Clinical Reference Group that service strategy and redesign have prioritised quality and safety alongside service delivery efficiency.

- Review service and pathway redesign proposals and make recommendations about patient safety concerns and outcome of quality impact assessments to the ICB Leadership Committee.

- Receive focussed subject matter reports from the ICB Management Committee as required, with evidence that quality and patient safety issues and safeguarding

alerts in respect of health services are fully considered, risks identified and reduced or mitigated.

- Have oversight of the ICBs providers integrated quality dashboard and request attendance of providers, as required.

- Provide a forum for representatives from the Finance and Performance, Strategic Clinical Services Transformation, Commissioning and Governance, and Quality, Safety and Improvement directorates to work collaboratively with members of the Committee to provide assurance around patient safety/quality improvement aspects of the Health and Care Strategy.

- Receive reports on the ICBs duty to monitor and promote quality standards and opportunities for improvement in primary care.

- Receive reports on patient experience of NHS and care services from patient surveys, real time feedback, Friends and Family test, complaints, compliments, PALS and Member of Parliament enquiries and Healthwatch to identify lessons learned and inform commissioning, planning and delivery decisions.

- Ensure engagement with Primary Care Networks and practices and establish feedback mechanisms so that lessons learnt from complaints, compliments and incidents are shared to improve and inform services.

- Ensure engagement with Somerset Council care sector services and providers, establishing a mechanism to share insight and intelligence so that the quality of jointly commissioned services are reviewed and all opportunities for learning and improvement are recognised.

- Receive reports on the quality and safety of services jointly commissioned with Somerset Council.

The Quality Committee is concerned with all services:

- Commissioned by the NHS (either the ICB or NHS England)
- Jointly commissioned by the NHS and local authorities
- Commissioned by local authorities from NHS and non-NHS providers.

It includes services within its population boundary regardless of whether the ICB commissions services from that provider, consideration of out of area placements and providers that cross ICS and regional boundaries. Independent providers are also included.

The focus will be on population health and ICS quality priorities, e.g. across pathways/settings with particular emphasis on reducing inequities in access, experience and outcomes.

Behaviours and conduct

Committee members must adhere to ICB values, conduct, and policies, with a specific emphasis on equality and diversity in decision-making.

Accountability and reporting

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

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 Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The Committee will receive scheduled assurance reports from its delegated groups. Any delegated groups would need to be agreed by the NHS Somerset Integrated Care Board.

More specifically:

- The Committee is authorised by the ICB to undertake activity within its terms of reference.
- Members of the Committee are responsible for communicating decisions (where applicable) made through their service/management lines.
- The Committee will provide a report to the ICB Board when required.

- Updates will be presented in a composite format to include areas of learning and areas of success, concern and risk.

Secretariat and administration

The Committee shall be supported with a secretariat function, whose duties in this respect will include:

- preparation and distribution of the agenda and papers, having been agreed by the Chair with the support of the relevant executive lead, in no less than five working days prior to a meeting, wherever possible.
- monitoring attendance of the Committee and highlighting to the Chair those that do not meet the minimum requirements.
- formally recording minutes of each meeting of the Committee.
- supporting the Committee Chair to provide a written report to the Board after each meeting which will draw attention to any issues that require disclosure to the Board, or that require executive action.
- keeping a record of matters arising and issues to be carried forward within an action log.
- Updating the Committee on pertinent issues/areas of interest/policy developments.

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, to reflect evolving healthcare needs, regulatory changes and organisational priorities. The Committee will solicit input from stakeholders and experts to ensure relevance and alignment with current healthcare commissioning practices and strategic objectives.

Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:	
Date of next review:	

NHS Somerset Integrated Care Board

Remuneration Committee

Terms of Reference (ToR)

Constitution

The Remuneration Committee (the Committee) is established as a non-executive Committee of the Board in accordance with the Integrated Care Board (ICB) Constitution. The ToR must be published on the ICB website and can only be modified with ICB Board approval. This ensures transparency and alignment with the ICB's governing documents. Committee members are bound by the Standing Orders and other policies of the ICB.

Authority

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;
- 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, for which the membership and terms of reference of any such sub-groups shall be in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD). The Committee may not delegate any decisions to such groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference, other than the Committee being permitted to meet in private.

Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board that the ICB is discharging its statutory responsibilities in relation to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) but excluding Non-Executive Directors[1] and the Chair.

The Board has also delegated the following functions to the Committee:

- oversight of the nominations and appointments process for Board members
- oversight of executive board member performance

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

Membership and attendance

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

The Board will appoint no fewer than four members of the Committee including two Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be. The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.

In accordance with the constitution, the Committee will be chaired by an independent Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

[1] Non-executive Board member remuneration will be determined by the national framework with the Chair exercising limited discretion for any additional allowances.

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.

When determining the membership of the Committee, active consideration will be made to diversity and equality.

Other individuals may be invited to become members of the Committee as and when appropriate to meet the needs of the agenda. 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. Such attendees will not be eligible to vote:

- The ICB's most senior HR Advisor or their nominated deputy
- Any member of the Executive Team
- Chief Executive or their nominated deputy
- External consultants or partners to provide advice and guidance

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. 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.

No 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

Members are expected to attend 75% of meetings held each year.

Frequency, quoracy and decisions

The Committee will meet at least twice a year. Additional meetings may take place as required.

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.

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

A quorum will be at least two Non-Executive Members who will include:

- The Chair or Vice-Chair

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 and their decisions accepted as valid and binding.

Responsibilities of the Committee

The Committee's scope includes but is not limited to:

For the Chief Executive, Executive Directors and Very Senior Managers:

- determine all aspects of remuneration including but not limited to salary (including

any performance-related elements) bonuses, pensions and cars
- determine arrangements for termination of employment and other contractual terms and non-contractual terms

For all staff:

- determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change)
- oversee any exceptional contractual arrangements
- 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

The Committee will also consider any other employment issues as the Board may delegate from time to time.

Benchmarking and guidance

The Committee will take proper account of National Agreements and appropriate benchmarking, for example Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

Behaviours and conduct

Committee members must adhere to ICB values, conduct, and policies, with a specific emphasis on equality and diversity in decision-making.

Accountability and reporting

The Committee is accountable to the Board.

The Chair will draw to the attention of the Board any issues that require disclosure to the Board.

The Committee will provide the Board with appropriate information for inclusion within its Annual Report. This will summarise its conclusions from the work it has done during the year.

Secretariat and administration

The Committee shall be supported with a secretariat function, whose duties in this respect will include:

- preparation and distribution of the agenda and papers in no less than five working days prior to a meeting, wherever possible
- monitoring attendance of the Committee and highlighting to the Chair those that do not meet the minimum requirements
- formally recording minutes of each meeting of the Committee
- supporting the Committee Chair to provide a written report to the Board after each meeting which will draw attention to any issues that require disclosure to the Board, or that require executive action
- keeping a record of matters arising and issues to be carried forward within an action log

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, to reflect evolving healthcare needs, regulatory changes and organisational priorities. The Committee will solicit input from stakeholders and experts to ensure relevance and alignment with current healthcare commissioning practices and strategic objectives.

Any proposed amendments to the terms of reference will be submitted to the Board for approval.

Date of approval:	
Date of next review:	

NHS Somerset ICB Scheme of Reservation and Delegation

Version 1 – 1 July 2022

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1. Introduction

1.1 Background

NHS England has set out the following as the four core purposes of Integrated Care Systems:

a) improve outcomes in population health and healthcare
b) tackle inequalities in outcomes, experience and access
c) enhance productivity and value for money
d) help the NHS support broader social and economic development.

The Integrated Care Board will use its resources and powers to achieve demonstrable progress on these aims, collaborating to 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.

ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation. Additional responsibilities for other functions may be conferred through delegation to the ICB from other bodies (such as NHS England and NHS Improvement).

ICBs are able to delegate to a committee or sub-committee of the board, or to an individual member of the board or an employee. The legislation gives the ICB board flexibility to appoint to ICB committees and sub-committees members who are neither ICB employees nor board members. In addition, ICBS' have the power to agree with specified other statutory organisations (NHS trusts/foundation trusts, local authorities) that they will exercise their functions on behalf of the ICB or jointly with the ICB.

This Scheme of Reservation and Delegation (SoRD) sets out those decisions that are reserved to the ICB Board and those decisions that have been delegated to ICB Committees, individuals, joint committees and other statutory organisations.

1.2 Decision Making and Delegation

1. General enabling Provisions and Corporate Governance	reference
The ICB Board may determine in full session any matter for which it has statutory or delegated authority.	Constitution
All ICB Board members must subscribe to Code of Conduct.	Codes of Conduct
The ICB Board must ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation.	Codes of Conduct
ICB Board members share corporate responsibility for all decisions of the ICB Board.	Constitution
The ICB Board must act within statutory, financial and other constraints.	Codes of Conduct
The ICB Board must comply with legislation and guidance issued by the NHS England on behalf of the Secretary of State, respect agreements entered into by themselves or on their behalf, and establish terms and conditions of service that are fair to the staff and represent good value for taxpayers' money.	Codes of Conduct

2. **Decisions and functions reserved to the ICB Board**	**reference**
Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's constitution, including the Standing Orders	s14Z25 (5) and s1B NHS Act (2006)
The ICB Board is collectively accountable for the performance of the ICB's functions	constitution 2.1.4 / 4.4.4 / 4.6.4
Determine any matter within the ICB Boards statutory powers at a meeting of the Board convened and held in accordance with the Standing Orders for the Board. The Board has the right to determine that it is appropriate to resume the powers it has delegated	constitution 1.7.3a / 1.7.3c / 4.3.1 / 4.6 SO s4.11 Decision making
Receive reports from committees that the ICB is required by statute or other regulation to establish and take action upon those reports as necessary	Constitution 4.6.4
Approve any urgent decisions taken by the chair of the ICB Board for ratification in public session	SO s4.11.4 – 4.11.6
Approve the ICBs overarching scheme of reservation and delegation, which sets out those decisions of the ICB reserved to the IBC Board and those delegated to the • committees and any joint committees of the ICB, or • its employees	constitution 1.7.3a / 4.3.1 / 4.4 / 4.6
Approve Standing Financial Instructions (SFIs)	constitution 1.7.3c / 4.3.1
Approve Functions and Decisions Map	constitution 1.7.3b / 4.5
Suspend Standing Orders.	constitution SO 5.3
Authorise use of the common seal of the ICB and receive reports on sealings.	constitution SO 6

2. **Decisions and functions reserved to the ICB Board**	**reference**
Require and receive the declaration of interests from members of the ICB Board	s14Z30 NHS Act (2006) constitution s6.3
Discipline members of the Board or employees who are in breach of statutory requirements, SOs or the Codes of Conduct.	Constitution 4.1/4.2
Approve a procedure for declaration of gifts, hospitality and sponsorship.	Constitution 6.3
Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct, and other ethical concerns.	Constitution 7.3
Delegate executive powers to be exercised by committees, or joint committees of the Board, and the approval of the terms of reference and specific executive powers of such committees	constitution 4.3.1 / 4.4.4 / 4.6
Appoint a Deputy-Chair.	Constitution SO 4.2
Appoint and dismiss committees of the ICB that are directly responsible to the Board	constitution 4.6
Establish Terms of Reference and reporting arrangements for all of the committees of the Board	constitution 4.6.3
receive reports from committees of the ICB including those which the ICB is required by its Constitution, or by NHS England, or the Secretary of State or by any other legislation, regulations, directions or guidance to establish and to take appropriate action	constitution 4.6
confirm or reject the recommendations of committees where committees do not have executive powers	constitution 4.6
Delegate executive powers to be exercised by any of its members or employees	constitution 4.3.1

2. **Decisions and functions reserved to the ICB Board**	**reference**
Authorise arrangements made under s65Z5 or Section 75 of the 2006 Act as appropriate	constitution 4.3.2 / 4.3.3 / 4.7
Approval of the plan to meet the health and healthcare needs of the Somerset footprint, having regard to the Improving Lives health and wellbeing strategy	Constitution 7.3.8
Approval of the allocation of resources to deliver the plan across the system, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)	Constitution 7.3.8
Approval of the ICB's Annual Report and Accounts	constitution 7.5
Approval of the arrangements for discharging the ICB's statutory financial duties.	Constitution 7.3.8 / 7.5.2
Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	s14Z34 NHS Act (2006) Constitution 1.4.7 a / 7.3.8
Approve arrangements, including supporting policies, to discharge its duties to reducing inequalities.	s14Z35 NHS Act (2006) Constitution 1.4.7 b / 7.3.8
Approve arrangements, including supporting policies, to discharge its duties in relation to patient and public involvement	s14Z44 NHS Act (2006) Constitution 1.4.7 g / 7.3.8
Approve arrangements for supporting NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.	Constitution 1.4.7

2. **Decisions and functions reserved to the ICB Board**	**reference**
Approval of the ICB's risk management arrangements.	SFI 21
Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds or pooled budget arrangements under section 75 of the 2006 Act).	constitution 4.3.2 / 4.3.3 / 4.7 SFI 21
Decide whether the ICB will use the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.	SFI 16
Approve proposals for action on litigation against or on behalf of the ICB.	SFI 16
Approve individual compensation payments.	SFI 11
Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB.	SFI 10
Approval of the ICB's Procurement Policy in line with the NHS Provider Selection Regime	Constitution 7.4.3
Approve proposals on individual contracts (other than NHS contracts) of a capital or revenue nature amounting to, or likely to amount to over £1,000,000 over a 3 year period or the period of the contract if longer.	SFI 7
Ensure effective financial stewardship through value for money, financial control and financial planning and strategy.	SFI 6
Establish performance and quality measures that maintain the effective use of resources and provide value for money.	SFI 6
Specify requirements in organising and presenting financial and other information succinctly and efficiently to ensure the board can fully undertake its responsibilities.	SFI 10

2. **Decisions and functions reserved to the ICB Board**	**reference**
Confirm the appointment (and where necessary dismissal) of external auditors and action.	SFI 10
Receive the annual management letter received from the External Auditor, taking account of the advice, where appropriate, of the Audit Committee.	SFI 10
Receive an annual report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.	SFI 10
Approve the level of non-pay budgets on an annual basis.	SFI 4
Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Accountable Officer and Chief Finance Officer (for losses and special payments) previously approved by the Board.	SFI 11
Ratify proposals for acquisition, disposal or change of use of land and/or buildings.	SFI 15
Approving arrangements for handling complaints	Constitution 7.3.4
Approving arrangements for handling Freedom of Information requests.	Constitution 7.3.5
Approve the arrangements for discharging the ICB's statutory duties as an employer, including Human Resource and employment policies	Constitution 8 SFIs 8
Approve disciplinary arrangements for employees, including the Chief Executive and for other persons working on behalf of the ICB	Constitution 8

2. **Decisions and functions reserved to the ICB Board**	**reference**
Approve management policies including Human Resource polices incorporating the arrangements for the appointment, removal and remuneration of officers	Constitution 8
Appoint, appraise and remunerate officer members and senior executives.	Constitution 8
Approve proposals of the Remuneration Committee regarding the Accountable Officer, Chief Finance Officer and other senior employees.	Constitution 8
Approve proposals presented by the Accountable Officer for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.	Constitution 8
Approve, incl. for publication as applicable, corporate policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements: Counter-fraud, Freedom to Speak Up, Standards of Business Conduct policy; Information Governance Policies	Constitution 6 SFIs 19
Approve the ICB's arrangements for business continuity, and for emergency planning.	Civil Contingencies Act 2004 NHSE EPRR guidance
Establish a Joint Committee to exercise the commissioning functions where joint commissioning arrangements are entered into	Constitution 7
Approve the strategic direction of the ICB within the overall policies and priorities of the Government and the NHS, define its annual and longer term objectives and agree plans to achieve them.	Constitution 1.4
Oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary.	Constitution 1.4
Approve (with any necessary appropriate modification) the ICB's annual operating plan.	SFI 4

2. **Decisions and functions reserved to the ICB Board**	**reference**
Approve plans in respect of the application of available financial resources to support the agreed annual operating plan.	SFI 4
Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB or its constituent practices, having regard to any guidance issued by the Secretary of State.	Constitution 1.4
Approve (with any necessary appropriate modification) the ICB's annual commissioning strategy or plan.	Constitution 1.4
Approve Outline and Final Business Cases for Capital Investment if this represents a variation from the Plan.	SFI 4
Oversee and monitor quality improvement	Constitution 1.4
To approve ICB Clinical policies including commissioning exceptionality policies	Constitution 1.4
To approve the ICB/ICS Estates Strategy	Constitution 1.4
to approve the ICB/ICS Digital Strategy	Constitution 1.4
To approve the ICB/ICS People Plan	Constitution 1.4
Approve arrangements for the management of requests for exceptional funding (in with CHC/funded nursing care)	Constitution 1.4
to approve the ICB/ICS Green Plan	Constitution 1.4

3. Decisions and functions reserved to NHSE and to the Chair

Individual /NHSE	Decisions and functions reserved	Reference
NHSE	appointment of the ICB Chair	Constitution 3.3
NHSE	removal of the ICB Chair	Constitution 3.12.6
NHSE	terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.12.7
Chair	appointment of the Chief Executive	Constitution 3.4
Chair	approval of appointment of partner members of the ICB Board	Constitution 3.5 - 3.7
Chair	appointment of Independent Non-Executive members of the ICB Board	Constitution 3.11
Chair	approval of appointment of Chief Medical Officer	Constitution 3.8
Chair	approval of appointment of Chief Nursing Officer	Constitution 3.9
Chair	approval of appointment of Chief Finance Officer	Constitution 3.10
Chair	Approve and remove members of all commissioning committees of the Board	constitution 4.6
	Duties	
Chair	The Chair must implement the requirements of corporate governance.	constitution 4
Chair	The Chair and voting non executive Members of the board are responsible for monitoring the executive management of the organisation and are responsible to NHS England for the discharge of those responsibilities.	constitution 3

Individual /NHSE	Decisions and functions reserved	Reference
Chair	The Chair must provide leadership to the board.	constitution 3
Chair	The Chair must enable all board members to make a full contribution to the board affairs and ensure that the board acts as a team.	constitution 3
Chair	The Chair must ensure that key and appropriate issues are discussed by the board in a timely manner.	constitution 4
Chair	The Chair must ensure the board has adequate support and is provided efficiently with all the necessary data on which to base informed decisions.	constitution 4
Chair	The Chair is the final authority in interpretation of Standing Orders.	constitution SOs
Chair	The Chair in consultation with the NHS England shall determine the arrangements for the appointment of the Accountable Officer.	constitution 3
Chair	The Chair in consultation with the Accountable Officer shall determine the arrangements for the appointment of the Executive Management Team including the Chief Finance Officer.	constitution 3
Chair	The Chair in consultation with the Accountable Officer will determine the arrangements for the appointment of Partner Member representatives and other non executive members to the board.	constitution 3
Chair	The powers which the board has retained to itself within the Standing Orders and Scheme of Reservation and Delegation may in emergency be exercised by the Chair and Accountable Officer after having consulted the Lay Deputy Chair.	constitution 4

Individual /NHSE	Decisions and functions reserved	Reference
	Remuneration and Audit	
Chair	The Chair must lead voting non executive members of the board, through a formally appointed Remuneration Committee of the main board, on the appointment, appraisal and remuneration of the Accountable Officer and (with the latter) other executive board members.	constitution 3
Chair	The Chair must ensure the appointment by the board of members of the board to an Audit Committee of the main board.	constitution 3
	Board Meetings	
Chair	The Chair is responsible for calling board meetings.	constitution SOs
Chair	The Chair may issue guidance to the public on the conduct of the public questions session.	constitution SOs
Chair	The Chair should Chair all board meetings and associated responsibilities.	constitution SOs
Chair	The Chair shall give a final ruling on questions of order, relevancy and regularity of meetings.	constitution SOs
Chair	The Chair has a second or casting vote.	constitution SOs

4. Decisions and functions delegated by the Board to the ICB Committees

Decisions and functions delegated by the Board to the ICB Audit Committee	reference
Approve the appointment of, and any changes to, the provision or delivery of internal and external audit services for the ICB including establishing an Auditor Panel where necessary.	**SFI / terms of reference**
to review the adequacy and effectiveness of the ICB's system of integrated governance, risk management and internal control across the whole of the ICB's activities	SFI / terms of reference
ensure there is an effective internal audit function including; costs of audit services, performance of service, review and approval of the annual internal audit plan, the findings of audit work including the Head of Internal Audit Opinion and management responses to these, adequate resourcing of the function.	SFI / terms of reference
Review the work and findings of the External Auditor and management responses	SFI / terms of reference
Review schedules of losses and compensations and make recommendations to the Board	SFI / terms of reference
Review the annual financial statements prior to submission to the Board	SFI / terms of reference
To be assured that the ICB has adequate arrangements in place for the counter fraud	SFI / terms of reference
To be assured that the ICB has adequate arrangements in place for Freedom to Speak Up	SFI / terms of reference
To be assured that the ICB has adequate arrangements in place for Information Governance	SFI / terms of reference
To monitor the integrity of financial statements of the ICB and any formal announcements relating to its financial performance, ensure systems for financial reporting to the Board are subject to review	SFI / terms of reference
To review the annual report and financial statements (including accounting policies) before submission to the Board	SFI / terms of reference

Decisions and functions delegated by the Board to the ICB Audit Committee	reference
to be assured that the ICB has adequate arrangements for the management of declared interests and conflicts of interest, including gifts and hospitality	SFI / terms of reference
will monitor compliance with Standing Orders and Financial Policies and shall review every decision to suspend Standing Orders (power to suspend Standing Orders is reserved to the Board).	SFI / terms of reference
will review schedules of losses and compensations and making recommendations to the Board.	SFI / terms of reference
The Audit Committee shall provide independent and objective view on internal control and probity.	SFI / terms of reference
Where Audit Committee considers there is evidence of ultra vires transactions or improper acts the Chair of the Audit Committee shall raise the matter at the Board meeting.	SFI / terms of reference
The Audit Committee shall ensure cost-effective External Audit.	SFI / terms of reference
The Audit Committee shall receive reports where it is decided that competitive tendering is not applicable and should be waived.	SFI / terms of reference

Decisions and functions delegated by the Board to the ICB Remuneration Committee	reference
Determine all aspects of remuneration for the Chief Executive and other Very Senior Managers	17 to 19 of Schedule 1B NHS Act 2006 s3.13 Constitution
Determine all aspects of remuneration for the Independent Non-Executive members of the ICB Board	17 to 19 of Schedule 1B NHS Act 2006 s3.13 Constitution
Terms of appointment for ICB Board members	s3.13 Constitution
Determine arrangements for the termination of employment and other contractual terms and non- contractual terms for the Chief Executive and other Very Senior Managers	17 to 19 of Schedule 1B NHS Act 2006
Determine the ICB pay policy for all staff	17 to 19 of Schedule 1B NHS Act 2006
Oversee contractual arrangements for all staff	17 to 19 of Schedule 1B NHS Act 2006
Determine arrangements for termination payments and any special payments for all staff	17 to 19 of Schedule 1B NHS Act 2006

Decisions and functions delegated by the Board to the ICB Finance Committee	reference
Develop and recommend to the ICB Board annual, medium and long term plans	Committee terms of reference
Develop and recommend to the ICB Board Standing Financial Policies	Committee terms of reference
Develop and recommend to the ICB Board resource allocation approach	Committee terms of reference
Oversight of procurement exercises where contracts have an estimate value (over life cycle) £1 million or where there is a significant reputational or service issue and make recommendations to ICB Board	Committee terms of reference

Decisions and functions delegated by the Board to the ICB Patient Safety and Quality Committee	reference
Be assured there are robust processes in place for the effective management of quality	Committee terms of reference
Scrutinise structures in place to support quality planning, control and improvement and seek assurance that structures operate effectively and timely action is taken to address areas of concern	Committee terms of reference
Agree and put forward the key quality priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care	Committee terms of reference
Oversee and monitor delivery of the ICB key statutory requirements	Committee terms of reference
Review and monitor ~~those~~ risks on the BAF (board assurance framework) and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner	Committee terms of reference
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 DHSC, NHSEI and other regulatory bodies/external agencies (e.g. CQC, NICE) ~~to~~ and gain assurance ~~that~~ they are appropriately reviewed and actions are being undertaken, embedded and sustained	Committee terms of reference
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	Committee terms of reference
Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes	Committee terms of reference
Ensure ~~that~~ mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place	Committee terms of reference
Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded	Committee terms of reference
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 PFD report)	Committee terms of reference
To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities	Committee terms of reference
Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for safeguarding adults and children	Committee terms of reference

Decisions and functions delegated by the Board to the ICB Patient Safety and Quality Committee	reference
Scrutinise the robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for infection prevention and control	Committee terms of reference
Scrutinise ~~the~~ robustness of the arrangements for, and assure compliance with, the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services	Committee terms of reference
Scrutinise the robustness of ~~the~~ arrangements for, and assure compliance with, the ICB's statutory responsibilities for medicines optimisation and safety	Committee terms of reference
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, Somerset Patient Safety Forum, Somerset Learning from Deaths Forum etc)	Committee terms of reference

Decisions and functions delegated by the Board to the ICB People Committee	reference
Develop and recommend to the ICB Board the plans for delivering the people functions for staff employed directly by the ICB, and for the NHS staff who work in their local area	Committee terms of reference
Develop and recommend to the ICB Board how the ICS people function should be established and delivered as part of the ICS's overall governance, with clear accountability and decision-making arrangements within the ICB, to ensure alignment to wider system goals.	Committee terms of reference
Develop and recommend to the ICB Board how to consider, coordinate and allocate appropriate resource to enable delivery of their people function, in collaboration with other members of the ICP and all the providers within their footprint, and with support from regional and national teams	Committee terms of reference

Decisions and functions delegated by the Board to the ICB Primary Care Commissioning Committee	reference
Development and recommendation to the ICB of the Primary Care Strategy	Committee terms of reference
Awarding GMS, PMS and APMS contracts. This includes the design of PMS and APMS contracts and monitoring of contracts	Committee terms of reference
Taking contractual action such as issuing branch/remedial notices and removing a contract	Committee terms of reference
Agreeing locally defined and designated Enhanced Services	Committee terms of reference
Making Decisions regarding local incentive schemes including the management and administration of the Quality Outcomes framework	Committee terms of reference
Procurement of new practice provision	Committee terms of reference
Approval and management of list dispersal	Committee terms of reference
Approving practice mergers	Committee terms of reference
Approving discretionary payment (eg returner/retainer schemes)	Committee terms of reference
To secure the provision of comprehensive and high quality primary medical service in Somerset	Committee terms of reference
To co-ordinate a common approach to the commissioning of primary care services generally	Committee terms of reference
To make decisions on investment on the infrastructure of primary medical services, to ensure adequate and high quality provision as well as value for money for the public.	Committee terms of reference
Undertake reviews of primary medical services in Somerset	Committee terms of reference
To manage the commissioning budget for primary medical services in Somerset	Committee terms of reference

Decisions and functions delegated by the Board to the ICB Primary Care Commissioning Committee	reference
Provide oversight across a number of functions, including but not limited to: Primary Care Workforce; Primary Care Premises; Primary Care Information Management and Technology (IM&T); Primary Care Networks	Committee terms of reference

5. Decisions and functions delegated to individual board members and employees

Decisions and functions delegated to the individual	reference
Chief Executive Officer	
Corporate Governance	
The Chief Executive has overall responsibility for the ICB's activities.	Constitution and SFI 3
The Chief Executive should observe, and promote the observance by all staff, of the Codes of Conduct and Accountability.	Constitution 4
The Chief Executive is accountable to the Board for ensuring that its decisions are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship.	SFI 3
The Chief Executive should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Board.	SFI 3
The Chief Executive, supported by the Chief Finance Officer, should ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.	SFI 3
If the Accountable Officer considers the Board or Chair is doing something that might infringe probity or regularity, they should set this out in writing to the Chair and the Board. If the matter remains unresolved, the Accountable Officer should request an inquiry by the Audit Committee and also by the NHS England and Department of Health if necessary.	Constitution 6
The powers which the Board has retained to itself within the Standing Orders and the Schedule of Reservation of Powers may in emergency be exercised by the Chair and Accountable Officer after having consulted at least two voting Members of the Board.	Constitution 4
The Chief Executive is responsible for convening a panel to advise on the appointment of ICB Board partner members	Constitution 3.5 - 3.7

Decisions and functions delegated to the individual	reference
The Accountable Officer shall maintain Register(s) of Interests.	Constitution 6
The Chief Executive shall ensure that all existing and newly appointed members, officers and employees understand their responsibilities under Standing Orders and Financial Policies.	Constitution 5
The Chief Executive shall prepare a risk management programme for approval by the Board.	SFIs
Management Arrangements	
The Chief Executive shall prepare a Scheme of Delegation identifying his proposals for delegating his powers, which shall be considered and approved by the Board, subject to any amendment agreed during the discussion.	Constitution 4
The Chief Executive in agreement with the Chair will nominate a Deputy who can act as the designated officer for an agreed period of time if required.	Constitution SOs
Financial Stewardship	
The Chief Executive is accountable, through the NHS Accounting Officer, to Parliament for stewardship of Somerset ICB resources.	SFIs
The Chief Executive shall ensure that expenditure by the Somerset ICB complies with Parliamentary requirements.	CoC
If the Board is contemplating a course of action that raises an issue not of formal propriety or regularity but affects The Chief Executive's responsibility for value for money, The Chief Executive should draw the relevant factors to the attention of the Board. If the outcome is that The Chief Executive is overruled, it is normally sufficient to ensure that the advice and the overruling of it are clearly apparent from the papers. Exceptionally, The Chief Executive should inform The NHS England and the Department of Health. In such cases, The Chief Executive should as a member of the Board vote against the course of action rather than merely abstain from voting.	SFIs
The Chief Executive is responsible to the Somerset ICB for ensuring that it stays within its resource limit.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive (with the Chief Finance Officer) is accountable for financial control but will, as far as possible, delegate their detailed responsibilities.	SFIs
The Chief Executive is responsible to ensure financial targets and obligations are met and have overall responsibility for the Governance Statement.	SFIs
The Chief Executive (with the Chief Finance Officer) must ensure the accounts of the Somerset ICB are prepared under principles and in a format directed by the Secretary of State for Health. Accounts must disclose a true and fair view of the Somerset ICB's income and expenditure and its state of affairs.	SFIs
The Chief Executive (with the Chief Finance Officer) shall sign the accounts on behalf of the Board.	SFIs
The Chief Executive shall sign a statement in the accounts outlining responsibilities as the Accountable Officer.	SFIs
The Chief Executive shall sign a statement in the accounts outlining responsibilities in respect of internal control.	SFIs
The Chief Executive shall ensure effective management systems that safeguard public funds and assist Somerset ICB Chair to implement requirements of corporate governance including ensuring managers: • have a clear view of their objectives and the means to assess achievements in relation to those objectives • are assigned well defined responsibilities for making best use of resources • have the information, training and access to the expert advice they need to exercise their responsibilities effectively	SFIs
The Chief Executive shall achieve value for money from the resources available to the Somerset ICB and avoid waste and extravagance in the organisation's activities.	SFIs
The Chief Executive shall follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the National Audit Office (NAO).	SFIs
The Chief Executive shall use to best effect the funds available for commissioning healthcare, developing services and promoting health to meet the needs of the local population.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive shall ensure that the Chief Finance Officer discharges his functions.	SFIs
The Chief Executive shall ensure that all Board members, officers and employees, present and future, are notified of and understand the Financial Policies.	SFIs
The Chief Executive must ensure that any contractor or employee of a contractor who is empowered by the Somerset ICB to commit the Somerset ICB to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.	SFIs
The Chief Executive and Chief Finance Officer must monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	SFIs
Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.	SFIs
Annual Operating Plan and Budgets	
The Chief Executive shall compile and submit to the Board an Annual Operating Plan which takes into account financial targets and forecast limits of available resources. The plan will contain: • a statement of the significant assumptions on which the plan is based • details of major changes in workload, delivery of services or resources required to achieve the plan	SFIs
The Chief Executive shall delegate budgets to budget holders.	SFIs
The Chief Executive shall identify and implement cost improvements and income generation activities in line with the plan.	SFIs
The Chief Executive shall submit monitoring returns.	SFIs
Tendering, Contracting and Commissioning	
The Chief Executive may waive formal tendering procedures in exceptional circumstances.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive shall report waivers of tendering procedures to the Audit Committee.	SFIs
The Chief Executive shall be responsible for the receipt, endorsement and safe custody of tenders received.	SFIs
The Chief Executive shall maintain a register to show each set of competitive tender invitations despatched.	SFIs
Where one tender is received, the Chief Executive and Chief Finance Officer will assess for value for money and fair price.	SFIs
No tender/quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the Somerset ICB and which is not in accordance with these Instructions except with the authorisation of The Chief Executive.	SFIs
The Chief Executive will appoint a manager to maintain a list of approved firms.	SFIs
The Chief Executive and Chief Finance Officer shall ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.	SFIs
The Chief Executive may waive the requirement that quotations be in writing where written quotations are impracticable.	SFIs
The Chief Executive or his nominated officer should evaluate the quotation and select the quote which gives the best value for money.	SFIs
The Chief Executive may authorise the awarding of a contract up to a value of £1,000,000 (one million pounds).	SFIs
The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of the Somerset ICB.	SFIs
The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.	SFIs
The Chief Executive shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Board.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis.	SFIs
The Chief Executive shall nominate an officer to oversee and manage in-house service contracts on behalf of the Somerset ICB.	SFIs
The Chief Executive must ensure the Somerset ICB enters into suitable Service Level Agreements (SLAs) with service providers for the provision of NHS services.	SFIs
The Chief Executive shall ensure that regular reports are provided to the Board detailing actual and forecast expenditure against each SLA.	SFIs
The Chief Executive shall ensure secondary services are commissioned in line with the AOP and reach the required standards.	SFIs
The Chief Executive shall ensure that all agreements for provision of services with non-NHS providers achieve quality and are cost effective.	SFIs
The Chief Executive shall ensure that all contracts are assigned an officer who will manage those contracts as set out within the Leadership Model of the Somerset ICB organisational structure.	SFIs
Staffing	
The Chief Executive may approve a variation to the funded establishment of any department.	SFIs
The Chief Executive may authorise officers to appoint, engage or re-grade staff, including agency staff.	SFIs
Capital	
The Chief Executive has overall responsibility for fixed assets.	SFIs
The Chief Executive shall ensure that there is an adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive shall be responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost.	SFIs
The Chief Executive shall ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences.	SFIs
The Chief Executive shall ensure that a business case is produced for each proposal.	SFIs
The Chief Executive shall ensure that the Chief Finance Officer has professionally certified the costs and revenue consequences detailed in the business case.	SFIs
The Chief Executive and Chief Finance Officer will ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Officer.	SFIs
The Chief Executive shall issue procedures for management of contracts involving stage payments.	SFIs
The Chief Executive may issue the manager responsible for any capital scheme with authority to commit expenditure, authority to proceed to tender and approval to accept a successful tender.	SFIs
The Chief Executive may issue a scheme of delegation for capital investment management.	SFIs
The Chief Executive shall maintain asset registers (on advice from the Chief Finance Officer).	SFIs
Stores and Supplies	
The Chief Executive will set out a list of managers authorised to place requisitions for the supply of good and services, and the maximum level of each requisition and the system for authorisation above that level.	SFIs
The Chief Executive shall identify persons authorised to requisition and accept goods from NHS Logistics stores.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.	SFIs
The Chief Executive shall authorise who may use and be issued with official orders.	SFIs
The Chief Executive may delegate overall responsibility for control of stores (subject to Chief Finance Officer responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded. (Good practice to append to the scheme of delegation document.)	SFIs
Other	
The Chief Executive shall keep the seal in a safe place and maintain a register of sealing.	Constitution SO 6.1.1
The Chair, the Chief Executive or an Officer nominated by him shall approve and sign all documents which will be necessary in legal proceedings.	Constitution SO 6.2.1
The Chief Executive is responsible for ensuring patients and guardians are informed about patients' money and property procedures on admission.	SFIs
The Chief Executive shall ensure lists of all contractors are maintained up to date and systems are in place to deal with applications, resignations, inspection of premises etc. within contractors' terms of service.	SFIs
The Chief Executive shall ensure that retention of document procedures are in place in accordance with Department of Health guidance.	SFIs
Chief Financial Officer	
preparation and audit of annual accounts;	SFIs
adherence to the directions from NHS England in relation to accounts preparation;	SFIs
adherence to the directions from NHS England in relation to accounts preparation;	SFIs
ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;	SFIs

Decisions and functions delegated to the individual	reference
ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;	SFIs
meeting statutory requirements relating to taxation;	SFIs
ensuring that there are suitable financial systems in place	SFIs
meet the financial targets set for the ICB by NHS England;	SFIs
use of incidental powers such as management of ICB assets, entering commercial agreements;	SFIs
the Governance statement and annual accounts & reports are signed;	SFIs
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;	SFIs
making use of benchmarking to make sure that funds are deployed as effectively as possible;	SFIs
executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;	SFIs
specific responsibilities and delegation of authority to specific job titles are confirmed;	SFIs
financial leadership and financial performance of the ICB;	SFIs
identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions;	SFIs
The Chief Finance Officer (with the Accountable Officer) is accountable for financial control but will, as far as possible, delegate his detailed responsibilities.	SFIs
The Accountable Officer and Chief Finance Officer must ensure the accounts of the Somerset ICB are prepared under principles and in a format directed by the Secretary of State for Health. Accounts must disclose a true and fair view of the Somerset ICB's income and expenditure and its state of affairs.	SFIs
The Accountable Officer and Chief Finance Officer shall sign the accounts on behalf of the Board.	SFIs
The Chief Finance Officer has operational responsibility for effective and sound financial management and information.	SFIs
The Accountable Officer, supported by Chief Finance Officer, must ensure appropriate advice is given to the Board on all matters of probity, regularity, prudent and economical administration, efficiency and effectiveness.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer must approve of all financial procedures.	SFIs
The Chief Finance Officer shall give advice on interpretation or application of the Financial Policies.	SFIs
The Chief Finance Officer is responsible for implementing the Somerset ICB's financial policies and co-coordinating corrective action.	SFIs
The Chief Finance Officer is responsible for maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented.	SFIs
The Chief Finance Officer is responsible for ensuring that sufficient records are maintained to explain the Somerset ICB's transactions and the financial position.	SFIs
The Chief Finance Officer is responsible for providing financial advice to members of Board and staff.	SFIs
The Chief Finance Officer is responsible for maintaining such accounts, certificates etc as are required for the Somerset ICB to carry out its statutory duties.	SFIs
The Chief Finance Officer is responsible for ensuring an adequate internal audit service, for which he is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.)	SFIs
The Chief Finance Officer is responsible for ensuring that the Audit Committee and Board receive an annual Internal Audit report.	SFIs
The Chief Finance Officer shall decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.	SFIs
The Chief Finance Officer has powers to require access to documents and premises of the Somerset ICB, and to require the production of any property of the Somerset ICB and explanations as to any matter under investigation.	SFIs
The Accountable Officer and Chief Finance Officer shall monitor and ensure compliance with SofS Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	SFIs
The Chief Finance Officer will provide monthly reports to the Secretary of State for Health, ensure draw down is for approved expenditure and timely and follows best practice in Cash Management.	SFIs
The Chief Finance Officer is responsible for ensuring monitoring systems are in place to enable the Somerset ICB not to exceed its limits.	SFIs
The Chief Finance Officer shall periodically review assumptions, submit a report to the Somerset ICB annually showing total allocations received and their proposed distribution.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer is responsible for regularly updating the Somerset ICB on significant changes to the initial allocation and the uses of such funds.	SFIs
The Chief Finance Officer shall submit budgets to the Board for approval.	SFIs
The Chief Finance Officer shall monitor performance against budget; submit to the Board financial estimates and forecasts.	SFIs
The Chief Finance Officer shall ensure adequate training is delivered on an ongoing basis to budget holders.	SFIs
The Chief Finance Officer shall devise and maintain systems of budgetary control.	SFIs
The Chief Finance Officer shall prepare the annual accounts and reports.	SFIs
The Chief Finance Officer shall manage banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (The Audit Committee approves arrangements.)	SFIs
The Chief Finance Officer is responsible for income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash and ensuring appropriate action for the recovery of outstanding debts.	SFIs
The Chief Finance Officer shall ensure that any fees paid for legal advice and services are reasonable and within commonly accepted rates for the work undertaken.	SFIs
The Chief Finance Officer shall ensure that, where a supplier is chosen that is not on the approved list, the reason shall be recorded in writing to the Accountable Officer.	SFIs
Where one tender is received the Accountable Officer and Chief Finance Officer will assess for value for money and fair price.	SFIs
The Chief Finance Officer may make enquiries as to the financial standing of approved contractors.	SFIs
No quotation shall be accepted which will commit expenditure in excess of that which has been allocated except with the authorisation of either the Accountable Officer or Chief Finance Officer.	SFIs
The Chief Finance Officer shall approve procedures for procurement of goods and services below £1,000.	SFIs
The Chief Finance Officer will maintain a system of control to ensure effective accounting of expenditure against SLAs.	SFIs
The Chief Finance Officer must account for Out of Area Treatments and Non Contract Activity in accordance with national guidelines.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer shall issue instructions in relation to payroll, is responsible for specifying timetables for submission of properly authorised time records and other notifications, shall make the final determination of pay allowances and make payroll payments on agreed dates.	SFIs
The Chief Finance Officer shall ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.	SFIs
The Chief Finance Officer is responsible for the prompt payment of properly authorised accounts and claims.	SFIs
The Chief Finance Officer shall advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders/Financial Policies and regularly reviewed.	SFIs
The Chief Finance Officer shall prepare procedural instructions (where not already provided in the Scheme of Delegation or procedure notes for budget holders) on the obtaining of goods, works and services incorporating the thresholds.	SFIs
The Chief Finance Officer shall be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.	SFIs
The Chief Finance Officer shall ensure that there is a timetable and system for submission to the Chief Finance Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.	SFIs
The Chief Finance Officer shall issue instructions to employees regarding the handling and payment of accounts.	SFIs
The Chief Finance Officer shall be responsible for ensuring that payment for goods and services is only made once the goods and services are received.	SFIs
The Chief Finance Officer shall approve proposed pre-payment arrangements.	SFIs
The Chief Finance Officer shall approve the form of official orders.	SFIs
The Accountable Officer and Chief Finance Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Officer.	SFIs
The Chief Finance Officer shall lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer shall ensure that Board members are aware of the Financial Framework and ensure compliance	SFIs
The Chief Finance Officer shall professionally certify the costs and revenue consequences detailed in the business case for capital investment.	SFIs
The Chief Finance Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.	SFIs
The Chief Finance Officer shall issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.	SFIs
The Chief Finance Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.	SFIs
The Chief Finance Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.	SFIs
The Chief Finance Officer shall calculate and pay capital charges in accordance with Department of Health requirements.	SFIs
The Chief Finance Officer shall approve fixed asset control procedures.	SFIs
The Chief Finance Officer shall be responsible for systems of control over stores and receipt of goods.	SFIs
The Chief Finance Officer shall set out procedures and systems to regulate the stores and shall agree stocktaking arrangements.	SFIs
The Chief Finance Officer shall approve alternative arrangements where a complete system of stores control is not justified.	SFIs
The Chief Finance Officer shall approve a system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.	SFIs
The Chief Finance Officer shall prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.	SFIs
The Chief Finance Officer shall prepare procedures for recording and accounting for losses, special payments and informing police in cases of suspected arson or theft.	SFIs
Where a criminal offence is suspected, the Chief Finance Officer must inform the police if theft or arson is involved. In cases of fraud and corruption the Chief Finance Officer must inform the relevant LCFS and NHS Counter Fraud Authority in line with the Secretary of State’s directions.	SFIs
The Chief Finance Officer shall notify the LCFS and External Audit of all frauds.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer shall notify the Board and External Auditor of losses caused by theft, arson, neglect of duty or gross carelessness (unless trivial).	SFIs
The Chief Finance Officer shall consider whether any insurance claim can be made.	SFIs
The Chief Finance Officer shall maintain the Losses and Special Payments register.	SFIs
The Chief Finance Officer shall be responsible for accuracy and security of computerised financial data.	SFIs
The Chief Finance Officer shall satisfy himself that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation assurances of adequacy must be obtained from them prior to implementation.	SFIs
The Chief Finance Officer shall ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review.	SFIs
The Chief Finance Officer shall seek periodic assurances from the provider of computer services for financial applications that adequate controls are in operation.	SFIs
In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of Somerset ICB in the Region wish to sponsor jointly) all responsible officers and employees will send to the Chief Finance Officer, details of the outline design of the system and in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement	SFIs
Where computer systems have an impact on corporate financial systems the Chief Finance Officer shall satisfy himself that: • systems acquisition, development and maintenance are in line with corporate policies • data assembled for processing by financial systems is adequate, accurate, complete and timely, and that a management trail exists • Chief Finance Officer and staff have access to such data such computer audit reviews are being carried out as are considered necessary	SFIs
The Chief Finance Officer shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.	SFIs
The Chief Finance Officer shall ensure that each trust fund which the Somerset ICB is responsible for managing is managed appropriately.	SFIs

Decisions and functions delegated to the individual	reference
The Chief Finance Officer shall ensure all staff are made aware of the Somerset ICB policy on the acceptance of gifts and other benefits in kind by staff.	SFIs
The Chief Finance Officer shall ensure only contractors included on the Somerset ICB lists receive payments, maintain a system of control to ensure prompt and accurate payments and validation of same.	SFIs
Where the Board decides to use the risk pooling schemes administered by the NHS Resolution the Chief Finance Officer shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.	SFIs
Where the Board decides not to use the risk pooling schemes administered by the NHS Resolution for any one or other of the risks covered by the schemes, the Chief Finance Officer shall ensure that the Board is informed of the nature and extent of the risks that are self insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.	SFIs
All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The Chief Finance Officer should ensure documented procedures also cover the management of claims and payments below the deductible in each case.	SFIs
Other senior officers and managers	
Managers are expected to act in accordance with the Code of Conduct for NHS Managers.	CoC
Budget Holders shall ensure that no overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Board.	SFIs
Budget Holders shall ensure that approved budget is not used for any other than specified purpose subject to rules of virement.	SFIs
Board Members and all senior staff are responsible for security of Somerset ICB assets including notifying discrepancies to the Chief Finance Officer, and reporting losses in accordance with Somerset ICB procedure.	SFIs
The appropriate Officer shall make a written case to support the need for a pre-payment.	SFIs
Budget holders shall ensure that all items due under a prepayment contract are received (and immediately inform the Chief Finance Officer if problems are encountered).	SFIs
The designated Pharmaceutical Officer is responsible for controls of pharmaceutical stocks.	SFIs
Officers nominated by the Chief Finance Officer are responsible for security arrangements and custody of keys.	SFIs

Decisions and functions delegated to the individual	reference
Officers nominated by the Chief Finance Officer shall operate system for slow moving and obsolete stock, and report to Chief Finance Officer evidence of significant overstocking.	SFIs
The Director of Corporate Affairs shall publish and maintain a Freedom of Information Scheme.	SFIs
Relevant officers send proposals for general computer systems to the Chief Finance Officer.	SFIs
The Accountable Officer and Budget Holders must not exceed the budgetary total or virement limits set by the Board as follows: Up to £1,000 - Budget holder and Management Accountant Up to £750,000 – Applicable Director and Deputy Chief Finance Officer and Performance Up to £1,000,000 - Chief Finance Officer and Performance Up to £1,500,000 - Accountable Officer Over £1,500,000 - Board	SFIs
The Chief Internal Auditor shall review and appraise financial policies, plans and procedures, financial controls, management data and report in accordance with NHS Internal Audit Manual and best practice.	SFIs
The Chief Internal Auditor shall independently verify the Assurance Framework statements in accordance with guidance from the Department of Health.	SFIs
Nominated Managers shall submit time records in line with the timetable issued by the Chief Finance Officer.	SFIs
Nominated Managers shall complete time records and other notifications in the form required by the Chief Finance Officer.	SFIs
Nominated Managers shall submit termination forms in prescribed form and on time.	SFIs
The Senior Officer responsible for Human Resources shall ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation.	SFIs
The Senior Officer responsible for Human Resources shall deal with variations to, or termination of, contracts of employment.	SFIs
Managers and officers shall ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer.	SFIs
Departmental managers shall inform staff of their responsibilities and duties for the administration of the property of patients.	SFIs
Budget Holders shall ensure that no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within available resources and manpower establishment.	SFIs

Decisions and functions delegated to the individual	reference
Requisitioners, in choosing the item to be supplied (or the service to be performed), shall always obtain the best value for money for the Somerset ICB. In so doing, the advice of the Somerset ICB's adviser on supply shall be sought.	SFIs
All staff	
All staff must disclose any non-compliance with Standing Orders to the Accountable Officer as soon as possible.	Constitution SO 5.1
All staff have a duty to disclose any non-compliance with the Financial Policies to the Accountable Officer and Chief Finance Officer as soon as possible.	Constitution SO 5.1
All staff must disclose a relationship between themselves and a candidate for staff appointment. (The Accountable Officer will report the disclosure to the Board).	Constitution 8
All staff must comply with local policy that is based on national guidance for Managing Conflicts of Interest (2017) - NHS England » Managing conflicts of interest in the NHS.	Constitution 8
All staff have a duty to inform the Chief Finance Officer of money due from transactions which they initiate/deal with.	SFIs
All staff must immediately report the discovery or suspicion of loss of any kind to either head of department or nominated officer. The head of department / nominated officer should then inform the Accountable Officer and Chief Finance Officer.	SFIs
All staff are responsible for security of the Somerset ICB's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Financial Policies and financial procedures.	SFIs

6. Decisions and functions delegated to be exercised jointly

Joint Committee	decisions and functions delegated to the joint committee	
Ambulance Joint Commissioning Committee	The establishment of the AJCC reflects the need to coordinate the commissioning of emergency ambulance services across the region and to integrate 999 (emergency ambulance services) with wider urgent and emergency care. It is consistent with the statutory duties on ICBs under the NHS Act, including the duty to promote integration and the duty to act effectively, efficiently and economically. The ICB has delegated responsibilities to the AJCC to: • jointly exercise their commissioning functions in relation to emergency ambulance services, pursuant to section 14Z3(2)(b) of the NHS Act; and • establish a joint committee, the Ambulance Joint Commissioning Committee ("AJCC"), pursuant to section 14Z3(2A) of the NHS Act. The AJCC will function as a corporate decision-making body for the management and exercise of the commissioning functions delegated to it.	Committee terms of reference

7. Decisions and functions delegated by the Board to other statutory bodies

Statutory Body	Decisions and functions delegated to other statutory bodies	

8. Decisions and functions delegated to the board by other organisations

Delegating Body	Decisions and functions delegated by other organisations	
NHS England	Primary Care Commissioning	Constitution

Key:

Constitution – NHS Somerset Integrated Care Board (ICB) Constitution

SOs – Standing Orders

SFIs – Standing Financial Instructions and Financial Policies

ToR – ICB Committee Terms of Reference

CoC – Codes of Conduct

NHS SOMERSET INTEGRATED CARE BOARD (ICB)

Standing Financial Instructions and Financial Policies

STANDING FINANCIAL INSTRUCTIONS AND FINANCIAL POLICIES

CONTENTS

Appendix G	**Provider Selection Regime – 'Standstill Process' Flow Chart**	

1 Purpose and statutory framework

1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into NHS Somerset Integrated Care Board's 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.

1.2 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.

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

1.4 These SFIs help the Accountable Officer and Chief Financial Officer to effectively perform their responsibilities. They 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.

1.5 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.

1.6 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.

1.7 These SFIs identify the financial responsibilities which apply to everyone working for NHS Somerset Integrated Care Board and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with detailed accounting policies and other related policies (such as departmental and financial procedure notes). The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.

1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the chief financial officer must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of NHS Somerset Integrated Care Board's constitution, standing orders and scheme of reservation and delegation.

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

2 Scope

2.1 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. If for any reason these SFIs are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the ICB Audit Committee for referring action or ratification. All of NHS Somerset Integrated Care Board's members and employees have a duty to disclose any non-compliance with these SFIs to the Chief Financial Officer as soon as possible.

2.2 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.

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

2.4 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

Staff

3.1 The roles and responsibilities of NHS Somerset Integrated Care Board's members, employees, members of the ICB Board, members of the ICB Board's committees and sub-committees and persons working on behalf of NHS Somerset Integrated Care Board are set out in the NHS Somerset Integrated Care Board Constitution.

3.2 The financial decisions delegated by members of NHS Somerset Integrated Care Board are set out in the Scheme of Reservation and Delegation.

3.3 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

The ICB Board

3.4 The ICB Board exercises financial supervision and control by:

- formulating the financial strategy
- requiring the submission and approval of budgets within approved allocations/overall income
- defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money), and
- defining specific responsibilities placed on members of the ICB Board and employees as indicated in the Scheme of Delegation document.

3.5 The NHS Somerset Integrated Care Board has resolved that certain powers and decisions may only be exercised by the ICB Board in formal session. These are set out in the Scheme of Reservation and Delegation (SoRD) document. All other powers have been delegated to the established NHS Somerset Integrated Care Board committees.

The Accountable Officer and Chief Financial Officer

3.6 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 ICBs allocated resources.

3.7 The chief financial officer reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director

3.8 The chief executive will delegate to the chief financial officer 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 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 chief financial officer 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.

3.9 The Accountable Officer and Chief Financial Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

ICB Board Members and Employees

3.11 All members of the ICB Board and employees, severally and collectively, are responsible for:

- the security of the property of the NHS Somerset Integrated Care Board

- avoiding loss

- exercising economy and efficiency in the use of resources

- conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation

Contractors and their Employees

3.12 Any contractor or employee of a contractor who is empowered by NHS Somerset Integrated Care Board to commit the organisation to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Accountable Officer to ensure that such persons are made aware of this.

3.13 For all members of the ICB Board and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the ICB Board and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

Audit Committee

3.14 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 appointment, planned activity and results of both internal and external audit services.

4 Management accounting and business management

4.1 The chief financial officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.2 The Chief Financial Officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.3 The Chief Financial Officer will ensure:

- the promotion of compliance to the SFIs through an assurance certification process;
- the promotion of long-term financial heath 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.

4.4 In addition, the Chief Financial Officer 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 as to secure 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.

4.5 The Chief Financial Officer 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.

Allotments

4.6 NHS Somerset Integrated Care Board's Chief Financial Officer will:

- periodically review the basis and assumptions used by NHS England and NHS Improvement for distributing allotments and ensure that these are reasonable and realistic and secure NHS Somerset Integrated Care Board's entitlement to funds.

- prior to the start of each financial year submit to the ICB Board for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve.

- regularly update the ICB Board on significant changes to the initial allocation and the uses of such funds.

Annual Operating Plan

4.7 The Accountable Officer will compile and submit to the ICB Board an annual operating plan which considers financial targets and forecast limits of available resources.

4.8 Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the ICB Board.

4.9 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the ICB Board. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

4.10 The Accountable Officer is responsible for ensuring that information relating to NHS Somerset Integrated Care Board's accounts or to its income or expenditure, or its use of resources is provided to NHS England and NHS Improvement as requested.

4.11 The ICB Board will approve consultation arrangements for NHS Somerset Integrated Care Board's annual operating plan.

Budget Setting

4.12 Budgets will:

- be in accordance with the aims and objectives set out in the plan
- accord with activity and workforce plans
- be produced following discussion with appropriate budget holders
- be prepared within the limits of available funds
- identify potential risks

4.13 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.

Budgetary Delegation

4.14 The Accountable Officer may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- the amount of the budget
- the purpose(s) of each budget heading
- individual and group responsibilities
- authority to exercise virement
- achievement of planned levels of service
- the provision of regular reports

4.15 The Accountable Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the ICB Board, as follows:

Up to £10,000	Budget Holder and Management Accountant
Up to £750,000	Applicable Director and Associate Director of Finance
Up to £1,000,000	Chief Financial Officer
Up to £1,500,000	Accountable Officer
Over £1,500,000	ICB Board

4.16 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Accountable Officer, subject to any authorised use of virement.

4.17 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Accountable Officer, as advised by the Chief Financial Officer.

Budgetary Control and Reporting

4.18 The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:

- Monthly financial reports to the ICB Board in a form approved by the ICB Board containing:
    - income and expenditure to date showing trends and forecast year-end position
    - balance sheet and cash flow statement
    - capital project spend and projected outturn against plan
    - explanations of any material variances from plan
    - details of any corrective action where necessary and the Accountable Officer's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation
- the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible:
    - investigation and reporting of variances from financial, workload and manpower budgets
    - monitoring of management action to correct variances
    - arrangements for the authorisation of budget transfers

4.19 Each Budget Holder is responsible for ensuring that:

- any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the ICB Board;
- the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

- no permanent employees are appointed without the approval of the Accountable Officer other than those provided for within the available resources and manpower establishment as approved by the ICB Board.

4.20 The Accountable Officer is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Operating Plan and a balanced budget.

4.21 The Accountable Officer is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

5 Income, banking arrangements and debt recovery

Income

5.1 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.

5.2 The Chief Financial Officer 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.

Banking

5.3 The Chief Financial Officer 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.

5.4 The Chief Financial Officer 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.

Bank Account

5.5 The Chief Financial Officer is responsible for:

- bank accounts

- ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made

- reporting to the ICB Board all arrangements made with the NHS Somerset Integrated Care Board's bankers for accounts to be overdrawn.

ICB Corporate Credit Cards

5.6 The Chief Financial Officer is responsible for:

Agreeing ICB Corporate Credit Card cardholders and credit limits.Banking Procedures

5.7 The Chief Financial Officer will prepare detailed instructions on the operation of bank accounts which must include:

- the conditions under which each bank account is to be operated
- those authorised to sign cheques or other orders drawn on the NHS Somerset Integrated Care Board's account

5.8 The Chief Financial Officer must advise the NHS Somerset Integrated Care Board's bankers in writing of the conditions under which each account will be operated.

Debt Management

5.9 The Chief Financial Officer is responsible for the ICB debt management strategy.

5.10 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;
- responsibility to appoint a senior officer responsible for day to day management of debt.
- Debtors balances of £5 or below will automatically be written off in line with NHS England Best Practice

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6 Financial systems and processes

Provision of finance systems

6.1 The Chief Financial Officer 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.

6.2 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.

6.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Finance System, mandated for use by the ICB by NHS England. Access is based on single access log on to enable users to perform core accounting functions such as the transacting and coding of expenditure/income in fulfilment of their roles.

6.4 The Chief Financial officer 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 Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

7 Procurement and Purchasing

Principles

7.1 The Chief Financial Officer 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.

7.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR), the Health Care Services (Provider Selection Regime) Regulations 2023, and associated statutory requirements whilst securing value for money and sustainability.

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

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

7.5 All revenue and non-pay expenditure must be approved, in accordance with the NHS Somerset Triple Lock Policy (Appendix C), prior to an agreement being made with a third party that enters a commitment to future expenditure.

7.6 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.

7.7 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.

7.8 Undertake any contract variations or extensions in accordance with Public Contracts Regulation (PCR) 2015, the Health Care Services (Provider Selection Regime) Regulations 2023, and the ICB procurement policy.

7.9 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 ICB Audit Committee.

Electronic Tendering

7.10 The NHS Somerset Integrated Care Board should have policies and

procedures in place for the control of all tendering activity carried out through electronic tendering, including the use of Reverse eAuctions.

7.11 The NHS Somerset Integrated Care Board should use electronic tendering (e-tendering) wherever appropriate. When the e-tendering function is used documents will be completed online and uploaded into and stored in a secure electronic mailbox until the latest time for the receipt of tenders. An audit log will record the date and time that tender documents are received.

7.12 Tender documents submitted electronically will be opened by two procurement officers. The details of the two procurement officers and the date and time of the opening of electronic tenders will be recorded as part of the audit trail. All other provisions will remain unchanged where the e-tendering system is used.

Formal Competitive Tendering

General Applicability

7.13 The ICB are required to follow two separate procurement regimes – (1) a specific regime for healthcare services (see s7.15 to s7.37) and (2) a regime for all other procurements (see s7.38 to s7.46).

7.14 The NHS Somerset Integrated Care Board shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH)
- the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals

Healthcare Services

7.15 These instructions are to be read in conjunction with the ICB Procurement Policy. Where the ICB elects to invite tenders for the supply of healthcare services these Standing Financial Instructions shall apply as far as they are applicable to the tendering procedure.

7.16 The Provider Selection Regime (PSR) came into force on 1st January 2024 and is set out in the Health Care Services (Provider Selection Regime) Regulations 2023.

The PSR does not apply to the procurement of goods or non-health care services (unless as part of a mixed procurement), irrespective of whether these are procured by the ICB.

7.17 The PSR replaces the:

- Public Contracts Regulations 2015, when procuring health care services.
- National Health Service (Procurement, Patient Choice, and Competition) Regulations 2013.

7.18 The table below summarises the potential routes to market in accordance with the PCR 2015 Regulations and other relevant legislation for Healthcare Services (Provider Selection Regime Regulations 2023).

Total Contract Value	***Minimum Type of Procurement Required***	***Applicable Governance/legislation***
No set threshold values. **Healthcare contract**	Route to market to be determined on a case-by-case basis in consultation with the SCW Procurement Team and Procurement Oversight Group. Transparency Notices published in Find Tender Service as required according to route to market.	Healthcare Services (Provider Selection Regime) Regulations 2023 Health and Care Act 2022 Managing conflicts of interest: revised statutory guidance for CCGs 2017

7.19 The ICB can follow three provider selection processes to award contracts for health services. These are:

- **Direct Award processes (A, B and C)**: These involve awarding contracts to providers when there is limited or no reason to seek change from the existing provider; or to assess providers against one another, because:
    i. the existing provider is the only provider that can deliver the health care services (direct award process A)
    ii. patients have a choice of providers, and the number of providers is not restricted by the ICB (direct award process B)
    iii. the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C).

- **Most Suitable Provider process**: This involves awarding a contract to providers without running a competitive process, because the ICB can identify the most suitable provider.

- **Competitive process**: This involves running a competitive process to award a contract including the formulisation of framework agreements.

7.20 Direct Award processes A and B must be used where they apply. Where these processes are not mandated, commissioners may choose whether to use Direct Award process C, the Most Suitable Provider process, or the Competitive process, subject to the specific conditions of those processes (for example Direct Award process C cannot be used if services are changing considerably, as defined in the regulations).

7.21 The regime will need to be applied as part of the commissioning process whenever contracts for healthcare services are coming to an end, changing considerably, or being awarded for the first time. A decision flow chart and overview of the decision-making approach to PSR process is provided at Appendix D to support understanding of the processes.

7.22 Commissioners are required to comply with defined processes in each of the provider selection routes to market to evidence their decision-making, including record keeping and the publication of transparency notices. As such, advice from the SCW CSU Procurement Team should always be sought when considering the most appropriate route to market.

7.23 The PSR is designed to encourage transparency and consequently commissioners are required to be transparent in their decision making to ensure that there is proper scrutiny and accountability of decisions made about NHS services. Appendix E provides a summary of the transparency steps required for each of the provider selection processes.

7.24 If commissioners decide to follow the Direct Award C, Most Suitable Provider or Competitive process as a viable route to market then 'key criteria' and 'basic selection criteria' need to be considered, as detailed below:

Key Criteria
Quality and Innovation
Value
Integration, Collaboration, and service sustainability
Improving access, reducing health inequalities, and facilitating

choice
Social Value

Basic Selection Criteria
The provider's ability to pursue a particular activity e.g., membership of professional organisation or hold a specific authorisation
Economic and financial standing e.g., minimum turnover, indemnity insurance
Technical and professional ability e.g., level of experience, not having conflicting interests

7.25 All of the key criteria must be considered. The ICB must also assess providers against the basic selection criteria and is expected not to award a contract to a provider that does not meet these.

Mixed Procurements

7.26 The PSR must not be used for the procurement of goods or non-healthcare services alone. However, when a contract comprises a mixture of in-scope health care services and out of scope services or goods the ICB may use the PSR to arrange those services when both of the below statements are true:

- The main subject matter of the procurement is health care services. This means that the health care service element must be more than 50% of the value of the contract.

And

- The ICB is of the view that the other goods or services could not reasonably be supplied under a separate contract. This means that the ICB is of the view that procuring the health care services and the other goods and services separately would, or would be likely to, have a material adverse impact on the ICB's ability to act in accordance with the procurement principles.

Modifications to healthcare service contracts and framework agreements during their term

7.27 There will be situations where contracts or framework agreements need to be modified to reflect/account for changes to services/circumstances during their term. Depending on circumstance, permitted modifications can be made without following a new provider selection process, but in some cases will require the publication of transparency notices. Appendix F provides a process flow chart to support commissioners.

7.28 Modifications are permitted if one of the following parameters is met:

- Clearly and unambiguously provided for in the original contract.
- Solely a change in the identity of the provider
- Made in response to external factors beyond the control of the ICB and the provider, such as changes in patient or service user volume in indexing; but do not render the contract materially different in character.
- Attributable to the ICB, does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is UNDER £500k or represents less than 25% of the original contract.
- Attributable to the ICB, does not render the contract materially different in character, and the change in the lifetime value of the contract, compared to its value when it was entered into, is OVER £500k and represents less than 25% of the original contract value.
- Made to a contract that was originally awarded under the Direct Award Process A or Direct Award Process B and the modification does not render the contract materially different in character.

7.29 Modifications are NOT permitted when:

- the change is attributable to a decision made by the ICB, and
- if the changes render the contract materially different, or
- where the changes are over £500,000 and represent over 25% of the original contract value.

7.30 The provision for modification should not be used to circumvent PSR regulations when a contract ends and a new one is awarded. Commissioners should seek procurement advice from SCW CSU when intending to modify a contract.

Standstill Period and Receiving Representations

7.31 A standstill period must be observed once a notice of intention to make an award to a provider under Direct Award process C, the Most Suitable Provider process, or the Competitive Process has been published (see process chart at Appendix G). This includes concluding a framework agreement or awarding a contract based on a framework agreement following a mini competition.

7.32 The standstill period follows a decision to select a provider and must end before the contract can be awarded. It gives time for any provider who might otherwise have been a provider of the services to which the contract relates to make representations if unhappy with the decision; and for the ICB to consider those representations and respond as appropriate. The ICB where possible will ensure that decisions are reviewed by individuals not involved in the original decision. Where this is not possible, the ICB will ensure that at least one individual not involved in the original decision is included in the review process.

7.33 The standstill period must last for a minimum period of eight (8) working days (ending at midnight on the eighth day) and any provider representation must be made during this period. If any representations are received during this period, then the standstill period will remain open until the ICB provides any requested information, considers the representations, and makes a further decision.

7.34 The end of the standstill period must be at least five (5) working days after the ICB has communicated its decision to the provider. The minimum five (5) 'working days' notice allows for providers that remain unsatisfied about the response given by the ICB to their representations to seek the involvement of a PSR review panel. The PSR review panel will provide independent expert advice to the ICB with respect to the review of PSR decisions during the standstill period.

7.35 Where the PSR review panel accepts a representation for review, it will endeavour to consider it and share advice, or a summary of its advice, with the provider and the ICB within 25 working days. However, this timeframe is indicative and contingent on the engagement and timely responses of the provider and the ICB throughout the review process.

7.36 The PSR review panel may consider whether the ICB complied with the Regulations and may provide advice to the ICB. Following consideration of advice, the ICB will make an informed decision about how to proceed. SCW Procurement will support commissioners during the standstill period, receiving a representation and associated processes and when communicating the ICB's decision outcome aligned to PSR regulations. The decision outcome may include:

- entering into a contract or concluding the framework agreement as intended.
- going back to an earlier step in the selection process,

- abandoning the provider selection process, and
- starting a new process.

Record Keeping

7.37 The ICB must keep records of their considerations throughout the award process. These records may be requested for review prior or post contract award. Records must include:

- The relative importance of each of the key criteria and the rationale for their relative importance and how the basic selection criteria were assessed.
- Name and address of the provider
- The decision-making process followed to select a provider.
- The rationale for the decision
- For mixed procurements, how the procurement meets the requirements for mixed procurement.
- Details of the individual/individuals making the decision
- Any declared or potential conflicts of interest for individuals involved in decision making and how these were managed.

Non-Healthcare Services

Financial Thresholds

7.38 The table below summarises the potential routes to market in accordance with the potential value of the contract (calculated over the full term of the contract) and the requirements of the 2015 Regulations and other relevant legislation, for non-healthcare contracts. In certain circumstances the procurement route specified below might not be appropriate. In such circumstances written approval must be sought from the Chief Finance Officer.

Total Contract Value	***Minimum Type of Procurement Required***	***Applicable Governance / legislation***
Up to £5k[1] **Non-healthcare contract**	No formal requirement for external procurement process.	ICB Constitution: which describes the authority for approval of single tender

Total Contract Value	*Minimum Type of Procurement Required*	*Applicable Governance / legislation*
Between £5k and £50k[1] **Non-healthcare contract**	Quotations should be obtained from at least 3 suppliers / individuals. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to the Audit Committee)	waivers. Procurement Policy: which describes the award of contract without competition. Managing conflicts of interest in the NHS: guidance for staff and organisations (2017).
Between £50k and £215k[1] (threshold) **Non-healthcare contract**	Competitive tender required. (Single Tender Waiver should only be used in exceptional circumstances and must be reported to Audit Committee). The ICB can consider an open (advertised) or closed (framework or local approved supplier list) approach to market.	
Above £215k[1] (threshold) **Non-healthcare contract**	Full open (advertised) or closed (framework) tender required. Advice and guidance from SCW CSU Procurement Team, including if full tender cannot be undertaken.	Public Contracts Regulations 2015 Managing conflicts of interest in the NHS: guidance for staff and organisations (2017)

[1] inclusive of VAT

Procurement routes are further demonstrated in a flowchart attached at Appendix X to this document.

Exceptions and Instances where Formal Tendering Need Not Be Applied

7.39 Formal tendering procedures need not be applied where:

- the estimated expenditure or income does not, or is not reasonably expected to, exceed £50,000 over the lifetime of the contract.
- where the supply is proposed under special arrangements negotiated by the Department of Health, in which event the said special arrangements must be complied with.

7.40 Formal tendering procedures may be waived in the following circumstances:

- in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the

estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate NHS Somerset Integrated Care Board record

- where the requirement is covered by an existing contract.

- where national agreements are in place and have been approved by the ICB Board.

- where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.

- where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender.

- where specialist expertise is required and is available from only one source.

- when the task is essential to complete the project and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate.

- there is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

- for the provision of legal advice and services providing that any legal firm or partnership commissioned by the NHS Somerset Integrated Care Board is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

7.41 The Chief Financial Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work where allowed.

7.42 The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

7.43 Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and

recorded in an appropriate NHS Somerset Integrated Care Board record. Waivers for the value of £30,000 and above must be reported to the ICB Audit Committee. Waivers below the value of £30,000 can be approved by the Chief Finance Officer. A sample waiver application form is attached at Appendix B to this document.

Fair and Adequate Competition

7.44 Where the exceptions set out in Financial Instruction 7.39 apply, the NHS Somerset Integrated Care Board shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than two firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

Building and Engineering Construction Works

7.45 Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Department of Health approval.

Items which Subsequently Breach Thresholds after Original Approval

7.46 Items estimated to be below the limits set in the Financial Instructions for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer and be recorded in an appropriate NHS Somerset Integrated Care Board record.

Contracting/Tendering Procedure

Invitation to Tender

7.47 Approval must be sought from the Somerset ICB Finance Committee before commencement of a formal contract/tendering procedure and release of invitations to tender documentation.

7.48 All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.

7.49 Where e-tender is not used all invitations to tender shall state that no tender will be accepted unless:

- submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the NHS Somerset Integrated Care Board (or the word "tender" followed by the subject to which it related) and the latest date and time for the receipt of such tender addressed to the Accountable Officer or nominated Manager, and

- that the tender envelopes/packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.

7.50 Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.

7.51 Every tender must have given, or give a written undertaking, not to engage in collusive tendering or other restrictive practice.

7.52 Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health guidance and, in minor respects, to cover special features of individual projects.

Receipt and Safe Custody of Tenders

7.53 Where e-tendering is not used the Accountable Officer, or his nominated representative, will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.

7.54 The date and time of receipt of each tender shall be endorsed on the tender envelope/package.

Opening Tenders and Register of Tenders

Where e-tendering is not used,

7.55 As soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Accountable Officer and not from the originating department.

7.56 A member of the ICB Board will be required to be one of the two approved persons present for the opening of tenders estimated above £500,000 or arrangements otherwise agreed by the Chief Financial Officer. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the NHS Somerset Integrated Care Board's Scheme of Delegation.

7.57 The ‘originating’ Department will be taken to mean the Department sponsoring or commissioning the tender.

7.58 The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Chief Financial Officer or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.

7.59 All Directors/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

7.60 The Secretary to the ICB Board will count as a Director for the purposes of opening tenders.

7.61 Every tender received shall be marked with the date of opening and initialled by those present at the opening.

7.62 A register shall be maintained by the Accountable Officer, or a person authorised by him, to show for each set of competitive tender invitations despatched:

- the name of all organisations/individuals invited
- the names of organisations/individuals from which tenders have been received
- the date the tenders were opened
- the persons present at the opening
- the price shown on each tender
- a note where price alterations have been made on the tender

7.63 Each entry to this register shall be signed by those present.

7.64 A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

7.65 Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders, i.e. those amended by the tenderer upon his own initiative either orally or in writing after

the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders, as below.

Admissibility

7.66 If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Accountable Officer.

7.67 Where only one tender is sought and/or received, the Accountable Officer and Chief Financial Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the NHS Somerset Integrated Care Board.

Late Tenders

7.68 Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his nominated officer decides that there are exceptional circumstances, i.e. despatched in good time but delayed through no fault of the tenderer.

7.69 Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Accountable Officer or his nominated officer or if the process of evaluation and adjudication has not started.

7.70 While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his nominated officer.

Acceptance of Formal Tenders

7.71 Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his tender before the award of a contract will not disqualify the tender.

7.72 The lowest tender, if payment is to be made by the NHS Somerset Integrated Care Board, or the highest, if payment is to be received by the NHS Somerset Integrated Care Board, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

7.73 It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- experience and qualifications of team members
- understanding of client's needs
- feasibility and credibility of proposed approach
- ability to complete the project on time

7.74 Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

7.75 No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the NHS Somerset Integrated Care Board and which is not in accordance with these Instructions except with the authorisation of the Accountable Officer.

7.76 The use of these procedures must demonstrate that the award of the contract was:

- not in excess of the going market rate / price current at the time the contract was awarded
- that best value for money was achieved

7.77 All tenders should be treated as confidential and should be retained for inspection.

Tender Reports to the ICB Board

7.78 Reports to the ICB Board will be made on an exceptional circumstance basis only.

List of Approved Firms

7.79 The Integrated Care Board and the ICB Board shall ensure that the organisations/individuals invited to tender (and where appropriate, quote) are among those on approved lists. The list shall include all firms who have applied for permission to tender and as to whose technical and financial competence the Integrated Care Board is satisfied. All suppliers must be made aware of the Integrated Care Board's terms and conditions of contract.

Responsibility for Maintaining List

7.80 A manager nominated by the Accountable Officer shall on behalf of the NHS Somerset Integrated Care Board maintain lists of approved firms from whom tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the NHS Somerset Integrated Care Board is satisfied. All suppliers must be made aware of the NHS Somerset Integrated Care Board's terms and conditions of contract.

Financial Standing and Technical Competence of Contractors

7.81 The Chief Financial Officer may make or institute any enquiries deemed appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical / medical competence.

Exceptions to Using Approved Contractors

7.82 If in the opinion of the Accountable Officer and the Chief Financial Officer or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Accountable Officer should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

7.83 An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

Building and Engineering Construction Works

7.84 Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).

7.85 Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equality Act 2010 and any amending and/or related legislation.

7.86 Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

Quotations: Competitive and Non-Competitive

General Position on Quotations

7.87 Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds or is reasonably expected to exceed £5,000 but not exceed £50,000 over the lifetime of the contract.

Competitive Quotations

7.88 Quotations should be obtained from at least three firms/individuals based on specifications or terms of reference prepared by, or on behalf of, the NHS Somerset Integrated Care Board.

7.89 Quotations should be in writing unless the Accountable Officer or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

7.90 All quotations should be treated as confidential and should be retained for inspection.

7.91 The Accountable Officer or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the NHS Somerset Integrated Care Board, or the highest if payment is to be received by the NHS Somerset Integrated Care Board, then the choice made and the reasons why should be recorded in a permanent record.

Non-Competitive Quotations

7.92 Non-competitive quotations in writing may be obtained in the following circumstances:

- the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the

opinion of the Responsible Officer, possible or desirable to obtain competitive quotations

- the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts

- miscellaneous services, supplies and disposals

- where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this Financial Policy apply

Quotations to be Within Financial Limits

7.93 No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the NHS Somerset Integrated Care Board and which is not in accordance with Financial Policies except with the authorisation of either the Accountable Officer or Chief Financial Officer.

Authorisation of Tenders and Competitive Quotations

7.94 Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract (over the full contract life cycle including VAT) as follows:

Designated budget holders	up to	£50,000
Directors	up to	£500,000
Accountable Officer and Chief Financial Officer	up to	£1,000,000
ICB Board	over	£1,000,000

All contracts must also be approved by the Somerset ICB Finance Committee before formal authorisation and award. All contracts with a value exceeding £1,000,000 must be reviewed by the ICB Executive Committee for recommendation to the ICB Board for authorisation and award.

7.95 These levels of authorisation may be varied or changed and need to be read in conjunction with the ICB Board's Scheme of Delegation.

7.96 Formal authorisation must be put in writing. In the case of authorisation by the ICB Board this shall be recorded in their minutes. Where such expenditure may be treated as revenue but may be capitalised then approval of the Audit Committee Chair is required.

7.97 The contract award recommendation will include the contract term plus any extension period to be approved by the appropriate Committee of the ICB Board.

Instances where Formal Competitive Tendering or Competitive Quotation is Not Required

7.98 Where competitive tendering or a competitive quotation is not required, the NHS Somerset Integrated Care Board should adopt one of the following alternatives:

- the NHS Somerset Integrated Care Board shall use the NHS Supply Chain for procurement of all goods and services unless the Accountable Officer or nominated officers deem it inappropriate. The decision to use alternative sources must be documented

- if the NHS Somerset Integrated Care Board does not use the NHS Supply Chain - where tenders or quotations are not required, because expenditure is below £5,000, the NHS Somerset Integrated Care Board shall procure goods and services in accordance with procurement procedures approved by the Chief Financial Officer

Compliance Requirements for all Contracts

7.99 The ICB Board may only enter into contracts on behalf of the NHS Somerset Integrated Care Board within the statutory powers delegated to it by the Secretary of State and shall comply with:

- the NHS Somerset Integrated Care Board's Standing Financial Instructions

- EU Directives and other statutory provisions

- any relevant directions including the Capital Investment Manual, NHS Estatecode and guidance on the Procurement and Management of Consultants

- such of the NHS Standard Contract Conditions as are applicable

- contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance

7.100 Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

7.101 In all contracts made by the NHS Somerset Integrated Care Board, the ICB Board shall endeavour to obtain best value for money by use of all systems in

place. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the NHS Somerset Integrated Care Board.

Personnel and Agency or Temporary Staff Contracts

7.102 The Accountable Officer shall ensure compliance with instructions issued by the Department of Health and NHS England and NHS Improvement.

7.103 The Accountable Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

Healthcare Services Agreements

7.104 Service agreements with NHS providers for the supply of healthcare services shall be drawn up in accordance with the NHS and Community Care Act 1990 and administered by the NHS Somerset Integrated Care Board. Service agreements are not contracts in law and are not enforceable by the courts. However, a contract with a Foundation Trust, being a Public Body Corporate, is a legal document and is enforceable in law.

7.105 The Accountable Officer shall nominate officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the ICB Board.

Disposals

7.106 Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Accountable Officer or a nominated officer

- obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the NHS Somerset Integrated Care Board

- items to be disposed of with an estimated sale value of less than £5,000, this figure to be reviewed on a periodic basis

- items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract

- land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance

In-house Services

7.107 The Accountable Officer shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The NHS Somerset Integrated Care Board may also determine from time to time that in-house services should be market tested by competitive tendering.

7.108 In all cases where the ICB Board determines that in-house services should be subject to competitive tendering the following groups shall be set up:

- specification group, comprising the Accountable Officer or nominated officer/s and specialist

- in-house tender group, comprising a nominee of the Accountable Officer and technical support

- evaluation team, comprising normally a specialist officer, a supplies officer and a Chief Financial Officer representative. For services having a likely annual expenditure exceeding £100,000, a member of the ICB Board approved by the Chief Financial Officer should be nominated to act as an independent observer to the evaluation to provide assurance to the NHS Somerset ICB Board on process and due diligence

7.109 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.

7.110 The evaluation team shall make recommendations to the ICB Board.

7.111 The Accountable Officer shall nominate an officer to oversee and manage the contract on behalf of the NHS Somerset Integrated Care Board.

8 Staff costs and staff related non pay expenditure

Chief People Officer

8.39 The Chief People Officer 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.

8.40 Operationally the Chief People Officer 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.

8.41 The Chief People Officer will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.42 Where a third-party payroll provider is engaged, the Chief People Officer shall closely manage this supplier through effective contract management.

8.43 The Chief People Officeris responsible for management and governance frameworks that support the ICB employees' life cycle.

Terms of service, allowances and payment of the ICB Board and employees

Remuneration and Terms of Service

8.6. In accordance with Standing Orders the ICB Board shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

8.7 The Committee will:

- advise the ICB Board about appropriate remuneration and terms of service for the Chief Executive, other officer members employed by the NHS Somerset Integrated Care Board and other senior employees including:
    - all aspects of salary (including any performance-related elements/bonuses)
    - provisions for other benefits, including pensions and cars

- arrangements for termination of employment and other contractual terms

- make such recommendations to the ICB Board on the remuneration and terms of service of officer members of the ICB Board and other senior employees to ensure they are fairly rewarded for their individual contribution to the NHS Somerset Integrated Care Board - having proper regard to the NHS Somerset Integrated Care Board's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate.

- monitor and evaluate the performance of individual officer members of the ICB Board and other senior employees.

- advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate

8.8 The Committee shall report in writing to the ICB Board the basis for its recommendations. The ICB Board shall use the report as the basis for their decisions. Minutes of the ICB Board meetings should record such decisions.

8.9 The ICB Board will consider and need to approve proposals presented by the Accountable Officer for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

8.10 The NHS Somerset Integrated Care Board will pay allowances to the Chairman and voting non-executive members of the ICB Board in accordance with instructions issued by the Secretary of State for Health.

Funded Establishment

8.11 The workforce plans incorporated within the annual budget will form the funded establishment.

8.12 The funded establishment of any department may not be varied without the approval of the Accountable Officer.

Staff Appointments

8.13 No officer or Member of the ICB Board or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- unless authorised to do so by the Accountable Officer

- within the limit of their approved budget and funded establishment

8.14 The ICB Board will approve procedures presented by the Accountable Officer for the determination of commencing pay rates, condition of service, etc, for employees.

Payroll

8.15 The Chief People Officer is responsible for:

- specifying timetables for submission of properly authorised time records and other notifications
- the final determination of pay and allowances
- making payment on agreed dates
- agreeing method of payment

8.16 The Chief People Officer will issue instructions regarding:

- verification and documentation of data
- the timetable for receipt and preparation of payroll data and the payment of employees and allowances
- maintenance of subsidiary records for superannuation, income tax, social security, and other authorised deductions from pay
- security and confidentiality of payroll information
- checks to be applied to completed payroll before and after payment
- authority to release payroll data under the provisions of the Data Protection Act
- methods of payment available to various categories of employee and officers
- procedures for payment to employees and officers
- procedures for the recall of cheques and bank credits
- pay advances and their recovery
- maintenance of regular and independent reconciliation of pay control accounts

- a system to ensure the recovery from those leaving the employment of the NHS Somerset Integrated Care Board of sums of money and property due by them to the NHS Somerset Integrated Care Board

8.17 Appropriately nominated managers have delegated responsibility for:

- submitting time records, and other notifications in accordance with agreed timetables

- completing time records and other notifications in accordance with the Chief People Officer's instructions and in the form prescribed by the Chief People Officer

- submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief People Officermust be informed immediately.

8.18 Regardless of the arrangements for providing the payroll service, the Chief People Officershall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangement are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

8.19 The ICB Board shall delegate responsibility to an officer for:

- ensuring that all employees are issued with a Contract of Employment in a form approved by the ICB Board and which complies with employment legislation

- dealing with variations to, or termination of, contracts of employment

9 Non-pay expenditure

9.39 The ICB Board will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

9.40 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

9.41 The Chief Financial Officer will:

- advise the ICB Board on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained (referred to in more detail in section 7 of these SFIs); and once approved, the thresholds should be incorporated in the scheme of reservation and delegation.

- be responsible for the prompt payment of all properly authorised accounts and claims.

- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

Delegation of Authority

9.42 The Accountable Officer or Chief Financial Officer will set out:

- the list of managers who are authorised to place requisitions for the supply of goods and services

- the maximum level of each requisition and the system for authorisation above that level

9.43 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Financial Instruction 7 Procurement and Purchasing)

Requisitioning

9.44 The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the NHS Somerset Integrated Care Board. In so doing, the advice of the NHS Somerset Integrated Care Board's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Financial Officer (and/or the Accountable Officer) shall be consulted.

Responsibilities of the Chief Financial Officer

9.45 The Chief Financial Officer will:

- advise the ICB Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Financial Instructions and regularly reviewed

- prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds

- be responsible for the prompt payment of all properly authorised accounts and claims and ensuring that payment of contract invoices shall be in accordance with contract terms, or otherwise in accordance with national guidance

- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

    - a list of ICB Board members/employees (including specimens of their signatures) authorised to certify invoices

    - certification that:

        * goods have been duly received, examined and are in accordance with specification and the prices are correct

        * work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct

        * in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined

        * where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained

        * the account is arithmetically correct

        * the account is in order for payment

- a timetable and system for submission to the Chief Financial Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment

- instructions to employees regarding the handling and payment of accounts within the Finance Department

- ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in Financial Instruction 9.8 below.

Prepayments

9.46 Prepayments are only permitted where exceptional circumstances apply and require Treasury approval. In such instances:

- prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted)

- the appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the NHS Somerset Integrated Care Board if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments

- the Chief Financial Officer will need to be satisfied with the proposed arrangements, and approval sought from Treasury before contractual arrangements proceed

- the budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Accountable Officer if problems are encountered

- Exceptions to these guidelines, which would not normally require Chief Finance Officer and Treasury approval include

    * service and maintenance contracts which require payment when the contract commences, provided that the service is available and can be called on from the date of payment

    * grants to small voluntary or community bodies where the recipient needs working capital to carry out the commitment for which the grant is paid and private sector finance would reduce value for money

    * minor services such as training courses, conference bookings or magazine subscriptions, where local discretion is acceptable

* annual licence agreements

Official Orders

9.47 Official Orders must:

- be consecutively numbered
- be in a form approved by the Chief Financial Officer
- state the NHS Somerset Integrated Care Board's terms and conditions of trade
- only be issued to, and used by, those duly authorised by the Accountable Officer

Duties of Managers and Officers

9.48 Managers and officers must ensure that they comply fully with the guidance and limits specified by the Chief Financial Officer and that:

- all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Chief Financial Officer in advance of any commitment being made

- contracts above specified thresholds are advertised and awarded in accordance with procurement rules

- where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health

- no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:

    - isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars

    - conventional hospitality, such as lunches in the course of working visits

- no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Accountable Officer

- all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract

- verbal orders must only be issued very exceptionally - by an employee designated by the Accountable Officer and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order"

- orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds

- goods are not taken on trial or loan in circumstances that could commit the NHS Somerset Integrated Care Board to a future uncompetitive purchase

- changes to the list of members, employees and officers authorised to certify invoices are notified to the Chief Financial Officer

Building and Engineering Contracts

9.49 The Accountable Officer and Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within CONCODE and ESTATECODE. The technical audit of these contracts shall be the responsibility of the relevant Director.

Joint Finance Arrangements with Local Authorities and Voluntary Bodies

9.50 Payments to local authorities and voluntary organisations made under the powers of section 256/257 of the NHS Act 2006 shall comply with procedures laid down by the Chief Financial Officer which shall be in accordance with these Acts.

10 Annual Reporting, Annual Accounts and Audit

10.39 The Chief Financial Officer 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; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;

10.40 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.

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

10.42 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.

10.43 The Chief Financial Officer will ensure NHS Somerset Integrated Care Board:

- prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the ICB Board;
- prepares the accounts according to the timetable approved by the ICB Board;
- complies with statutory requirements and relevant directions for the publication of annual report;
- considers the external auditor's annual report and fully address all issues within agreed timescales;
- publishes the external auditor's annual report on the organisation's website.

10.44 The Chief Financial Officer, on behalf of the NHS Somerset Integrated Care Board, will:

- prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the NHS Somerset Integrated Care Board 's accounting policies, and generally accepted accounting practice

- prepare and submit annual financial reports to the Department of Health certified in accordance with current guidelines

- submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health

10.45 The NHS Somerset Integrated Care Board 's annual accounts must be audited by the External Auditor and presented to the ICB Audit Committee. They must then be presented to a public meeting and made available to the public.

10.46 The NHS Somerset Integrated Care Board will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's Group Accounting Manual (GAM).

Internal audit

10.47 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 Chief Financial Officer to ensure that:

- all internal audit services provided under arrangements proposed by the Chief Financial Officer are approved by the ICB 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, the ICB Audit Committee and ICB 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 ICB Audit Committee meetings and have a right of access to all ICB 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.

Role of Internal audit

10.48 Internal Audit will review, appraise and report upon:

- the extent of compliance with, and the financial effect of, relevant established policies, plans and procedures

- the adequacy and application of financial and other related management controls

- the suitability of financial and other related management data

- the extent to which the NHS Somerset Integrated Care Board's assets and interests are accounted for and safeguarded from loss of any kind, arising from:

    - fraud and other offences

    - waste, extravagance, inefficient administration

    - poor value for money or other causes

10.49 Internal Audit shall also independently verify the Assurance Framework statements in accordance with guidance from the Department of Health.

10.50 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Chief Financial Officer must be notified immediately.

10.51 The Internal Auditor will normally attend ICB Audit Committee meetings and has a right of access to all ICB Audit Committee members, the Chairman and Accountable Officer of the NHS Somerset Integrated Care Board.

10.52 The Internal Auditor shall be accountable to the Chief Financial Officer. The reporting system for Internal Audit shall be agreed between the Chief

Financial Officer, the ICB Audit Committee and the Internal Auditor. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.

External Audit

10.53 The Chief Financial Officer 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; 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.

11 Losses and special payments

11.39 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.

11.40 The Chief Financial Officer 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.

11.41 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.

11.42 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments

11.43 All losses and special payments (including special severance payments) must be reported to the ICB Audit Committee.

Losses

11.44 A loss refers to any case where full value has not been obtained for money spent or committed.

11.45 Examples of types of losses which cannot be treated as business as usual are cash losses, bookkeeping losses, fruitless payments and claims waived or abandoned.

Special Payment

11.46 Special Payments relate to the following;

- any compensation payments;
- extra-contractual or ex-gratia payments; and
- any payment made without specific identifiable legal power In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022.

Special Severance and retention payments

11.47 ICBs have not been delegated a limit to approve special severance or retention payments. Any special severance payments that are being considered for approval must be submitted to NHS England (england.assurance@nhs.net) prior to settlement.

11.48 The table below lists all the various expenditure classifications for losses and special payments.

Payment Type	Classification	Definition
Fruitless Payment	Loss	A fruitless payment is a payment which cannot be avoided because the recipient is entitled to it even though nothing of use to the department will be received in return Fruitless payments include payments for rail fares and hotels that are not required but could not be cancelled without a partial or full charge being incurred.
Bookkeeping Losses	Loss	Bookkeeping losses (un-vouched or incompletely vouched payments) including missing items or inexplicable or erroneous debit balances.
Constructive loss	Loss	A constructive loss is a similar form of payment to stores losses and fruitless payments, but one where procurement action itself caused the loss. For example, stores or services might be correctly ordered, delivered or provided, then paid for as correct; but later, perhaps because of a change of policy, they might prove not to be needed or to be less useful than when the order was placed.
Administrative costs	Loss	An expense incurred in controlling and directing an organisation.
Claims Waived or Abandoned	Loss	Losses may arise if claims are waived or abandoned because, though properly made, it is decided not to present or pursue them.
Extra-contractual payments	Special Payment	Payments which, though not legally due under contract, appear to place an obligation on a public sector organisation which the courts might uphold. Typically, these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay, e.g. where the contract provides for arbitration, but a settlement is reached without it. A payment made as a result of an arbitration award is contractual.
Extra-statutory	Special Payment	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.

Extra-regulatory payments	Special Payment	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.
Compensation payments	Special Payment	Payments made to provide redress for personal injuries (except for payments under the Civil Service Injury Benefits Scheme), traffic accidents, and damage to property etc., suffered by civil servants or others. They include other payments to those in the public service outside statutory schemes or outside contracts.
Special severance payments	Special Payment	Payments made to employees, contractors and others beyond above normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed or reach an agreed termination of contract.
Ex gratia payments	Special Payment	Go beyond statutory cover, legal liability, or administrative rules, including payments; • made to meet hardship caused by official failure or delay; • out of court settlements to avoid legal action on grounds of official inadequacy; and, • payments to contractors outside a binding contract, e.g. on grounds of hardship
Retention payments	Special Payment	Payments, designed to encourage staff to delay their departures, particularly where transformations of ALBs are being negotiated, are also classified as novel and contentious. Such payments always require explicit Treasury approval, whether proposed in individual cases or in groups. Treasury approval must be obtained before any commitment, whether oral or in writing, is made.

Interpretation

11.49 Should any difficulties arise regarding the interpretation or application of any part of this losses and special payment guidance, the advice of the Head of assurance and counter fraud (england.assurance@nhs.net) must be sought before acting.

Capturing of losses and special payments

11.50 The ICB chief financial officer is responsible for ensuring that processes and procedures that facilitate the capturing and reporting of losses and special payments are in place and ensure that a losses and special payments register is maintained.

11.51 All losses and special payments for ICBs must be recorded in the register and reviewed by the Audit Committee as part of the internal controls process.

Parliamentary accountability and audit report

11.52 The ICB must maintain a losses and special payments register that provides the requested information to complete the NHS England group account.

11.53 It should be noted that ICBs do not have a mandatory requirement to produce a Parliamentary accountability and audit report as other entities that report directly to Parliament. However, it is a mandatory requirement that ICBs produce an audit certificate and report.

11.54 There will be a need to collect data for the NHS England consolidated account. NHS England will also use this information to complete the DHSC summarisation schedule for the DHSC consolidated account. Therefore, regardless of applicability of this report, all ICBs must ensure the summarisation schedule is completed.

11.55 If there are any individual cases or a group of losses or special payments that exceed the aggregate value of £100,000, the related payment should be noted separately on the ICB year-end template completed for the NHS England group account.

Financial Control

11.56 The Chief Financial Officer should implement a system of internal control that details the process for reporting losses, recording losses, monitoring and reporting the losses and special payments to the ICB Audit Committee based on existing reporting cycles.

11.57 The reporting cycle should clarify the delegated sum that the chief financial officer can authorise as a loss or special payment. The delegated sum should be in line with the ICB escalation process for losses and special payments.

12 Fraud, bribery and corruption (Economic crime)

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

12.40 The ICB Chief Financial Officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the ICB Board and ICB Audit Committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the ICB Board.

12.41 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.

12.42 In line with their responsibilities, the Accountable Officer and Chief Financial Officer shall monitor and ensure compliance with guidance issued by the NHS Counter Fraud Authority and NHS England and NHS Improvement on fraud and corruption.

12.43 The NHS Somerset Integrated Care Board shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist as specified by the Government Functional Standard 013 Counter Fraud.

12.44 The Local Counter Fraud Specialist shall report to the NHS Somerset Integrated Care Board Chief Financial Officer and shall work with staff in the NHS Counter Fraud Authority in accordance with the Government Functional Standard 013 Counter Fraud.

12.45 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the NHS Somerset Integrated Care Board.

13 Capital Investments & security of assets and Grants

13.39 The Chief Financial Officer 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 Chief Financial Officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

13.40 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.

13.41 Advice should be sought from the Chief Financial Officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

13.43 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

13.44 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.

Capital Investment Manual and other Department of Health Guidance

13.45 The NHS Somerset Integrated Care Board shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and “Estate code” in respect of capital investment and estate and property transactions. In the case of management consultancy contracts the NHS Somerset Integrated Care Board shall comply as far as is practicable with Department of Health guidance "The Procurement and Management of Consultants within the NHS".

Capital Investment

13.46 For every capital expenditure proposal the Accountable Officer shall ensure:

- that a business case (in line with the guidance contained within the Capital Investment Manual) is produced setting out:
    - an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs
    - appropriate project management and control arrangements
- that the Chief Financial Officer has professionally certified the costs and revenue consequences detailed in the business case.

13.47 For capital schemes where the contracts stipulate stage payments, the Accountable Officer will issue procedures for their management, incorporating the recommendations of ESTATECODE.

13.48 The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

13.49 The approval of a capital programme shall not constitute approval for expenditure on any scheme. The Accountable Officer shall issue to the manager responsible for any scheme:

- specific authority to commit expenditure
- authority to proceed to tender (see overlap with Financial Instruction 7 Procurement and purchasing)
- approval to accept a successful tender (see overlap with Financial 7 Procurement and purchasing)

13.50 The Accountable Officer will issue a scheme of delegation for capital investment management in accordance with ESTATECODE guidance and the NHS Somerset Integrated Care Board's Standing Orders.

13.51 The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes included in Annex C of HSC (1999) 246.

Asset Registers

13.52 NHS Somerset Integrated Care Board shall maintain an asset register recording fixed assets.

13.53 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties
- stores, requisitions and wages records for own materials and labour including appropriate overheads
- lease agreements in respect of assets held under a finance lease and capitalised

13.54 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

13.55 The Chief Financial Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

13.56 The value of each asset shall be indexed to current values in accordance with methods specified in Accounting Policies.

13.57 The value of each asset shall be depreciated using methods and rates as specified in the Accounting Policies.

13.58 The Chief Financial Officer of the NHS Somerset Integrated Care Board shall calculate and pay capital charges as specified by the Department of Health.

Security of Assets

13.59 The overall control of fixed assets is the responsibility of the Accountable Officer.

13.60 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Financial Officer. This procedure shall make provision for:

- recording managerial responsibility for each asset
- identification of additions and disposals
- identification of all repairs and maintenance expenses
- physical security of assets
- periodic verification of the existence of, condition of, and title to, assets recorded
- identification and reporting of all costs associated with the retention of an asset
- reporting, recording and safekeeping of cash, cheques, and negotiable instruments

13.61 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Financial Officer.

13.62 Whilst each employee and officer has a responsibility for the security of property of the NHS Somerset Integrated Care Board, it is the responsibility of ICB Board members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the ICB Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

13.63 Any damage to the NHS Somerset Integrated Care Board's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by ICB Board members and employees in accordance with the procedure for reporting losses.

13.64 Where practical, assets should be marked as NHS Somerset Integrated Care Board property.

Grants

13.65 The Chief Financial Officer 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.

13.66 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.

14 Stores and receipt of goods

General position

14.39 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- kept to a minimum
- subjected to annual stock take
- valued at the lower of cost and net realisable value

Control of Stores and Stocktaking, Condemnations and Disposal

14.40 Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Accountable Officer. The day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Financial Officer. The control of any fuel oil and coal shall be the responsibility of a designated estates manager.

14.41 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

14.42 The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.

14.43 Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check covering all items in store at least once a year.

14.44 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Financial Officer.

14.45 The designated Manager shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also Financial Instruction 15 - Disposals and condemnations). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

15 Disposals and Condemnations

15.39 The Chief Financial Officer must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

15.40 When it is decided to dispose of an NHS Somerset Integrated Care Board asset, the Head of Department or authorised deputy will determine and advise the Chief Financial Officer of the estimated market value of the item, taking account of professional advice where appropriate.

15.41 All unserviceable articles shall be:

- condemned or otherwise disposed of by an employee authorised for that purpose by the Chief Financial Officer

- recorded by the Condemning Officer in a form approved by the Chief Financial Officer which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Chief Financial Officer

16 Legal and insurance

16.39 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.

16.40 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.

17 Commissioning Responsibility

17.39 NHS Somerset Integrated Care Board will coordinate its work with NHS England and NHS Improvement, other Integrated Care Boards, local providers of services, local authority, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.

17.40 The Accountable Officer will establish arrangements to ensure that regular reports are provided to the ICB Board detailing actual and forecast expenditure and activity for each contract.

17.41 The Chief Financial Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

Role of the NHS Somerset Integrated Care Board in Commissioning Services

17.42 The NHS Somerset Integrated Care Board has responsibilities for commissioning services on behalf of the resident population. This will require the NHS Somerset Integrated Care Board to work in partnership with NHS England and NHS Improvement, NHS Trusts, FTs, local authority, users, carers and the voluntary sector to develop an Annual Operating Plan (AOP).

Role of the Accountable Officer

17.43 The Accountable Officer has responsibility for ensuring services are commissioned in accordance with the priorities agreed in the AOP. This will involve ensuring contracts are put in place with the relevant providers, based upon agreed care pathways.

17.44 Contracts will be the key means of delivering the objectives of the AOP. The NHS Somerset Integrated Care Board Accountable Officer will need to ensure that all contracts:

- meet the standards of service quality expected
- fit the relevant national service framework (if any)
- enable the provision of reliable information on cost and volume of services
- fit the NHS National Performance Assessment Framework
- build, where appropriate, on existing Joint Investment Plans
- are based upon cost-effective services

- are based on agreed care pathways

17.45 Where the NHS Somerset Integrated Care Board makes arrangements for the provision of services by non-NHS providers it is the Accountable Officer, as the Accountable Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.

Role of Chief Financial Officer

17.46 A system of financial monitoring must be maintained by the Chief Financial Officer to ensure the effective accounting of expenditure under the contract. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

17.47 The Chief Financial Officer must account for Out of Area Treatments and Non Contract Activity financial adjustments in accordance with national guidelines.

18 Information technology

18.39 The Chief Financial Officer is responsible for the accuracy and security of NHS Somerset Integrated Care Board's computerised financial data and shall:

- devise and implement any necessary procedures to ensure adequate (reasonable) protection of NHS Somerset Integrated Care Board's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018

- ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system

- ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment

- ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Chief Financial Officer may consider necessary are being carried out

18.40 In addition the Chief Financial Officer shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

Accounting Systems

18.41 The Chief Financial Officer will ensure:

- the NHS Somerset Integrated Care Board has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England and NHS Improvement.

- 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

18.42 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

18.43 The Accountable Officer shall publish and maintain a Freedom of Information (FOI) Publication Scheme or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our NHS Somerset Integrated Care Board that we make publicly available.

Responsibilities and Duties of Other Directors and Officers in relation to Computer Systems of a General Application

18.44 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of NHS Integrated Care Boards in the Region wish to sponsor jointly) all responsible directors and employees will send to the Chief Financial Officer:

- details of the outline design of the system
- in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement

Contracts for Computer Services with other Health Bodies or Outside Agencies

18.45 The Chief Financial Officer shall 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.

18.46 Where another health organisation or any other agency provides a computer service for financial applications, the Chief Financial Officer shall periodically seek assurances that adequate controls are in operation.

Requirements for Computer Systems which have an Impact on Corporate Financial Systems

18.47 Where computer systems have an impact on corporate financial systems the Chief Financial Officer shall need to be satisfied that:

- systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy
- data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists
- Finance Directorate staff have access to such data
- such computer audit reviews as are considered necessary are being carried out

19 Acceptance of gifts by staff and Standards of Business Conduct

19.39 The Chief Financial Officer shall ensure that all staff are made aware of the NHS Somerset Integrated Care Board policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health Standards of Business Conduct Policy for NHS Staff'; the Code of Conduct for NHS Managers; and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry and is also deemed to be an integral part of these Standing Financial Instructions.

20 Retention of records

20.39 The Accountable Officer shall:

- be responsible for maintaining all records required to be retained in accordance with NHS Records Management Code of Practice 2021 and other relevant notified guidance

- ensure that arrangements are in place for effective responses to Freedom of Information requests

- publish and maintain a Freedom of Information Publication Scheme

20.40 The records held in archives shall be capable of retrieval by authorised persons.

20.41 Records held in accordance with Department of Health guidance shall only be destroyed at the express instigation of the Accountable Officer. Detail shall be maintained of records so destroyed.

21 Risk Management

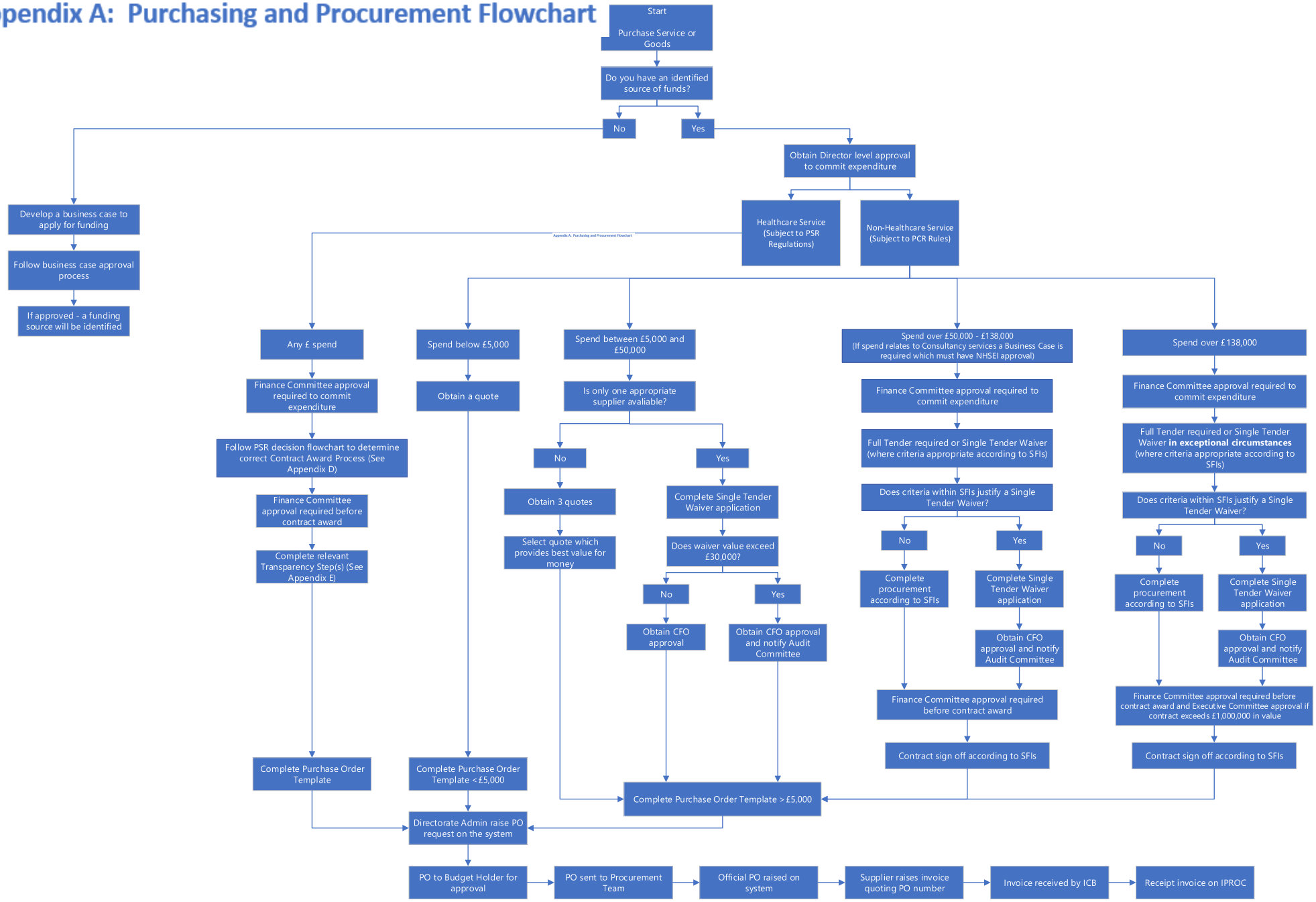
21.39 The Accountable Officer will ensure the Integrated Care Board has a programme of risk management which will be approved and monitored by the ICB Board.

21.40 The programme of risk management will include:

- a process for identifying and quantifying risk and potential liabilities
- engendering among all levels of staff a positive attitude towards the control of risk
- management processes to ensure all significant risk and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk
- contingency plans to offset the impact of adverse events
- audit arrangements including internal audit, clinical audit, health and safety review
- arrangements to review the risk management programme.

21.41 The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Governance Statement, Annual Report and Accounts as required by Department of Health guidance.

Appendix A: Purchasing and Procurement Flowchart



**Please note supplier set-up on Oracle takes 5-7 days and should be completed as soon as the supplier is known.

Appendix B: Request for waiver of Standing Orders

REQUEST FOR WAIVER OF STANDING ORDERS

As stated in NHS Somerset ICB's Scheme of Reservation and Delegation, it is the responsibility of all staff to conform to financial policies and financial procedures. These policies are available for reference on our website and, where assistance is required as to the appropriate course of action, the Finance Team are available for help and advice.

Before submitting a Single Tender Waiver

NHS Somerset ICB Standing Financial Instructions (SFIs) state at Section 7.39: "The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure."

The table below has been adapted from information available in the NHS Somerset ICB SFIs and defines the route/method required to ensure value for money is achieved on goods and services purchased. A further column has been added around process timescales. Further information can be obtained by SCW CSU procurement team.

TENDERING/QUOTATION THRESHOLDS/DELEGATION SCHEDULE			**Timeframes for completion**
Value of Goods/Services including VAT for the life (including full extension period) of the contract or products	**Route/Method**	**Number of formal written Quotes**	
£5,000-£50,000	Formal Written Quotation	3	A three quote process can be completed in 1-2 weeks
Over £50,000	Formal Tender	3	A lower value formal tender can be completed in 2-6 weeks (if frameworks* are available this could be reduced)
Over £138,000 full tender	Full tender or competition via frameworks*	Minimum of 3	Depending on complexity, a full tender can be completed in 2-3 months

***frameworks** are nationally procured goods and services that are compliant routes to market. Some frameworks allow direct award to specific suppliers whilst others require further competition.

To help support you to meet our requirements, for ease of reference, please find links to NHS Somerset ICB's SFIs and Financial Policies below:

- Tendering and contracting procedures – Section 7
- Exceptions and instances where formal tendering need not be applied – Section 7.39 to 7.43
- Procuring goods or services between the values of £5,000 and £50,000 (including VAT) – Section 7.87 – 7.93

When does a single tender waiver not apply?

Where quotations/tenders or frameworks are utilised as these are compliant to the NHS Somerset ICB Standing Financial Instructions.

When would I need to complete a single tender waiver?

Following a review of the SFIs and "*Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate NHS Somerset Integrated Care Board record. Waivers for the value of £30,000 and above must be reported to the ICB Audit Committee. Waivers below the value of £30,000 can be approved by the Chief Finance Officer.".*

Please find attached a copy of our 'request for waiver of standing orders' form which **MUST** be completed in all circumstances where a competitive quotation or tendering process is to be waived.

REQUEST FOR WAIVER OF STANDING ORDERS

Reference Number:	

Note for Completion:

1. Please **ask for support** from the **Finance Team** if required.
2. This form is to be completed in all circumstances **where the requestor has fully established** that the competitive quotation/tendering procedure required under the **NHS Somerset Integrated Care Board Standing Financial Instructions are to be waived.**
3. The requestor is responsible for obtaining all signatures for each section (as detailed below) and submitting to the Chief Finance Officer for approval:
    a. **Section 1** of this form must be completed in full, by the **Requestor.**
    b. **Section 2** of this form must be completed in full by the **Budget Holder.**
    c. **Section 3** to be completed by **Procurement Team**.
4. The completed and signed waiver should be e-mailed to *erin.tompkins@nhs.net* for Chief Finance Officer sign off. Jo will ensure that waiver requests are presented to the Audit Committee where required.
5. The form will be returned if incomplete, inconclusive or incorrectly completed.
6. Approved waiver requests will be returned to the Requestor for onward communication to all necessary parties in order to progress the procurement.

Section 1

REQUESTOR

Request Title			
Date of Request			
Details of Requestor: Name:			
Email:			
Department:			
Have these goods/services been ordered before?	YES/NO		
If Yes provide Req./Order number and value	Order Number	Value £	
Full Description of Goods and/or Service			
Reason for Waiver of Standing Orders request, rather than following a procurement exercise			
Proposed Supplier			
Total spend/contract value	Excluding VAT	VAT	Total including VAT
	£	£	£
Has this good/service been subject to a Waiver of Standing Orders before?	YES/NO	Date DD/MM/YYYY	
Contract Dates of this Waiver of Standing Order request	Start Date: DD/MM/YYYY	End Date: DD/MM/YYYY	
What do you propose to do after the end of the contract term?			
Signature			
Name			
Job Title			
Date of Signature			

Section 2		
BUDGET HOLDER	Using the reasoning given in the Standing Financial Instructions and Financial Policies provide information and reasoning to support Waiver Request	
	Signature	
	Name	
	Job Title	
	Date of Signature	
Section 3		
PROCUREMENT	Approval /Rejection, including Comments	
	Signature	
	Name	
	Job Title	
	Date of Signature	
Section 4		
APPROVAL	Approved/ Rejected Comments (if applicable)	
	Signature	
	Name	
	Job Title	
	Date of Signature	

SOMERSET SYSTEM TRIPLE LOCK PROCESS PROPOSAL

1 CONTEXT AND PURPOSE

1.1 Somerset ICB and Somerset NHS Foundation Trust have a collective responsibility for managing the Somerset system financial position and has a statutory obligation to ensure that it operates within the allocated funding. The system has delivered its 2023/24 financial position, however delivery of the 2024/25 financial position is expected to be more challenging, although the system has submitted a balanced financial plan.

1.2 During 2023/24 ICS' who were unable to deliver financial plans were expected to enact internal processes in line with those set out in the triple-lock process. It is now expected that all ICS' enact these additional controls on expenditure from 1 April 2024, to support 2024/25 financial planning and delivery, and work towards a more sustainable underlying financial position. This document sets out the process for the management and approval of expenditure across the system to support this, as well as a vacancy control framework.

1.3 This process is for adoption by the following organisations that make up the Somerset NHS system:

- Somerset NHS Foundation Trust (SFT)
- NHS Somerset Integrated Care Board (ICB)

1.4 The process implements a 'triple-lock' to review and agree all expenditure proposals and source of funding for expenditure >£50k for 2024/25. All revenue commitments included in the 2024/25 plan, will have been through the triple-lock process as part of the 2024/25 Operational Planning Process. Approval to incur any expenditure, in addition to that planned for during 2024/25, will then need to go through the triple lock process. A double lock applies to agreements to utilise reserves and contingencies in year.

1.5 The approval process is set out to take account of non-financial risk aspects (especially performance, safety, and quality) to ensure that the broader performance obligations of the system are considered in exercising control over the financial position.

1.6 The triple-lock does not override the obligation of all NHS bodies to secure good value from every pound that is spent. It is an additional control, so it does not replace existing organisational approval/review processes. The triple-lock process is supplementary to them, in view of the existing financial pressures. This will mean that any proposals being brought forward for approval will require senior organisational sign-off, prior to consideration at system level.

2 SCOPE

Triple Lock

2.1 As a general principle, this process is applicable to all new financial commitments in the NHS Somerset system >£50k in 2024/25, (or as a 'full-year effect' into the future), unless explicitly excluded. It implies any expenditure included in the 2024/25 plan has already gone through a process and therefore would not need to be reviewed again. This therefore means that any expenditure in addition to that planned for during 2024/25 would be subject to the triple-lock process.

2.2 Exclusions mainly relate to expenditure areas where other existing (or planned) control processes are in place, already providing scrutiny over commitments and risks. A list of excluded areas is set out in **Appendix 1**. This list will be subject to ongoing review in the context of both application of the triple-lock process and any emerging risks in the excluded expenditure areas.

2.3 It is not feasible to define every possible investment scenario for the scope of the triple-lock process – in instances where additional clarity is sought, it is proposed that the process is followed initially to determine the most appropriate way forward as part of the decision making.

2.4 It is expected that the process will be subject to regular review during implementation, to ensure it operates effectively in practice, and delivers the controls required.

2.5 To illustrate the key elements of the process, a high-level "Investment Process Decision Flowchart" is included at **Appendix 2**.

Discretionary spend

2.6 Most discretionary spend is likely to be less than the triple lock threshold, however the Somerset system will seek assurance that there are effective organisational controls in place to consider all discretionary spend.

Workforce controls

2.7 The system will implement a 'vacancy review' which effectively caps contracted WTE for substantive staff and worked WTE for bank and agency, plus adjustments as at month 7 2023/24. Appendix 3 details the vacancy control framework.

2.8 The system will develop its monthly reporting to include data on monthly monitoring, analysed between contracted substantive WTE, and worked locum and agency.

2.9 Each organisation is responsible for operating the vacancy review process effectively. If the workforce reporting does not demonstrate that the 2024/25 workforce plan is being delivered, then a further discussion and review of workforce controls across the system will be required.

2.10 The system will reduce the amount of off-framework agency month on month until July 2024, at which point it will cease using any from July 2024 unless there are clear 'break glass' exceptions.

2.11 The system will reduce aggregate agency spending to 3.2% as a proportion of the total NHS pay bill (assuming pay inflation in line with the current planning assumption).

3 EXPENDITURE PROPOSAL PANEL

3.1 To establish the triple-lock process for financial commitments >£50k and minimise the additional burden, submissions will be accepted in a short-form expenditure proposal format (see Appendix 4), reporting to the Expenditure Proposal Panel (EPP).

3.2 In addition, a complete log of submissions will be maintained to support reporting back to System Assurance Forum (SAF) or other appropriate meetings, and to track future commitments for medium-term planning purposes.

Timeliness of process

3.3 To be effective and workable, the process needs to operate smoothly and swiftly. As the system is not anticipating many funding requests over and above the 2024/25 agreed plan values the EPP will be convened on an as is basis but within 5 working days of any request being received.

3.4 Expenditure proposals entering the process will already have achieved sign-off from the lead/proposing organisation. If submitted proposals or approvals give rise to further queries not addressed within the submission, these queries will be expedited wherever possible, to minimise the risk of further delays in decision making.

Clinical and operational focus

3.5 In delivering the best possible outcomes for the people of Somerset, it is critical that actions in respect of the financial position take appropriate account of the wider risk, safety, and delivery obligations of the local NHS.

3.6 The short-form expenditure proposal format has been developed to ensure risk and performance delivery factors are built into the submission.

3.7 In establishing decisions within the triple-lock process, the composition of any Expenditure Proposal Panel used to evaluate expenditure proposals or vacancy requests, will be deliberately developed to ensure clinical and/or operational perspectives are represented as well as an NHSE regional representative.

Decision making group – Expenditure Proposal Panel

3.8 Expenditure proposals submitted to the triple-lock process will be reviewed by an executive led panel, with decisions fed back to both the originating organisation and other system partners.

3.9 It is proposed that the panel is relatively small.

3.10 Proposed additional attendance:

- at least one Executive from each of the two partner organisations representing Clinical or Operational perspective, and one executive from each of the two partner organisations representing finance as a minimum. Nominated deputies or alternates will be permitted to ensure meetings can proceed fortnightly, to enable responsive decision making,

- at least one representative from NHSE South West region,

- quoracy would be at least one operational/clinical representative, one finance representative and at least one NHSE South West representative. Administrative support to the process will be provided by the ICB.

3.11 All submissions and decisions will be logged, to enable process scrutiny and development, and to enable reporting to relevant system groups and committees.

Triple-lock process development

3.12 Introduction of the triple-lock process is expected to identify practical issues in implementation, and areas for clarity and improvement. The process will be subject to ongoing review during the first month, to ensure effective delivery. Any practical amendments and modifications will be reported back to the System Assurance Forum, for ratification.

3.13 Finalised arrangements will be reflected in the 2024/25 System Collaboration and Financial Management Agreement, as part of the NHS Standard Contract 2024/25.

APPENDIX 1

Determining the Scope of the Process

As a guiding principle, this process is applicable to all new financial commitments in the NHS Somerset system more than £50,000 (in 2024/25, or as a 'full-year effect' into the future), unless explicitly excluded.

The following items are excluded, because of other agreed management processes providing assurance and governance over spend:

- Commitments in line with an agreed plan to deliver the Mental Health Investment Standard (once that plan is signed off).
- Commitments already explicitly made in 2024/25 financial plan – but an urgent review of the current implementation status of these items will be undertaken, which may result in some elements coming back into the triple-lock for actual implementation and a full review of the expected benefits from delivery will be carried out in-year.
- Elective delivery investments, where it is both consistent with agreed system objectives and the costs do not exceed the related Elective Recovery Fund expectations.
- Commitments funded by secure third-party income (e.g. R&D/education) where organisations can assure that an exit strategy exists that mitigates in-system risk of the loss of current or future funding.
- Immediate, urgent costs and short-term costs for the duration of a month to mitigate operational or safety risks – but the decision to continue any such actions should be brought back to the triple-lock process where the costs would exceed £50,000.
- Filling of individual posts as part of normal operational practice, within agreed budgets/establishment but plans for the expansion of staffing/services more than £50,000 would be subject to the process.
- Individual clinical placements/packages of care >£50,000 where appropriate internal approval processes have been undertaken.
- 'Cost pressures' arising from unavoidable inflationary/market pressures – although these will be logged, and scrutinised for potential mitigation, as part of in-year financial management and tracking. Note: potential cost pressures from expanding services/volumes should be subject to triple-lock approval, as these are direct investment decisions.
- Major capital schemes, where these are subject to other formal approval processes e.g. EPR, New Hospitals Programme.
- Operational capital (CDEL) decisions where the revenue cost of capital consequences is already factored into the 2024/25 Plans.

For the avoidance of doubt, the following are in scope of the triple-lock process:

- Continuation of investment/services > £50,000 threshold where an initial funding source has ended.
- Recurrent investments over the threshold where the funding source is time-limited, and a viable exit strategy is not in place to mitigate the risk of continuing costs.

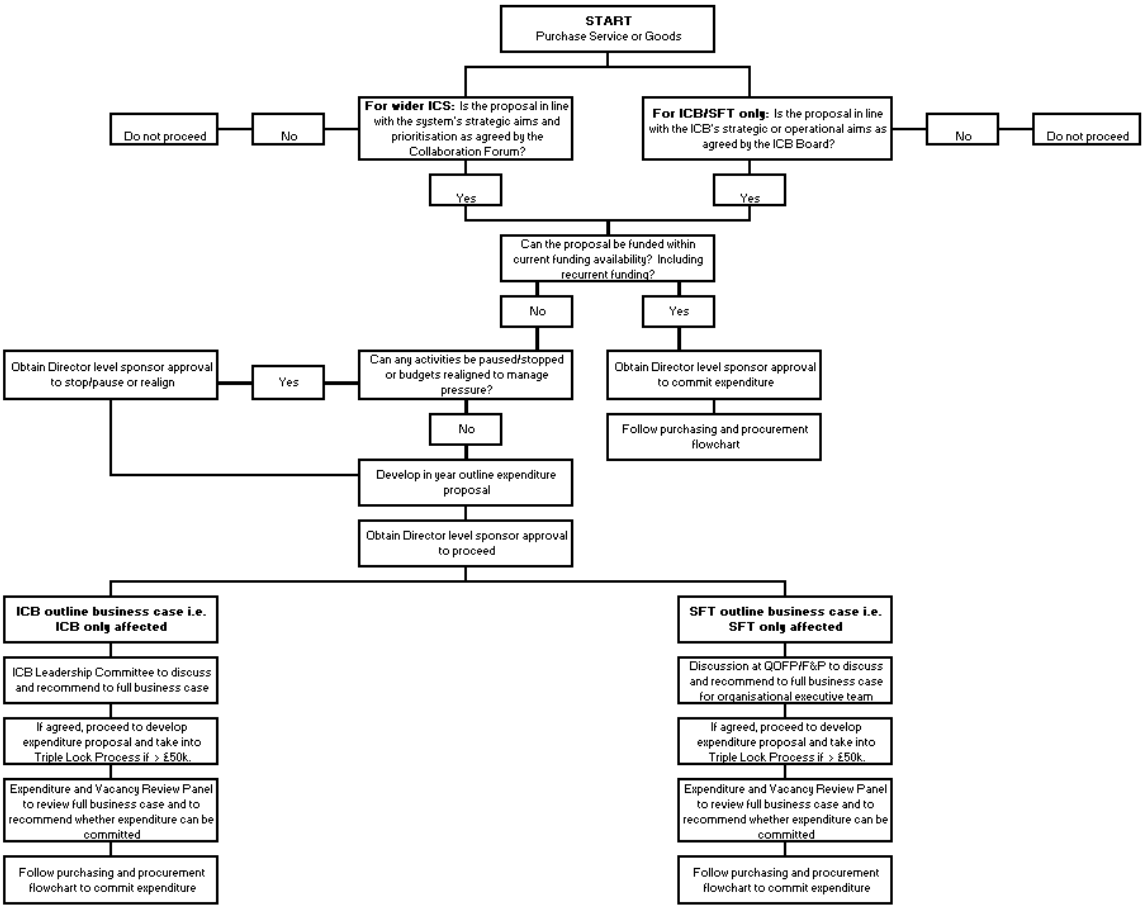
- Inter-related investments individually below the threshold but with a total impact of > £50,000 where a single decision is required.
- Investments that will incur less than £50,000 in 2024/25 but will exceed the threshold as a full-year impact.
- Additional capital investment with a revenue impact of >£50,000, where the revenue impact is not already within 2024/25 Plan (e.g. cost of capital and other revenue consequences).
- 'Spend to save' schemes where the investment exceeds £50,000.

It is not feasible to define every possible investment scenario for the scope of the triple-lock process – in instances where additional clarity is sought, it is proposed that the process is followed initially to determine the most appropriate way forward as part of the decision making.

It is expected that the process will be subject to regular review during early implementation, to ensure it operates effectively in practice, and delivers the additional scrutiny and control required.

APPENDIX 2

In year expenditure proposal flow chart



Somerset Workforce
TRIPLE LOCK

2024-25

APPENDIX 3 – Vacancy Control Framework

Purpose

To implement a consistent recruitment control framework which:

- complies with the tighter recruitment control mechanisms, in response to the current financial position
- strives to ensure that care is safe and effective
- measures and reports recruitment activity
- prevents unnecessary growth in overall workforce
- reduces workforce costs
- reduces usage of temporary staffing

Scope

Due to the challenges of the financial position, all changes to establishment and expenditure will be subject to internal recruitment control measures, which will include peer review and system level reporting and monitoring. The scope includes all roles and all changes:

1. Recruitment to Vacancies (replacement and new)
2. Extension of Fixed Term Contract
3. Increase in hours
4. Acting up arrangements (if incurs additional costs)
5. Release of employee on external secondment (if incurs additional costs)
6. Internal Secondment (if incurs additional costs)
7. Request for review of grading (if incurs additional costs)
8. Change of contractual arrangement (e.g. temporary to permanent)
9. Use of an Independent Contractor (on a consultancy basis)
10. A worker personally providing a service for example their own company, an intermediary company, a partnership (including GP practice) or as a sole trader, freelancer, or consultant

NB: Any newly funded roles by NHSE do not need to go through VCP and will be included in the reporting to the ICB for triangulation and monitoring of Headcount.

Financial Operating Environment & Overarching Principles

Each organisation (SFT and ICB) has robust internal processes with executive responsibility & accountability to ensure that workforce capacity and capability decisions are made in line with the core purpose of the system recruitment control framework.

Financial Operating Environment

- All budget holders to operate on the basis that vacancies and external funding for roles provides the opportunity to reduce the System and Trust underlying deficit. Consideration to recruiting; to fill new or existing roles; or using funding to bring in additional roles should only be given if it is evidenced that to delay or defer recruitment would have a detrimental impact on patient safety, flow or activity, or the funding returned (see table on next slide).
- Agency and Bank controls for Nursing and Medical workforces are being strengthened so that a restriction on substantive recruitment does not lead to an increase in the use of Bank or agency staff as an alternative.

Principles and considerations for Vacancy Controls (Decision and Risk Framework)

- If the post has a direct impact on safety or patient flow or activity, then the post can be recruited to.
- If the post can generate income/revenue/pay for itself in year, then the case should be referred to VC Panel outlining the benefits.
- All posts require consideration whether the same quality of care/service be delivered in a different way which reduces workforce costs.
- Any roles that are not critical to patient safety, flow or activity will be reviewed and possibly held / removed as part of the Productive Care Programme plans within SFT.

Decision and Risk Framework

- To ensure an equitable approach all requests will be considered against an agreed criteria, to determine the critical level of the request:

Level of Critical Impact	Risk level	Financial Loss	Process	Likely Outcome	Example
A: Business Critical – High impact	Unable to function / meet activity; inability to fulfil statutory obligations; sign harm to patients	Severe / Major	A1: **Proceed** within existing establishment A2: additional to existing establishment move to **Level B**.	Fill the vacancy based on like for like or similar.	Porter / HCA / Cleaner Safeguarding roles ICP Safer Staffing Finance re accounts
B: Moderate Critical impact	Significant service impact; moderate risk of harm to patients (and staff)	Significant	Mini risk Assessment required. Clinical input.	Fill the vacancy based on like for like or similar OR Fill the vacancy with an alternative role (VfM)	
C: Marginal Critical Impact	Impact on services marginal; risk to patients of harm marginal	Moderate	Peer Review Panel (clinical). Full risk assessment required. Skill mix review.	Fill the vacancy with an alternative role (VfM) OR Hold the vacancy	
D: Limited Critical Impact	Little of no impact of service provision	Negligible	Skill Mix / Transformation	Hold the vacancy	Non patient critical

Process

The process will be organisational led, in line with the following assumptions:

- Somerset Foundation Trust have set up an internal vacancy control process
- Based on our 1 on 1 relationship within Somerset, we have agreed that this will act as the triple lock vacancy panel for Somerset *with external reporting to ensure that this is delivering*
- *Reporting information to system recovery group to include*
    - *Vacancies considered by the SFT vacancy control process and how many have been supported, paused or turned down within each of the categories within the decision and risk framework (slide 5) using a standardised template.*
- Requests outside of the agreed criteria may be escalated to the system recovery group for consideration
- Outcome Measures – reductions in headcount; reductions in agency spend and stop using off-framework (from July) - linked to delivery of CIP

Exceptional clinical circumstances: LEVEL A

EXAMPLES :

- Clinical roles where there would be a detrimental safety or financial impact of holding / removing the post due to temporary staffing requirements

APPENDIX 4

Short-form expenditure proposal format

Expenditure Proposal Form (for any commitment >£50k)	
Subject	
Requestor	
Date	

SITUATION – Reason investment required / issue(s)
Current Position **Cause(s)** **Impact**
BACKGROUND - context of the investment / issue(s)
ASSESSMENT - Options considered
OPTION 0 – e.g. Do Nothing **Option Outline** **Costs** **Recurrent** ☐ **Non-recurrent** ☐

CYE £000	FYE £000

Workforce impact: Yes ☐ No ☐

If yes, WTE info by grade & staff type:

RECOMMENDATIONS

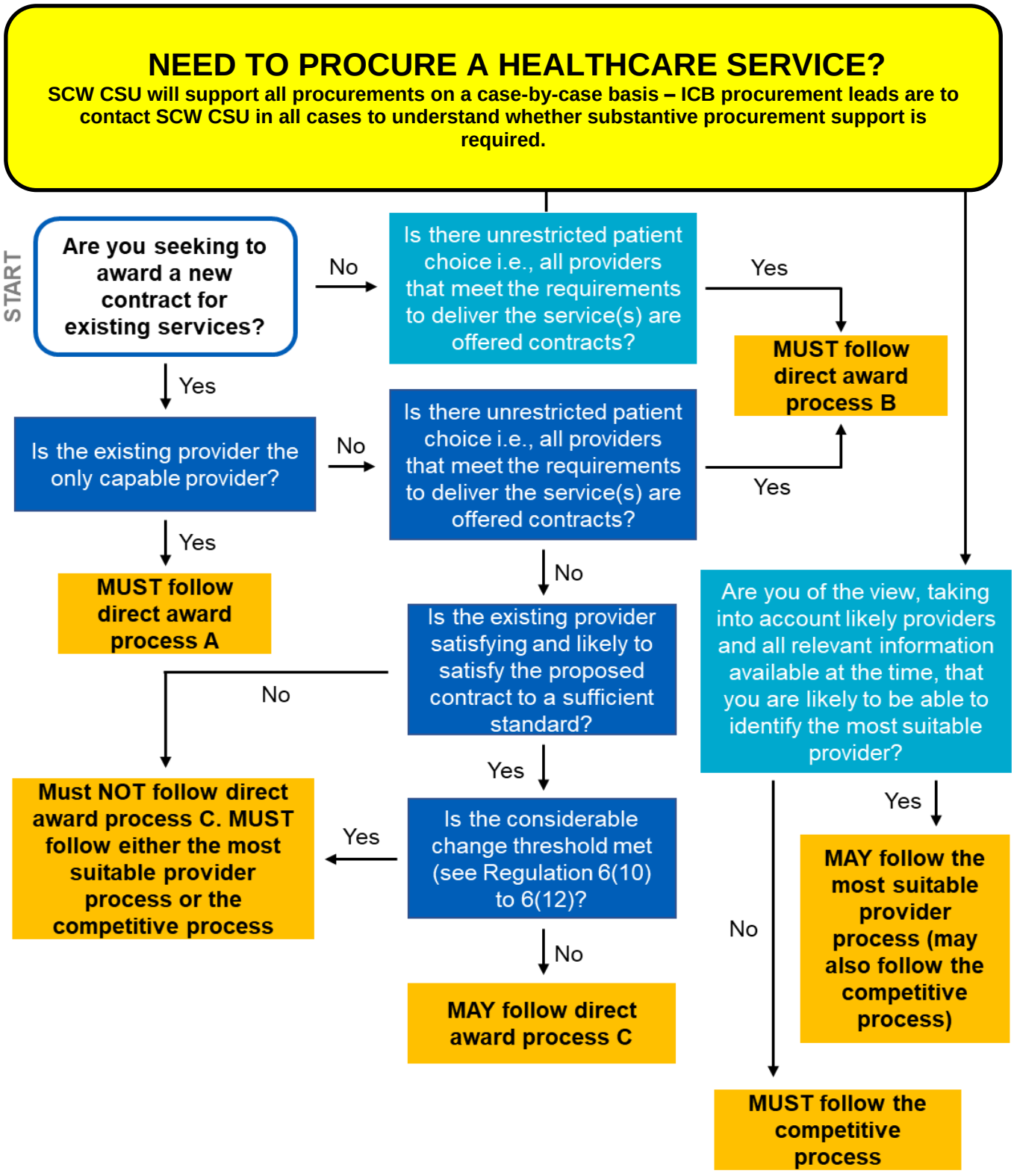
Preferred Option

Rationale

Conclusion

Appendix D: Provider Selection Regime – Decision Flow Chart

"Getting to the Right Decision"



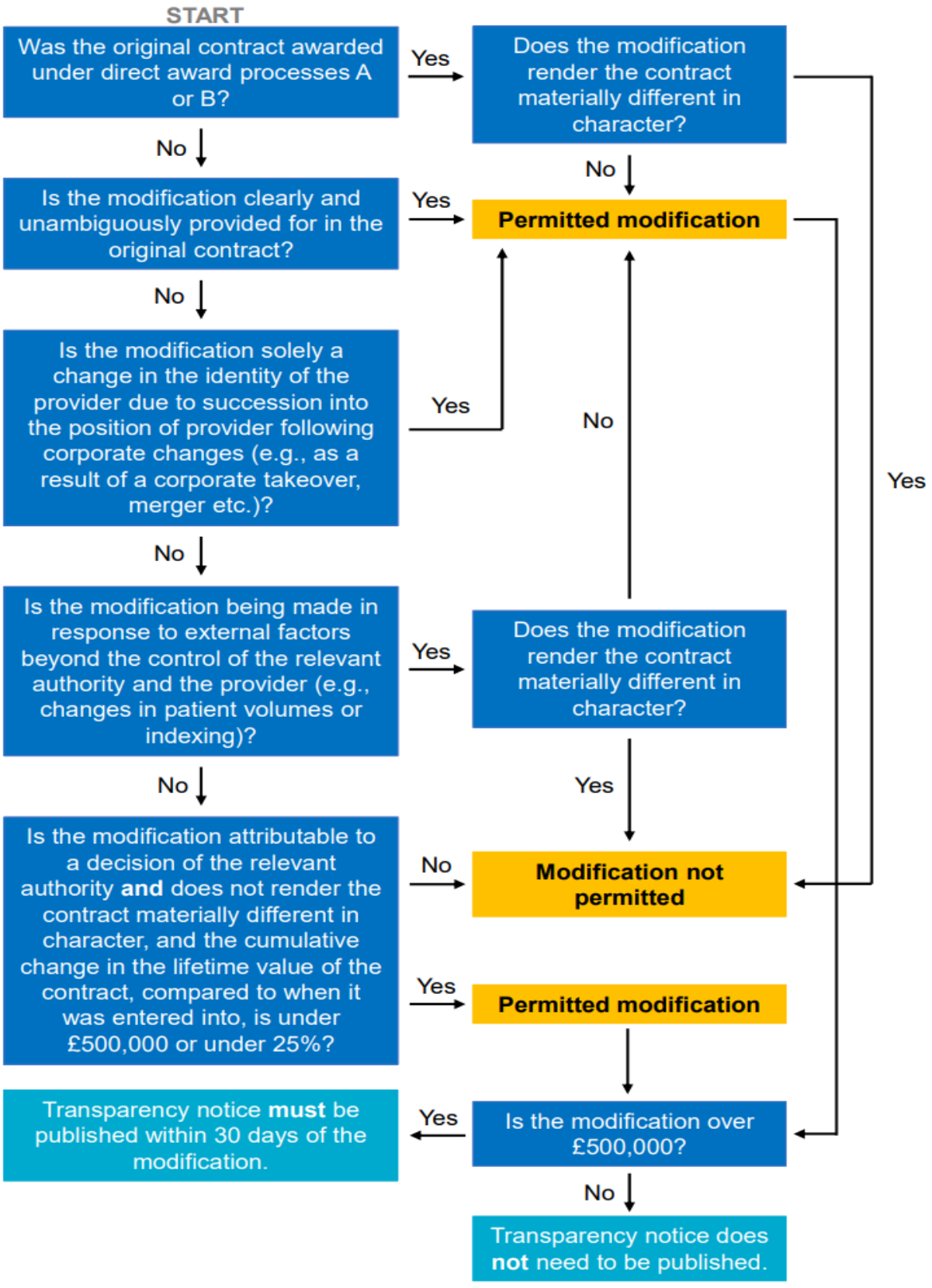
Appendix D cont'd: Overview of decision-making approach to PSR process

Direct Award A	Continuation of existing arrangements –there is no realistic alternative to the existing provider (for example for Type 1 and 2 urgent and emergency services). Not used to establish framework agreement. **Must** be used if applicable. Transparency award notice published within 30 days of contract award.
Direct Award B	The ICB wishes to provide, or currently provides an 'unrestricted patient choice' service (for example, consultant led elective care services). The number of providers cannot be restricted. Providers utilise Expression of Interest process. Contracts issued to all eligible providers. **Must** be used if applicable. Transparency award notice published within 30 days of contract award.
Direct Award C	Existing provider for the healthcare services, and their contract is ending – ICB decides by assessing key decision-making criteria that the provider is doing a sufficiently good job (satisfying original contract and is likely to satisfy new contract to a sufficient standard) and the service is not changing considerably (change is over £500,000 and is over 25% of the original lifetime value of the contract). Not required to follow Direct award processes A or B above. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published.
Most Suitable Provider	Identifying the most suitable provider when the decision-maker wants to use a new provider or for new/considerably changed arrangements and considers that it can identify the most suitable provider without a competitive process. Thorough knowledge of the provider landscape is crucial and goes beyond just knowing provider base. Not required to follow Direct Award process A or B and does not wish or cannot follow Direct Award Process C. Cannot be used to establish a framework. Key and Basic Selection criteria to be considered. 8 working day standstill period must be observed. Multiple transparency notices published, including allowing interested providers to ask to be considered as the 'most suitable provider'.
Competitive	Competitive procurement process. Not required to follow Direct Award process A or B. Does not wish to or cannot follow Direct Award process C and does not wish to use or is unable to identify the most suitable provider using the Most Suitable Provider route. Competitive route is required to establish a framework. Key and Basic Selection criteria to be considered. No financial thresholds. 8 working day Standstill period must be observed. Multiple transparency notices published.

Appendix E: Summary of the Transparency steps under the Provider Selection Regime

PSR Process	Direct Award A	Direct Award B	Direct Award C	Most Suitable Provider	Competitive
Details on intended approach (PIN)				Notice published at least 14 calendar days before assessing providers	**Optional**
Contract Notice for procurement					On FTS website
Internal record of decision-making process & rationale	Internal record	Internal record	Internal record	Internal record	Internal record
Responding to unsuccessful bidders					Outcome letter
Intention to Award			On FTS website	On FTS website	On FTS website
Standstill & Resolution period (If representation received within 5 working days standstill period remains open until resolution)			8 working day 'Standstill' period. ICB review. Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day 'Standstill' period. ICB review Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome	8 working day 'Standstill' period. ICB review Indicative 25 working days for Panel review 5 working days for bidder to consider final outcome
Confirmation of Award	Within 30 days	Within 30 days	Within 30 days	Within 30 days	Within 30 days
Contract Modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification	Within 30 days of modification

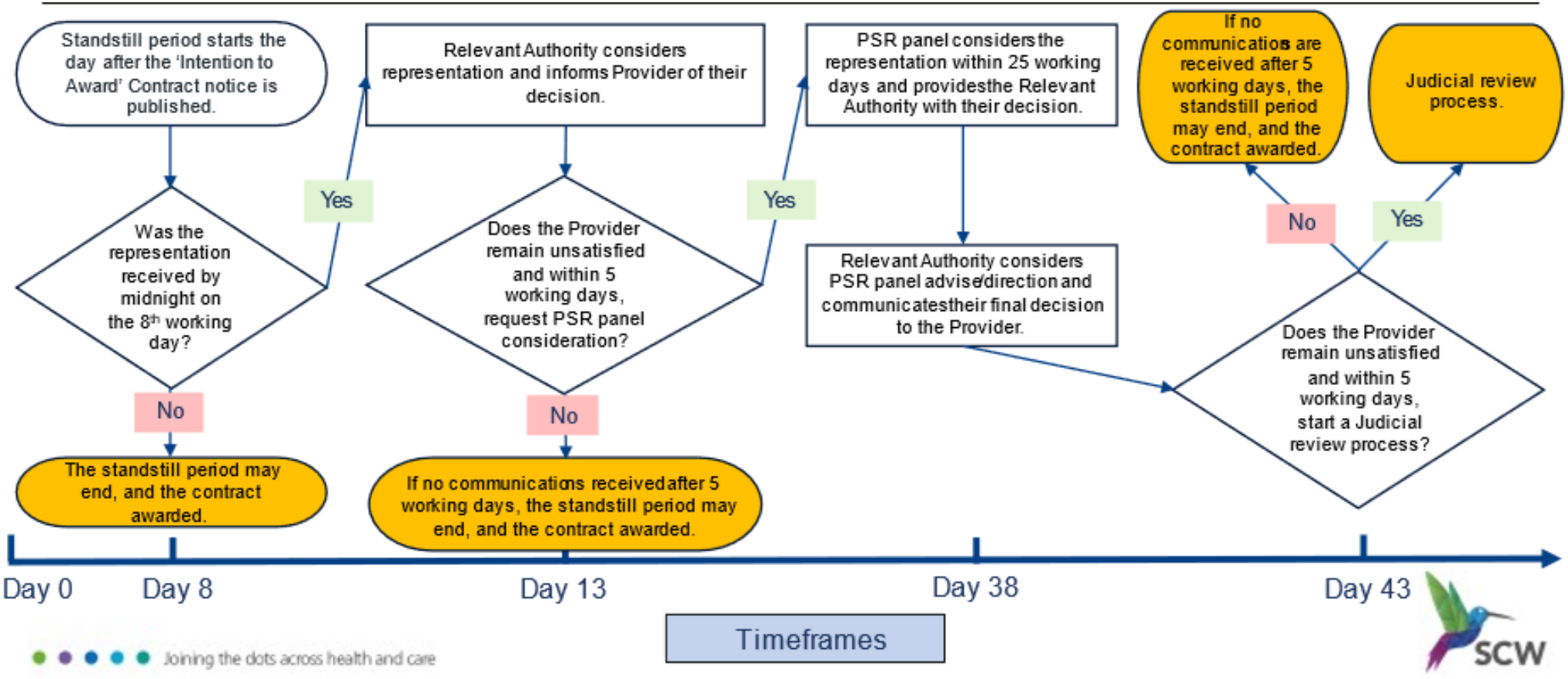
Appendix F: PSR Contract Modifications Flow Chart



Appendix G: Provider Selection Regime – 'Standstill Process' Flow Chart

Applies to Direct Award Process C, Most Suitable Provider Process and The Competitive Process

(includes call offs from frameworks via mini competition).



STANDARDS OF BUSINESS CONDUCT, MANAGING CONFLICTS OF INTEREST AND GIFTS, HOSPITALITY and SPONSORSHIP POLICY

Version:	2.0
Approved by:	Audit Committee
Date Approved:	20 June 2024
Name of Originator/Author:	Kathy Palfrey, Corporate Governance Lead Officer
Name of Responsible Committee/Individual:	Audit Committee
Date issued:	20 June 2024
Review date:	April 2025
Target audience:	Organisation-wide

STANDARDS OF BUSINESS CONDUCT,
MANAGING CONFLICTS OF INTEREST,
AND GIFTS, HOSPITALITY AND SPONSORSHIP POLICY

CONTENTS

STANDARDS OF BUSINESS CONDUCT,
MANAGING CONFLICTS OF INTEREST,
AND GIFTS, HOSPITALITY AND SPONSORSHIP POLICY

VERSION CONTROL

Version:	2.0
Ratified by:	Audit Committee
Date Approved:	20 June 2024
Name of Originator/Author:	Kathy Palfrey, Corporate Governance Lead Tracey Tilsley, Associate Director of Corporate Affairs
Name of Responsible Committee/Individual:	Director of Corporate Affairs
Date issued:	1 July 2024
Review date:	1 April 2025
Target audience:	Organisation wide

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1.0	1 July 2022	NHS Somerset Integrated Care Board adopted the policy building on the Somerset CCG policy which was in place for Somerset prior to the establishment of the Somerset Integrated Care Board in July 2022.
2.0	June 2024	The Standards of Business Conduct and Managing Conflicts of Interest Policy, and Gifts and Hospitality Policy, have been reviewed, updated and combined into one overarching policy to simplify and reduce duplication. The Standards of Business Conduct have been expanded upon (section 3 and Appendix B) and generally follow the standards published by NHS England. The sections relating to GP members have been removed. The policy has been reviewed in line with the new Provider Selection Regime. The policy has been updated to reflect the new declarations of interest database, Civica Declare. The Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry has been removed as an appendix and will now operate as a separate policy.

1 PURPOSE

1.1 Public service values must be at the heart of the NHS. High standards of corporate and personal conduct, based on a recognition that patients come first, have been a requirement throughout the NHS since its inception. Because the NHS is publicly funded, it must be accountable for its services and for the effective and economical use of taxpayers' money.

1.2 The policy is written to reflect the arrangements for Conflicts of Interest Management and Standards of Business Conduct, as set out in section 6 of the ICB's Constitution, and to comply with any relevant legislation and guidance.

1.3 This policy sets out how the NHS Somerset Integrated Care Board (the ICB) will manage conflicts of interests arising from the operation of its business, and how staff should manage offers of gifts and hospitality.

2 SCOPE

2.1 The following groups are subject to this policy:

- **Members of the ICB Board plus** all members of the ICB's assurance and decision making committees, Integrated Care System (ICS) committees and groups (those hosted by the ICB Board), sub-committees/sub-groups, including:
  - co-opted members
  - appointed deputies
  - any members of committees/groups from other organisations
- **All ICB employees**, including:
  - all full and part time staff
  - any staff on sessional or short-term contracts
  - any students and trainees (including apprentices)
- **Other employees**, including:
  - agency staff
  - seconded staff
  - any self-employed consultants or other individuals working for the ICB under a contract for services must make a declaration of any conflicts of interest or potential conflicts of interest in accordance with this guidance, as if they were ICB employees.

3 STANDARDS OF BUSINESS CONDUCT

3.1 All employees of the ICB and members of the ICB Board, its committees and sub-committees, must at all times comply with this policy. They should act in

good faith and in the interests of the ICB and should follow the Seven Principles of Public Life[1], as set out by the Committee on Standards in Public Life (the Nolan Principles). The Nolan Principles are shown at Appendix A and include:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership.

3.2 Individuals should also take account of principles set out in key guidance such as the Good Governance Standards of Public Services[2], the NHS Constitution[3] and Equality Act[4] – all of which are enshrined within the ICB Constitution.

3.3 All individuals within the groups as set out in paragraph 2.1 will be made aware of the existence of, and their responsibilities resulting from, this policy.

3.4 All individuals within the groups as set out in paragraph 2.1 must also abide by the requirements of Appendix B, Standards of Business Conduct, which refer to:

- Political activities
- Personal conduct
- Use of public funds
- Representing the ICB
- Endorsement
- Respect and dignity at work
- Drugs and alcohol
- Insider dealing
- Charitable collections
- Use of social media and websites
- Confidentiality
- Gambling
- Lending and borrowing
- Trading on ICB premises
- Individual voluntary arrangements, County Court Judgements, Bankruptcy/Insolvency
- Arrest or Conviction.

3.5 Any person who comes to know that the ICB has entered into, or proposes to enter into, a contract where the arrangements outlined in the policy have not

[1] The 7 principles of public life https://www.gov.uk/government/publications/the-7-principles-of-public-life
[2] The Good Governance Standards for Public Services , 2004, OPM and CIPFA
Good Governance Standard for Public Services | CIPFA
[3] The seven key principles of the NHS Constitution
http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx
[4] The Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents

been followed should notify the Accountable Officer/Chief Executive as soon as possible. If information is knowingly withheld, or false and misleading information is provided, this may constitute fraud. If the Accountable Officer/Chief Executive is made aware of any potentially fraudulent activity, they should bring this to the attention of the Chief Finance Officer to investigate and undertake any necessary action.

3.6 Local counter fraud arrangements are in place to assist in reducing fraud, bribery and corruption. If any person is aware of potential fraud, bribery and corruption, even if it is only suspicion, then this information should be brought to the attention of the Local Counter Fraud Specialist, Chief Finance Officer or NHS Counter Fraud Authority.

3.7 NHS England employees and Commissioning Support Unit (CSU) staff are not permitted to hold the roles of Chair or Non-Executive within the ICB, due to the potential for conflicts of interest to arise. In exceptional circumstances, this can be waived with the formal approval of a committee of the NHS England board.

4 CONFLICT OF INTEREST: DEFINITION

4.1 A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced, by their involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. Any perceived conflict of interest must be appropriately managed so that public trust is maintained.

4.2 Conflicts of interest can arise in many situations, environments and forms of commissioning. There may be an increased risk in the commissioning of primary care, the out-of-hours services, and involvement with integrated care organisations, as commissioners may find themselves in a position of being both commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle, from needs' assessment, to procurement exercises, to contract monitoring.

5 CONFLICTS OF INTEREST GUARDIAN

5.1 The ICB Audit Committee Chair (Non-Executive Director) will undertake the role of Conflicts of Interest Guardian, supported by the Director of Corporate Affairs.

5.2 The Conflicts of Interest Guardian will:

- act as a conduit for members of the public and healthcare professionals to raise any concerns about conflicts of interest
- be a safe point of contact for employees or workers of the ICB to raise any concerns in relation to this policy
- support the rigorous application of conflict of interest principles and 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

- provide advice on minimising the risks of conflicts of interest.

6 ARRANGEMENTS FOR DECLARING INTERESTS

6.1 All individuals within the scope of this policy (paragraph 2.1 refers) must update their declaration of interests as outlined in paragraph 6.6. An example of the Declaration of Interests Form for new starters is attached as Appendix C. Once in post, all staff should maintain their interests on the ICB's electronic register database, Civica Declare. Requests for individuals to update their Declaration of Interests will be made at least annually by the Corporate Governance Team on behalf of the ICB. Where there are no interests to declare, a "nil" return is required.

6.2 Interests can be captured in four different categories:

- Financial interests
- Non-financial professional interests
- Non-financial personal interests
- Indirect interests.

Examples of each type of interest are set out in Appendix D.

6.3 Where they are aware of a potential conflict, individuals should also consider for declaration any relevant and material personal or business interests (paragraph 6.2 refers) of their:

- spouse
- civil partner
- cohabitee
- family member
- partners in professional partnerships (including general practitioners) and
- any other relationship which may influence or may be perceived to influence the judgement of the individual.

6.4 All individuals within the scope of this policy should be proactive in declaring and publishing interests.

6.5 All individuals within the scope of this policy must ensure that they do not abuse their position for personal gain or to the personal benefit of family, friends or their private business interests. Any breach of this procedure, for personal gain or otherwise, may result in disciplinary action. In certain cases, criminal proceedings may result. Additional guidance for staff is attached as Appendix E.

6.6 Declarations of interest should be made as soon as reasonably possible and, in any event, within 28 days after the interest arises. This could include an interest that an individual is pursuing. Declarations should be made:

- on appointment or when a role changes significantly
- at least every 12 months (including any 'nil-returns') through the ICB's reporting process
- at meetings of the ICB Board and its committees and groups.

6.7 Where the ICB is participating in a joint committee alongside other ICBs, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating ICB.

6.8 In the event that Civica Declare is out of action for any extended period (longer than 28 days), the organisation will return to a paper-based declaration system, as attached at Appendix C.

7 MAINTAINING A REGISTER OF INTERESTS

7.1 The ICB will maintain a central database (Civica Declare) of all recorded interests. The database will be available to provide the ICB Board and each Committee or group with an up-to-date register of interests for ICB staff, committees, etc. The database is available to all staff and those working with the ICB who work for external organisations. The database will be maintained by the Corporate Governance team

7.2 In accordance with statutory guidance, the Director of Corporate Affairs will specifically maintain the following registers of the declared interests of:

- members of the ICB Board (as decision-makers)
- members of the committees or sub-committees of the ICB Board (as decision-makers)
- members of committees which are hosted by the ICB (as decision-makers)
- decision-making employees of the ICB (ie. those at band 8C and above)
- all employees of the ICB

7.3 The Interest registers of the decision-making groups (paragraph 7.2 refers) will be published on the ICB's website at NHS Somerset ICB and will be updated at least annually.

7.4 If any individual within the scope of this policy has any reason for requesting that their Interests' information be withheld, they should contact the Director of Corporate Affairs. Note: If information is knowingly withheld or false and misleading information is provided, this may constitute fraud. If the Director of Corporate Affairs is made aware of any potentially fraudulent activity, they must bring this to the attention of the Local Counter Fraud Specialist, Chief Finance Officer or NHS Counter Fraud Authority to investigate and undertake any necessary action.

8 MANAGING CONFLICTS OF INTERESTS

8.1 Arrangements for the management of declared conflicts of interests, either written or verbal, will confirm the following:

- if a particular conflict of interest is so relevant and material that an individual should withdraw from a specified activity, on a temporary or permanent basis
- if an individual should not have a vote in the decision-making process
- if an individual should withdraw or be excluded from the meeting discussion
- if any monitoring of the specified activity undertaken by the individual is required, either by a line manager, colleague or other designated person.

8.2 When considering if an interest is relevant and material, the Financial Reporting Standard No 8 (issued by the International Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

8.3 The ICB will also consider the materiality and impact of any interests when appointing members to the ICB Board or any committee, sub-committee or group. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

8.4 If any individual within the scope of this policy is unsure about the relevance or materiality of an interest or potential interest, or whether the interests of another individual connected to them (paragraph 6.3 refers) are relevant, this should be discussed with the Director of Corporate Affairs. If necessary, the Director will obtain advice from the Conflict of Interest Guardian, who will provide an independent view. If there is any doubt, it should be assumed that a potential conflict of interest exists.

Managing Conflicts of Interest During a Meeting

8.5 Where the Chair of any meeting of the Group, including the ICB Board (and its sub-committees), has an interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy or Vice Chair will preside.

8.6 All attendees must declare their interests as a standing agenda item for every ICB Board, committee, sub-committee or group meeting, before the item is considered. Even if an interest has been recorded on the Register, it should still be declared when matters relating to that interest are discussed (Declarations of Interest relating to Items on the Agenda). Such declaration – together with the arrangements agreed for the management of that particular Interest, (refer to paragraph 8.1), as determined by the Chair, Deputy/Vice Chair, Director of Corporate Affairs or the Conflicts of Interest guardian – will be recorded in the minutes.

8.7 The individual concerned must comply with these arrangements, and also update their written declarations on the Civica Declare database within 28 days.

Exclusion Arrangements

8.8 Where arrangements have been confirmed for the exclusion of individuals from the decision-making process, either by requesting that individuals withdraw from the meeting, or that they should abstain from voting, the meeting must ensure these are followed.

8.9 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests, the Chair (or Vice-Chair) will determine if the discussion can proceed.

8.9.1 In making this decision the Chair (or Vice-Chair) will consider if the meeting is quorate, in accordance with the number and balance of membership set out in the committee's Terms of Reference.

8.10 Alternative arrangements in such circumstances to progress the item of business may include:

- requiring another of the ICB's committees or sub-committees (as appropriate) which must be quorate, to progress the item of business

  or, if this is not possible

- inviting on a temporary basis one or more of the following to make up the quorum:

  i) a member of the Somerset Integrated Care Partnership (ICP)
  ii) a member of a Board of another ICB

9 TRANSPARENCY IN DESIGNING AND PROCURING SERVICES

9.1 The ICB recognises the benefits to be gained from engagement with relevant providers, when considering the design of service specifications. However, the *Procurement Guide for Commissioners of NHS-Funded Services*[5] highlights that conflicts of interests can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid in a competitive process.

9.2 The same difficulty could arise in developing a specification for a service that is to be commissioned using the Any Qualified Provider route, such as where there is not a competitive procurement but patients can instead choose from any qualified provider that wishes to provide the service which meet NHS standards and prices.

9.3 The ICB will seek, as far as possible, to specify the outcomes they wish to see delivered through a new service, rather than the way in which these outcomes

[5] Procurement Guide for Commissioners of NHS-funded Services - GOV.UK (www.gov.uk)

are to be achieved. As well as supporting innovation, this helps prevent bias toward particular providers in the specification of services.

9.4 To ensure that some providers do not have an unfair advantage, a small clinical group to support service design with a soft market testing exercise to share the specification with providers should be undertaken to ensure transparency.

9.5 Engagement will follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all.

9.6 The ICB may also widely advertise the fact that a service design/re-design exercise is taking place (such as on NHS Supply2Health or on its own website) and invite comments from any potential providers and other interested parties. A record must be kept of all interactions.

9.7 If appropriate, the ICB will engage the advice of an independent clinical adviser on the design of the service.

Contractors and People Who Provide Services to the ICB

9.8 Anyone seeking information in relation to a procurement, participating in a procurement, or otherwise engaging with the ICB in relation to the potential provision of services or facilities to the ICB, will be required to make a declaration of any relevant conflict / potential conflict of interest. Where an organisation declares a conflict, the commissioning manager(s) must decide how best to deal with it to ensure that no participant is treated differently to any other. Commissioning managers must retain an internal audit trail of how the conflict or perceived conflict was dealt with.

9.9 Anyone contracted to provide services or facilities directly to the ICB will be subject to the same provisions of this policy in relation to managing conflicts of interests. This requirement will be set out in their contract for services.

Procurement - Evaluation of Bids Returned

9.10 At the commencement of each evaluation procurement process, members of the evaluation panel will be required to complete a Conflict of Interest and Confidentiality form before any information is sent to or discussed in their presence.

9.11 At the commencement of each evaluation meeting, all evaluators will be asked if their Conflicts of Interest status has changed. The minutes of the meeting should confirm the status and any changes must also be recorded.

9.12 The procurement team will maintain a record of these completed forms, and also of the meeting minutes with documented actions (where appropriate), which will be available for scrutiny as required/necessary.

9.13 Where a committee member has declared a relevant and material interest or position exists in the context of the specification for, or award of, a contract, the individual will be expected to act in accordance with the arrangements for the management of conflicts of interests outlined within this policy and may be excluded from the decision-making process in relation to the specification or award.

Register of Procurement Decisions

9.14 The ICB will maintain a register of procurement decisions taken including:

- the details of the decision
- who was involved in making the decision (ie. ICB Board or committee members and others with decision-making responsibility)
- a summary of any conflicts of interest in relation to the decision and how this was managed.

9.15 The register should be updated whenever a procurement decision is taken. The register will be published on the ICB's website, NHS Somerset ICB and will be included within the ICB's Annual Report.

Transparency – Award and Publication of Contracts

9.16 The ICB will ensure that details of all contracts, including their value, are published on its website once the contracts are agreed. Where the ICB decides to commission services through Any Qualified Provider, it will publish the type of services they are commissioning and the agreed price for each service. In both instances, such details will be set out in the ICB's Annual Report.

Contract Monitoring and Policy Breaches

9.17 Once a contract has been awarded, the service provider will be subject to overview via regular contract review and monitoring meetings. The structure and format of the monitoring will be determined by the respective commissioning manager. All contract monitoring meetings must be minuted and include the management of conflicts of interests and declarations as set out in this policy.

9.18 Where the ICB has delegated contract monitoring to another organisation e.g through joint procurements, the arrangements as described in paragraph 9.17 will still apply. It is for the relevant ICB commissioning manager to ensure that this is in place.

9.19 Where a breach of the policy regarding declarations is identified in relation to a contract which has already been entered into by the ICB, the relevant Commissioning Manager must undertake a risk assessment of the impact of the breach following the risk management approach of the ICB. The risk assessment will be shared with the Director of Corporate Affairs and Conflicts of Interest Guardian to determine the mitigating action to be taken, and report as necessary to the Audit Committee.

Role of the Commissioning Support Unit (CSU)

9.20 The ICB will ensure, when commissioning any procurement or contract management support services from a CSU, that it has received assurance of their business processes.

9.21 Where the ICB is undertaking a procurement, support from a CSU may be utilised to prepare and present information on bids, including an assessment of whether providers meet pre-qualifying criteria and an assessment of which provider provides best value for money. This will further demonstrate that the ICB is acting fairly and transparently in relation to the procurement of services.

9.22 Any support obtained from a CSU will not constitute the delegation of any commissioning decisions to them by the ICB, and as such, the ICB will:

- sign off the specification and evaluation criteria
- sign off decisions about which providers to invite to tender
- make final decisions on the selection of the provider.

10 GIFTS AND HOSPITALITY

10.1 Gifts and hospitality should not be accepted other than in exceptional circumstances as set out in this policy. The ICB will view instances where this policy is not followed as serious and subsequently may take disciplinary action against individuals, which may result in dismissal. The ICB will refer cases of potential fraud to the Local Counter Fraud Services for investigation and this will be escalated where appropriate.

10.2 Staff members of public bodies, including the NHS, are subject to special legislation designed to protect the public interest and public confidence.

10.3 This legislation is contained in:

- the Bribery Act 2010
- the Public Bodies Corrupt Practices Act 1889
- the Prevention of Corruption Act 1906
- the Prevention of Corruption Act 1916.

10.4 The Bribery Act 2010 revised the legal framework to combat bribery in the public and private sectors. It makes it an offence to receive a financial or other advantage as a reward for an improper act - for example, for the inappropriate award of a contract. A gifts and hospitality policy is a key tool for organisations to demonstrate they have arrangements in place to discourage the offer or acceptance of such rewards.

10.5 The Bribery Act 2010 came into effect on 1 July 2011 and makes it a criminal offence to give, promise or offer a bribe, and to request, agree to receive or accept a bribe, either at home or abroad. A summary of the key features of the Act can be obtained from the Corporate Governance team. A statement from

the ICB Accountable Officer/Chief Executive setting out the ICB's commitment to supporting the Act can be found at Anti-Bribery Statement - NHS Somerset

10.6 The Act introduces a corporate offence of failing to prevent bribery by the organisation not having adequate preventative procedures in place.

Gifts

10.7 Any staff member should treat with extreme caution any offer or gift, favour or hospitality that is made to him/her personally. This includes offers of intangible gifts such as offers to receive indirect services.

10.8 Appendix F sets out a list of items which are deemed as potentially acceptable and those which are specifically unacceptable. This list is not exhaustive. If a member of staff has any doubts about the advisability of accepting any gift, hospitality, or sponsorship, this should be discussed with the Director of Corporate Affairs.

10.9 The question of what is and what is not acceptable cannot be precisely defined and each case should be taken in context. Acceptance of hospitality should, as a principle, be limited in both frequency and in value. It is appropriate to consider whether either the hospitality or the scale of it would cause embarrassment to either the giver or receiver if it were to become public knowledge.

Provision of Hospitality

10.10 The provision of hospitality by employees of the ICB to employees of other organisations should be modest and appropriate in the circumstances.

10.11 Provision of hospitality by the ICB to its employees or others would not normally be appropriate except in the case of working breakfasts or lunches during meetings or workshops. Provision of working lunches should be by exception and should only be offered if the duration of the meeting is such that people are unable to purchase their own refreshments.

10.12 The use of NHS monies for hospitality and entertainment at conferences and seminars should be carefully considered. The ICB must be able to demonstrate good value in incurring public expenditure.

10.13 Regarding meetings, hospitality must be secondary to the purpose of the meeting and the level must be appropriate and in proportion to the event. The costs involved must not exceed the level which the recipients would normally adopt when paying for themselves at such an event or that which could be reciprocated by the NHS.

Acceptance of Hospitality from Outside Organisations

10.14 Where individuals have accepted hospitality from another organisation, for example, to fulfil a speaking engagement, the value of this should be no more

than equivalent to that normally provided by the ICB and there is no entitlement to claim further expenses. Any honorarium offered should be payable to the ICB.

10.15 Additional detailed guidance on the receipt of gifts and hospitality and sponsorship is provided in Appendix G and this should be referenced by all ICB staff and representatives before responding to any offers or when making declarations.

11 COMMERCIAL SPONSORSHIP

11.1 Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest to occur between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. Therefore, proper safeguards must be in place.

11.2 As a general principle, all offers of hospitality received from commercial third parties should be scrutinised with care. Attendance at relevant commercially sponsored conferences and courses is acceptable, but only where acceptance will not, and cannot, be seen as compromising purchasing decisions or other commercial decisions in any way. Sponsorship of ICB events is also acceptable subject to these principles and in accordance with the Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry. Receipt or provision of such sponsorship should be recorded on the Civica Declare database.

11.3 Employees should pay particular attention to the circumstances in which hospitality is offered. The provision of hospitality by an individual or organisation is not acceptable:

- during a tendering process or where a contract is shortly to end
- where performance of the contract is in question
- in any other circumstances where acceptance might compromise the position of the employee or of the ICB.

11.4 There may be circumstances where it is appropriate for support to be provided to projects by pharmaceutical companies. Proposals should be discussed with the relevant Director and approval sought from the Medicines Programme Board. Any pharmaceutical company-supported project must be recorded on Civica Declare and reported to the Audit Committee on a quarterly or exception basis. Also refer to the Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry.

11.5 When sponsorships are offered, the following principles must be adhered to:

- sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS

- during dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation

- no information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied

- 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

- the involvement of a sponsor in an event should always be clearly identified in the interest of transparency

- ICBs 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

- staff should declare any involvement with arranging sponsored events.

Other forms of sponsorship

11.6 Organisations external to the ICB or NHS may also sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There must be transparency and any conflicts of interest should be managed in accordance with this policy.

12 PROCESS FOR DECLARING AND RECORDING OFFERS OF GIFTS, HOSPITALITY OR SPONSORSHIP

12.1 Unless otherwise indicated in Appendix F, all offers of gifts, hospitality or sponsorship should be declared on the Civica Declare database. This applies even if the gift/hospitality/sponsorship was declined and must be signed off by the reviewing officer.

12.2 A register of Gifts, Hospitality and Sponsorships, whether accepted or declined, will be reported to the Audit Committee and published on the ICB website at least annually.

12.3 In the event that Civica Declare is out of action for any extended period (longer than 28 days), the organisation will return to a paper-based declaration system, as attached at Appendix H.

13 PAID EMPLOYMENT – CONSULTANCY WITH OTHER ORGANISATIONS

13.1 This section of the policy does not relate to circumstances where staff may hold more than one position, either within the ICB or with the ICB and another organisation. These rules are covered by various Human Resources policies. However, where a staff member of the ICB undertakes consultancy work, either personally or in the name of the ICB, and receives an offer of financial reward, receipt of this payment must be approved in advance by the Accountable Officer/Chief Executive.

13.2 It would normally be considered an infrequent event for any full-time senior manager or director to undertake ad hoc consultancy work and full disclosure must be made in accordance with this policy and via the Civica Declare database.

14 REPORTING AND AUDIT

14.1 This policy will be reviewed by the Audit Committee on an annual basis. The Audit Committee and external auditors will receive assurance that a robust process for managing conflicts of interest is in place. This will enable the Audit Committee Chair and Accountable Officer/Chief Executive to provide direct formal attestation to NHS England, if required, that the ICB has complied with any guidance relating to managing conflicts of interest.

14.3 The Audit Committee will review the following Registers at least annually:

- Declarations of Interest of decision-makers, ie. ICB Board, members of committees/sub committees, members of committees which are hosted by the ICB, decision making employees (those at band 8C and above)
- Declarations of Gifts and hospitality
- Procurement Decisions

14.4 The Registers will be included within the ICB's Annual Report to be signed off by External Auditors.

14.5 The Audit Committee will review any breaches of this policy.

15 POLICY BREACHES

15.1 Staff should consult the ICB's Freedom to Speak Up Policy when wishing to raise any suspected breaches of this Policy. The Freedom to Speak Up Policy sets out the principles and procedure that the ICB will follow.

15.2 With regard to managing conflicts of interest, any concerns should be raised initially with immediate line managers or the Director of Corporate Affairs. Concerns can be raised verbally or in writing. Breaches can relate to new or existing contracts.

15.3 If these channels have been followed and staff members still have concerns, or feel that the matter is so serious that they cannot discuss it with any of the

above, staff should contact the Conflict of Interest Guardian. The ICB's Freedom to Speak Up Policy also sets out other sources of support open to staff.

15.4 If staff have concerns about fraud, bribery or corruption, they should contact the Local Counter Fraud Specialist or the NHS Fraud and Corruption Reporting Line (0800 028 4060), or online at www.reportnhsfraud.nhs.uk. Further information can be obtained from the ICB's Local Counter Fraud Specialist.

15.5 Any incidents will be investigated confidentially in accordance with the ICB's Freedom to Speak Up Policy and, where significant impact and thresholds are triggered, reported on to NHS England by the Director of Corporate Affairs. Following each investigation under this policy, any actions identified should be included in an action plan which will be monitored regularly through the Audit Committee.

15.6 The ICB will publish on its website, adhering to confidentiality, any breaches that are identified, describing the actions that have been taken in respect of the concern and any feedback on the outcome. The ICB Director of Communications and Engagement will be responsible for managing any external media interest that may arise.

15.7 Failure to comply with this policy could have severe implications for the ICB and the individuals concerned, and could result in legal challenge, disciplinary action or referrals to professional bodies where applicable.

16 TRAINING AND SUPPORTING DOCUMENTS

16.1 All ICB staff, Board and Committee members must undertake annually the mandatory Managing Conflicts of Interest online training which is provided by NHS England via the Electronic Staff Record (ESR).

16.2 All new staff will receive information about declaring interests and gifts and hospitality as part of the induction process. Guidance is available for all staff via the Civica Declare database and is supported by the annual mandatory training. Reminders will be issued to staff to update their declarations via the electronic database and staff bulletins.

16.3 This policy should be read in conjunction with the:

- NHS Somerset ICB Constitution
- Anti-Fraud, Bribery and Corruption Policy
- Fraud Response Plan
- Freedom to Speak Up Policy (ie. Whistleblowing)
- Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry
- Code of conduct for NHS Managers 2002
- Professional Standards Authority (PSA Guidance: Standards for Members of NHS Boards and CCG Governing bodies in England (2012) – sections 2 and 6

FIRST REPORT OF THE COMMITTEE ON STANDARDS IN PUBLIC LIFE (1995)
THE NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

1 **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 benefits for themselves, their family or their friends.

2 **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.

3 **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.

4 **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.

5 **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6 **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.

7 **Leadership** – Holders of public office should promote and support these principles by leadership and example.

STANDARDS OF BUSINESS CONDUCT

1 POLITICAL ACTIVITIES

1.1 NHS Somerset ICB staff are free to be a member of a political party and/or undertake political activity outside of work hours. However, any political activity should not identify an individual as an officer of NHS Somerset ICB, and staff must not use or share any information or resources they have access to in their role for political purposes.

1.2 Conferences or functions run by a party-political organisation, or by a third party at a party-political conference or function, must not be attended in an ICB capacity.

1.3 This does not preclude staff from undertaking civic duties such as being a Councillor at a local authority. Staff must comply with the Special Leave Policy when undertaking such duties within their normal working hours. All staff must declare any engagement in civic duties on appointment, and when any new such role arises. Declarations should be made as Outside Employment on Civica Declare.

1.4 All staff must take additional care during the period running up to any national or local election, known as the pre-election period, and must comply with any instruction issued in this regard. Information concerning pre-election obligations and policy is on the gov.uk website.

2 PERSONAL CONDUCT

Corporate Responsibility

2.1 All staff must reflect the corporate decision or view of the ICB in the discharge of their role, even if this conflicts with their personal views. Staff may comment on such matters as they wish as individuals in non-work-related contexts but should avoid giving the impression that their personal view represents the view of ICB where they differ. This also applies if the ICB is yet to decide or otherwise express a view on an issue.

2.2 Although staff may have different points of view to their colleagues, these cannot be expressed in a way which discriminates, victimises or harasses others. Any action which discriminates against someone because of who they are, including those with protected characteristics, should not be tolerated and will be dealt with. This covers all forms of discrimination, racism, and hate-related incidents, such as antisemitism, Islamophobia, homophobia and transphobia, and any behaviours that are perceived as harmful or threatening towards colleagues.

Use of Public Funds

2.3 All Staff must always ensure they are securing the best possible use of funding provided to the ICB for the purpose of delivering its statutory duties and

objectives. This applies both to the use of funds directly by the organisation and funds used by the wider NHS as a result of NHS England activities or decisions.

2.4 The use of commercial services for meetings and conferences should be avoided wherever possible. Where it is not possible to accommodate a meeting within the ICB's estate, every effort should be made to secure a venue within the wider NHS or public sector estate.

2.5 Staff should take steps to avoid travel and overnight accommodation wherever possible. Where travel and/or accommodation is essential, efforts should be made to secure the lowest possible cost, including by using public transport and booking as far in advance as possible.

2.6 Attendance at conferences related to the NHS, including those where the ICB is involved, particularly where this incurs travel, accommodation and/or entrance costs, must be limited to essential staff only. Staff should seek permission from their relevant line manager/Director before committing to attend. ICB funds should not be used to pay for any supplementary recreational events associated with conferences, such as dinners or drinks receptions.

2.7 Staff may not use ICB funding, directly or indirectly, for the purposes of the recognition, reward or recreation of teams or individuals. This includes, but is not limited to, entry to awards programmes or attendance at awards ceremonies, team meals or other team activities, and paid promotional materials (other than for agreed campaigns – contact the Communications and Engagement team.)

Representing the Organisation

2.8 Staff must not provide comment or briefing on issues relating to their work for the ICB to the media, whether on an attributable basis or not, without having explicit approval in advance. Any approach to members of staff from journalists must be referred to the Communications and Engagement team.

2.9 Staff must not commit to speak at third party conferences, forums or similar events on behalf of the ICB without explicit approval from the Communications and Engagement team. Where conditionality is attached to approval, or advice and guidance is provided related to it, this should be adhered to. Any fees/payments received must be made payable to NHS Somerset ICB and not to the individual speaker. Wherever feasible, any expenses incurred in attending third party events should be met directly and in full by the organisers.

2.10 Where staff are granted approval to speak on behalf of the ICB to the media or in a public forum, they must reflect the current policies and views of the organisation. This applies equally where staff use social media as part of their, as well as in meetings or informal discussions with any third party.

2.11 All staff must ensure their comments are well considered, well judged, well informed, made in good faith, in the public interest, without malice and maintain the reputation of, and public confidence in, the NHS and the ICB.

Endorsement

2.12 NHS Somerset ICB as an organisation and its staff, in a professional or personal capacity, cannot endorse or be seen to endorse third party goods or services, regardless of whether the third party has provided goods and services to the NHS. As part of this, testimonials, quotes and case studies cannot be provided to suppliers.

Respect and Dignity at Work

2.13 The ICB aims to provide a working environment where everyone is respected and can work effectively, confidently and competently.

2.14 This means that every member of staff is responsible for their own standards of behaviour, and for challenging inappropriate behaviour by others where observed. The organisation will investigate vigorously any allegation of harassment, bullying, abuse or discrimination, whether it is raised formally or informally.

2.15 NHS Somerset ICB commits to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace.

Drugs and Alcohol

2.16 Any member of staff thought to be under the influence of drugs and/or alcohol at work and not able to perform their duties in a proper, fit and safe way will be sent home, or if working from home required to take immediate leave. They will not be allowed to return to work until in a competent state to do so.

2.17 No member of staff can bring alcohol into or drink it on NHS Somerset ICB premises unless it is for an approved formal occasion. Approval for these events should be sought and received in writing from the Accountable Officer/Chief Executive. Staff should not drink alcohol at all during their contracted hours, on or off NHS premises, without getting permission first.

2.18 Support is available for any member of staff who has or thinks they may have an alcohol or drug problem. That could be by discussing the matter confidentially with their line manager or via the Occupational Health service via the Human Resources team.

Insider Dealing

2.19 As staff members of the ICB, staff may become privy to confidential commercial information which may relate to government departments, agencies and public bodies as well as to the ICB. Staff must take all necessary precautions to protect any information which may affect the value of shares or other securities of companies the ICB or other government organisations contract with.

2.20 Misuse of price-sensitive information, or “Insider Dealing”, arises if:

- the inside information is used in relation to the purchase or dealing of shares; and
- the dealing takes place on a regulated market or via a broker.

2.21 Any suspicion of Insider Dealing will be investigated and could give rise to disciplinary action and referral to NHS Somerset ICB’s Counter Fraud Team for potential criminal investigation.

Charitable Collections

2.22 While the ICB supports staff who wish to undertake charitable collections among their immediate colleagues, no reference or implication should be drawn to suggest that NHS Somerset ICB is supporting the charity, and no undue pressure should be applied to any colleagues to make a donation.

Use of Social Media and Websites

2.23 Social media and websites are public forums and entries are not private. Therefore, staff must not:

- conduct themselves in a way that brings the NHS or ICB into disrepute
- disclose information that is confidential to the NHS or the ICB business, staff or patients
- give the impression that they are a spokesperson for the NHS or the ICB without permission, for example by disclosing their job title on social media and commenting on the NHS or NHS Somerset ICB’s policy or performance.

2.24 Staff communicating via social media must comply with NHS Somerset ICB’s Social Media Policy.

Confidentiality

2.25 All staff must at all times operate in accordance with the UK General Data Protection Regulation (GDPR), and maintain the confidentiality of information of any type, including but not limited to patient information; personal information relating to staff; and commercial information.

2.26 This duty of confidence remains after staff (however employed) leave NHS Somerset ICB.

2.27 This does not prevent the disclosure or information where there is a lawful basis for doing so (for example, consent or public interest). Staff should refer to the suite of NHS Somerset ICB’s Information Governance and Corporate Information Technology policies for detailed information.

Gambling

2.28 No member of staff may bet or gamble when on duty or on ICB's premises, with the exception of small lottery syndicates or sweepstakes related to common events, for example, the Eurovision song contest, the FIFA Women's World Cup or the Grand National. This should be among immediate colleagues within the same offices where no profits are made by virtue of organising them, or the lottery is wholly for purposes that are not for private or commercial gain (for example, to raise funds to support a charity). Staff should seek advice from their line manager and/or the Human Resources team if they are in doubt as to whether any small lottery syndicates or sweepstakes are permissible.

Lending and Borrowing

2.29 The lending or borrowing of money or other goods (excluding low-cost office materials such as pens etc) between staff is not permitted, whether informally or as a business, particularly where the amounts are significant. This is to avoid the creation of any obligation on the part of one staff member to another which may influence their decision-making. Reasonable exceptions may be made to this rule, for example the short-term lending of small amounts of money for a specific purpose such as to buy a sandwich.

2.30 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on or otherwise convince any other individual to give or loan them money or other valuable goods.

Trading on Official NHS Somerset ICB premises

2.31 Trading on official premises, by whatever means, is prohibited, whether for personal gain or on behalf of others. This includes placing flyers/catalogues for services/products anywhere in NHS Somerset ICB premises.

2.32 Canvassing within the office by, or on behalf of, outside bodies or firms (including non-NHS Somerset ICB interests of staff or their relatives) is also prohibited.

Individual Voluntary Arrangements, County Court Judgement (CCJ), Bankruptcy/Insolvency

2.33 Any member of staff who becomes bankrupt, insolvent, has active CCJ, or has made individual voluntary arrangements with creditors must inform their line manager and the Human Resources team as soon as possible. Staff who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might provide opportunity for the misappropriation of public funds, or where they would be privy to information that could be exploited for personal financial gain.

Arrest or Conviction

2.34 A member of staff who is arrested, subject to continuing criminal proceedings, convicted of any criminal offence, or commits a traffic offence that could see them go to prison, or is disqualified from driving where they are registered to drive for business purposes, must immediately inform their line manager and the Human Resources team.

DECLARATION OF INTERESTS FORM – NEW STARTERS
and for all staff in the event of extended down-time of the Civica Declare database

This form requires completion in accordance with the Standards of Business Conduct and Managing Conflicts of Interest Policy.

Name	
Position within, or relationship with the ICB	

Details of interests held (complete all that are applicable) – *refer to Appendix D of the Standards of Business Conduct and Managing Conflicts of Interest Policy*

Type of interest	Description of interest (including for indirect interests, details of the relationship with the person who has the interest)	Date interest relates		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB Manager)
		from	to	

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 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations 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]** give my consent for this information to published on registers that the ICB holds. If consent is NOT given, please give reasons:

Signed: **Date**:

Approved by:

Signed: **Position:** **Date:**
(Line Manager or Senior ICB Manager)

Please return by email to somicb.declarations@nhs.net

TYPES OF INTEREST (extract: national statutory guidance on Managing Conflicts of Interest)

Type	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • 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; • 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. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57 of national guidance); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • 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 • 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).
Non-Financial Professional Interests	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: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	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: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	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: • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

GUIDANCE FOR STAFF WHEN CONSIDERING OBLIGATIONS FOR BUSINESS CONDUCT AND CONFLICTS OF INTEREST

Extract from Professional Standards Authority (PSA) Guidance: Standards for Members of NHS Boards and CCG Governing Bodies *[ICB Boards]* in England (2012) – sections 2 and 6[6]

Personal Behaviour

I will apply the following values in my work and relationships with others:

- **Responsibility**: I will be fully accountable for my work and the decisions that I make, for the work and decisions of the board, included delegated responsibilities, and for the staff and services for which I am responsible

- **Honesty**: I will act with honesty in all my actions, transactions, communications, behaviours and decision-making, and will resolve any conflicts arising from my personal, professional or financial interests that could influence or be thought to influence my decisions as a board member

- **Openness**: I will be open about the reasoning, reasons and processes underpinning my actions, transactions, communications, behaviours and decision-making and about any conflicts of interest

- **Respect**: I will treat patients and service users, their families and carers, the community, colleagues and staff with dignity and respect at all times

- **Professionalism**: I will take responsibility for ensuring that I have the relevant knowledge and skills to perform as a board member and that I reflect on and identify any gaps in my knowledge and skills, and will participate constructively in appraisal of myself and others. I will adhere to any professional or other codes by which I am bound.

- **Leadership**: I will lead by example in upholding and promoting these Standards, and use them to create a culture in which their values can be adopted by all

- **Integrity**: I will act consistently and fairly by applying these values in all my actions, transactions, communications, behaviours and decision-making, and always raise concerns if I see harmful behaviour or misconduct by others

Business practices

- Declaring any personal, professional or financial interests and ensuring that they do not interfere with my actions, transactions, communications, behaviours or decision-making, and removing myself from decision-making when they might be perceived to do so.

- Taking responsibility for ensuring that any harmful behaviour, misconduct, or systems weaknesses are addressed and learnt from, and taking action to raise any such concerns that I identify.

- Ensuring that effective complaints and whistleblowing procedures are in place and in use.

[6] http://www.professionalstandards.org.uk/docs/psa-library/november-2012---standards-for-board-members.pdf?sfvrsn=0

APPENDIX F

GUIDANCE ON THE ACCEPTANCE OF GIFTS, HOSPITALITY AND SPONSORSHIP

Gift/Hospitality	**Acceptable**	**Potentially Acceptable (*)**	**Unacceptable**	**Declarable**
Gifts from suppliers or contractors:				
Gifts of low value (up to £6), such as promotional items, can be accepted and do not need to be declared.	✓			
All other gifts from suppliers or contractors must be declined and declared. For example, gifts to relatives/friends, holiday accommodation, attendance at sporting events, invitation to cultural events, promotional gifts or offers, personal discounts/ discount vouchers.			✓	✓
Gifts from other sources:				
Gifts under £50 can be accepted from non-suppliers and non-contractors, and do not need to be declared.	✓			
Gifts with a value of over £50 can be accepted on behalf of an organisation, but not in a personal capacity and must be declared.	✓			✓
Hospitality - meals and refreshments:				
Hospitality under £25 can be accepted and does not need to be declared.	✓			
Hospitality between £25 and £75 can be accepted, but must be declared.	✓			✓
If the value of the hospitality is over £75, it must be declared and should be refused unless senior approval is given.		✓		✓
Supplier offers:				
Visits to view equipment paid for by outside companies		✓		✓
Other forms of commercial sponsorship including pharmaceutical		✓		✓
Offers of medical equipment (for example glucose monitors, respiratory meters and demonstration inhalers as often given out to GPs by pharmaceutical company representatives)		✓		✓

* **Potentially Acceptable but prior approval and declaration required**

RECEIPT OF GIFTS AND HOSPITALITY – GUIDANCE FOR ALL ICB STAFF AND REPRESENTATIVES

Casual Gifts, including gifts from patients

1. 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.

2. All gifts of any nature offered to ICB staff, Board and committee members by suppliers or contractors linked (currently or prospectively) to the ICB's business should be declined, whatever their value. The person to whom the gifts were offered should also declare the offer to the ICB Corporate Governance team so the offer which has been declined can be recorded on the register.

3. Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common-sense approach should be adopted as to whether or not this is the case.

4. The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e., less than £6) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the Corporate Governance team, nor recorded on the register.

5. Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the Corporate Governance team and recorded on the register.

6. In cases of doubt advice must be sought from line managers and, in no case must a gift be accepted without prior written approval of the relevant manager if the estimated value of the gift exceeds £6. If a gift which is not a 'small value item' arrives without warning, it must be handed over to the appropriate director who will decide whether the gift should be returned (or passed on to a charity or good cause) and will ensure that the donor is informed of what has happened.

Cash

7. Under no circumstances must personal gifts of cash, even below the £6 limit be accepted.

Hospitality

8. A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or ICB.

9. Modest hospitality 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. Hospitality of this nature does not need to be declared to the Corporate Governance Team, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business in which case all such offers (whether or not accepted) should be declared and recorded. Where it is difficult to avoid meetings involving hospitality, for example meals taken in a restaurant, individuals might wish to consider paying for your own meal to demonstrate that no benefit was obtained from a third party.

10. Attendance at working lunches or workshop events where food is provided without a charge to ICB is acceptable only where the focus of the event is work-related rather than the hospitality and providing attendees can demonstrate that ICB will obtain some value from attendance. National guidance sets out that:

    - Hospitality under £25 can be accepted and does not need to be declared.
    - Hospitality between £25 and £75 can be accepted but must be declared.
    - If the value of the hospitality is over £75, it must be declared and should be refused unless senior approval is given. In particular, offers of foreign travel and accommodation.

11. There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Express prior approval should be sought from a senior member of the ICB (eg. the ICB governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the ICBs register of gifts and hospitality.

12. Hospitality of this nature should be declared to the Corporate Affairs Team and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the ICB (eg. the ICB governance lead or equivalent) as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

13. Offers of hospitality such as theatre tickets, sporting events, holiday accommodation or similar offers of hospitality must be declined.

14. There is an important difference between attendance at events in an official capacity and accepting hospitality at events where representation by ICB is not required. Where you are invited to an event as a representative of ICB and consider that the ICB should be represented in an official capacity, attendance is likely to be acceptable but written approval should be sought in advance from a senior manager of the ICB. It is very unlikely that hospitality such as sporting events, holidays or theatre shows would ever fall into this category.

Sponsorship

15. ICB staff, Board and committee members may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they conduct for or on behalf of the ICB. All such offers (whether accepted or declined) must be declared so that they can be included on the ICB's register of interests, and the Corporate Governance Team should provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance then they may be accepted.

16. Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The ICB should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the ICB endorses a company's products or services. During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation. Furthermore, no information should be supplied to a company for their commercial gain unless there is a clear benefit to the NHS. As a general rule, information which is not in the public domain should not normally be supplied.

17. Where an organisation or individual seeks to provide sponsorship to ICB the principles set out in this policy concerning the acceptance of gifts or hospitality apply. Particular care must be taken when contractors or potential contractors are offering sponsorship, to avoid the appearance that providing sponsorship is linked to the awarding of any contract or other advantage. Sponsorship should not be accepted where it could subject ICB to criticism for giving preferential treatment to one supplier above another.

18. Any offers of sponsorship must be approved by the relevant senior manager at NHS Somerset ICB in advance.

19. Specific guidance on pharmaceutical sponsorship is contained with the Corporate Policy and Guidance for Joint Working with the Pharmaceutical Industry. Further advice in relation to pharmaceutical sponsorship should be sought from the ICB's Chief Pharmacist.

20. If there is any doubt about whether gifts, hospitality or sponsorship should be accepted, advice should be sought in advance from the Director of Corporate Affairs or the Corporate Governance team.

Medical Equipment

21. Any offers of medical equipment for primary care should be considered carefully before being accepted so there could be no impression of favourable treatment being applied to a specific provider. Any offers should be recorded on the register using the declaration form. Examples of such offers could be low value equipment such as glucose monitors, respiratory meters and demonstration inhalers, which are often given out to clinicians by pharmaceutical company representatives.

Training and Education

22. Pharmaceutical company representatives may from time-to-time support and/or deliver training and education sessions, often involving the provision of hospitality over a lunchtime period. The provision of such support is not prohibited but it is important that this activity and associated hospitality is formally recorded to promote transparency.

23. If a project is being funded by a pharmaceutical company, approval for receiving this support should be sought from the relevant Director and then reported to the Medicines Management Programme Board for formal approval. The project sponsorship must then be recorded on the Civica Declare database for pharmaceutical company- supported projects (sponsorship).

APPENDIX H

DECLARATIONS OF GIFTS AND HOSPITALITY FORM
For use by staff in the event of extended (more than 28 days) down-time of the Civica Declare database

Recipient Name	Job Title	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

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 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations 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, professional regulatory or internal disciplinary action may result.

I do / do not (delete as applicable) give my consent for this information to published on registers that the ICB holds. If consent is NOT given, please give reasons:

Signed (Recipient): Date:

Signed: Date:
(Line Manager or a Senior ICB Manager).

Please return by email to somicb.declarations@nhs.net

E S T A B L I S H M E N T O R D E R

The Integrated Care Boards (Establishment) Order 2022

Made - - - -	*27th June 2022*
Coming into force - -	*1st July 2022*

NHS England makes the following Order in exercise of the powers conferred by section 14Z25 of the National Health Service Act 2006(**a**).

Citation and commencement

1. This Order may be cited as the Integrated Care Boards (Establishment) Order 2022 and shall come into force on 1st July 2022.

Establishment and names of integrated care boards, and determination of areas of integrated care boards

2.—(1) For each of the areas described in columns (2) and (3) of the Schedule to this Order there is established an integrated care board which shall be known by the name specified in column (1) of that Schedule in relation to that area.

(2) For those integrated care boards in relation to which there is an entry in column (3) of the Schedule to this Order, the area of each board has been determined by reference to the 2011 Lower layer Super Output Areas (LSOAs)(**b**), information about which is provided in datasets and documents published by the Office for National Statistics(**c**).

Published constitution of each integrated care board

3. The constitution of each integrated care board shall be that which is published for that board on NHS England's website at http://www.england.nhs.uk/publication/the-constitutions-of-integrated-care-boards/.

Signed by authority of NHS England

Amanda Pritchard
Chief Executive,
NHS England

(**a**) National Health Service Act 2006 c.41 ("the 2006 Act"); section 14Z25 was inserted by section 19(2) of the Health and Care Act 2022 (c.31). The appointed day by which NHS England must ensure that the areas of integrated care boards cover the whole of England is 1 July 2022 – see sections 14Z25(4) and (9) of the 2006 Act and the National Health Service (Areas of Integrated Care Boards: Appointed Day) Regulations 2022 (S.I. 2022/632).

(**b**) Lower Layer Super Output Areas (LSOA) are a geographic hierarchy designed to improve the reporting of small area statistics in England and Wales. They are built from groups of contiguous Output Areas and have been automatically generated to be as consistent in population size as possible, and typically contain from four to six Output Areas. The minimum population is 1000 and the mean is 1500. [NHS Data Model and Dictionary (2022)]

(**c**) *See* https://www.ons.gov.uk/methodology/geography/ukgeographies/censusgeography#super-output-area-soa and https://data.gov.uk/dataset/c4644a20-16e0-447b-be05-7a23e8d1517d/lower-layer-super-output-areas-december-2011-names-and-codes-in-england-and-wales.

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board	District of Bath and North East Somerset, Borough of Swindon, County of Wiltshire	PLUS PART OF District of Vale of White Horse (LSOAs: E01028745, E01028746, E01028747, E01028748)
NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board	Borough of Bedford, District of Central Bedfordshire, Borough of Luton, Borough of Milton Keynes	PLUS PART OF County of Buckinghamshire (LSOAs: E01017695, E01017696, E01017669, E01017670)
NHS Birmingham and Solihull Integrated Care Board	City of Birmingham, Borough of Solihull	
NHS Black Country Integrated Care Board	Borough of Dudley, Borough of Sandwell, Borough of Walsall, City of Wolverhampton	
NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board	City of Bristol, District of North Somerset, District of South Gloucestershire	
NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board	District of Cherwell, City of Oxford, Borough of Reading, District of South Oxfordshire, District of West Berkshire, District of West Oxfordshire, Borough of Wokingham	PLUS County of Buckinghamshire EXCLUDING LSOAs: E01017695, E01017696, E01017669, E01017670 PLUS District of Vale of White Horse EXCLUDING LSOAs: E01028745, E01028746, E01028747, E01028748
NHS Cambridgeshire and Peterborough Integrated Care Board	City of Cambridge, District of East Cambridgeshire, District of Fenland, District of Huntingdonshire, City of Peterborough, District of South Cambridgeshire	PLUS PART OF District of North Hertfordshire (LSOAs: E01023660, E01023661, E01023662, E01023654, E01023655, E01023656, E01023657, E01023658, E01023659, E01023597, E01023598)

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Cheshire and Merseyside Integrated Care Board	Borough of Cheshire East, Borough of Cheshire West and Chester, Borough of Halton, Borough of Knowsley, City of Liverpool, Borough of Sefton, Borough of St Helens, Borough of Warrington, Borough of Wirral	
NHS Cornwall and the Isles of Scilly Integrated Care Board	County of Cornwall, Isles of Scilly	
NHS Coventry and Warwickshire Integrated Care Board	City of Coventry, Borough of North Warwickshire, Borough of Nuneaton and Bedworth, Borough of Rugby, District of Stratford-on-Avon, District of Warwick	
NHS Derby and Derbyshire Integrated Care Board	Borough of Amber Valley, District of Bolsover, Borough of Chesterfield, City of Derby, District of Derbyshire Dales, Borough of Erewash, Borough of High Peak, District of North East Derbyshire, District of South Derbyshire	
NHS Devon Integrated Care Board	District of East Devon, City of Exeter, District of Mid Devon, District of North Devon, City of Plymouth, District of South Hams, District of Teignbridge, Borough of Torbay, District of Torridge, Borough of West Devon	
NHS Dorset Integrated Care Board	District of Bournemouth, Christchurch and Poole, District of Dorset	

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Frimley Integrated Care Board	Borough of Bracknell Forest, Borough of Rushmoor, Borough of Slough, Royal Borough of Windsor and Maidenhead	PLUS District of Hart EXCLUDING LSOAs: E01022858, E01022878, E01022879, E01022880, E01022881, E01022882, E01022883, E01022884, E01022885, E01022887, E01022888, E01022889, E01032855, E01032856 PLUS Borough of Surrey Heath EXCLUDING LSOAs: E01030763, E01030764, E01030765, E01030761, E01030762, E01030806, E01030807, E01030808 PLUS PART OF Borough of Guildford (LSOAs: E01030426, E01030427, E01030428, E01030429, E01030430, E01030424, E01030431, E01030432, E01030433, E01030421, E01030422, E01030423, E01030425) PLUS PART OF Borough of Runnymede (LSOAs: E01030671, E01030672, E01030673, E01030674, E01030675, E01030676) PLUS PART OF Borough of Waverley (LSOAs: E01030890, E01030902, E01030903, E01030904, E01030891, E01030892, E01030899, E01030900, E01030901, E01030884, E01030885, E01030886, E01030893, E01030895, E01030881, E01030883, E01030888, E01030894, E01030882, E01030887, E01030889, E01030896, E01030897, E01030898, E01030905, E01030906, E01030907, E01030908, E01030909)
NHS Gloucestershire Integrated Care Board	Borough of Cheltenham, District of Cotswold, District of Forest of Dean, City of Gloucester, District of Stroud, Borough of Tewkesbury	
NHS Greater Manchester Integrated Care Board	Borough of Bolton, Borough of Bury, City of Manchester, Borough of Oldham, Borough of Rochdale, City of Salford, Borough of Stockport, Borough of Tameside, Borough of Trafford, Borough of Wigan	

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Hampshire and Isle of Wight Integrated Care Board	Borough of Basingstoke and Deane, District of East Hampshire, Borough of Eastleigh, Borough of Fareham, Borough of Gosport, Borough of Havant, County of the Isle of Wight, District of New Forest, City of Portsmouth, City of Southampton, Borough of Test Valley, City of Winchester	PLUS PART OF District of Hart (LSOAs: E01022858, E01022878, E01022879, E01022880, E01022881, E01022882, E01022883, E01022884, E01022885, E01022887, E01022888, E01022889, E01032855, E01032856)
NHS Herefordshire and Worcestershire Integrated Care Board	District of Bromsgrove, County of Herefordshire, District of Malvern Hills, Borough of Redditch, City of Worcester, District of Wychavon, District of Wyre Forest	
NHS Hertfordshire and West Essex Integrated Care Board	Borough of Broxbourne, Borough of Dacorum, District of East Hertfordshire, District of Epping Forest, District of Harlow, Borough of Hertsmere, City of St Albans, Borough of Stevenage, District of Three Rivers, District of Uttlesford, Borough of Watford, Borough of Welwyn Hatfield	PLUS District of North Hertfordshire EXCLUDING LSOAs: E01023660, E01023661, E01023662, E01023654, E01023655, E01023656, E01023657, E01023658, E01023659, E01023597, E01023598
NHS Humber and North Yorkshire Integrated Care Board	District of East Riding of Yorkshire, District of Hambleton, Borough of Harrogate, City of Kingston-upon-Hull, Borough of North East Lincolnshire, Borough of North Lincolnshire, District of Richmondshire, District of Ryedale, Borough of Scarborough, District of Selby, City of York	
NHS Kent and Medway Integrated Care Board	Borough of Ashford, City of Canterbury, Borough of Dartford, District of Dover, District of Folkestone and Hythe, Borough of Gravesham, Borough of Maidstone, Borough of Medway, District of Sevenoaks, Borough of Swale, District of Thanet, Borough of Tonbridge and Malling, Borough of Tunbridge Wells	

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Lancashire and South Cumbria Integrated Care Board	Borough of Barrow-in-Furness, Borough of Blackburn with Darwen, Borough of Blackpool, Borough of Burnley, Borough of Chorley, Borough of Fylde, Borough of Hyndburn, City of Lancaster, Borough of Pendle, City of Preston, Borough of Ribble Valley, Borough of Rossendale, District of South Lakeland, Borough of South Ribble, Borough of West Lancashire, Borough of Wyre	PLUS PART OF Borough of Copeland (LSOAs: E01019283, E01019289, E01019290, E01019293, E01019298, E01019299) PLUS PART OF District of Craven (LSOAs: E01027558, E01027559, E01027570)
NHS Leicester, Leicestershire and Rutland Integrated Care Board	District of Blaby, Borough of Charnwood, District of Harborough, Borough of Hinckley and Bosworth, City of Leicester, Borough of Melton, District of North West Leicestershire, Borough of Oadby and Wigston, District of Rutland	
NHS Lincolnshire Integrated Care Board	Borough of Boston, District of East Lindsey, City of Lincoln, District of North Kesteven, District of South Holland, District of South Kesteven, District of West Lindsey	
NHS Mid and South Essex Integrated Care Board	Borough of Basildon, District of Braintree, Borough of Brentwood, Borough of Castle Point, City of Chelmsford, District of Maldon, District of Rochford, City of Southend-on-Sea, Borough of Thurrock	

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Norfolk and Waveney Integrated Care Board	District of Breckland, District of Broadland, Borough of Great Yarmouth, Borough of King's Lynn and West Norfolk, District of North Norfolk, City of Norwich, District of South Norfolk	PLUS PART OF District of East Suffolk (LSOAs: E01030240, E01030241, E01030242, E01030259, E01030260, E01030261, E01030262, E01030277, E01030279, E01030281, E01030266, E01030267, E01030271, E01030278, E01030280, E01030246, E01030248, E01030249, E01030250, E01030264, E01030265, E01030255, E01030263, E01030270, E01030289, E01030290, E01030233, E01030235, E01030268, E01030269, E01030288, E01030247, E01030254, E01030256, E01030258, E01030276, E01030257, E01030274, E01030275, E01030287, E01030291, E01030234, E01030236, E01030237, E01030238, E01030223, E01030224, E01030225, E01030227, E01030228, E01030226, E01030286, E01030292, E01030293, E01030294, E01030239, E01030251, E01030252, E01030253, E01030272, E01030273, E01030230, E01030231, E01030232, E01030285, E01030282, E01030283, E01030284, E01030295, E01030229, E01030243, E01030244, E01030245)
NHS North Central London Integrated Care Board	London Borough of Barnet, London Borough of Camden, London Borough of Enfield, London Borough of Haringey, London Borough of Islington	
NHS North East and North Cumbria Integrated Care Board	Borough of Allerdale, City of Carlisle, County of Durham, Borough of Darlington, District of Eden, Borough of Gateshead, Borough of Hartlepool, Borough of Middlesbrough, City of Newcastle-upon-Tyne, Borough of North Tyneside, County of Northumberland, Borough of Redcar and Cleveland, Borough of South Tyneside, Borough of Stockton-on-Tees, City of Sunderland	PLUS Borough of Copeland EXCLUDING LSOAs: E01019283, E01019289, E01019290, E01019293, E01019298, E01019299

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS North East London Integrated Care Board	London Borough of Barking and Dagenham, City of London, London Borough of Hackney, London Borough of Havering, London Borough of Newham, London Borough of Redbridge, London Borough of Tower Hamlets, London Borough of Waltham Forest	
NHS North West London Integrated Care Board	London Borough of Brent, London Borough of Ealing, London Borough of Hammersmith and Fulham, London Borough of Harrow, London Borough of Hillingdon, London Borough of Hounslow, Royal Borough of Kensington and Chelsea, City of Westminster	
NHS Northamptonshire Integrated Care Board	District of North Northamptonshire, District of West Northamptonshire	
NHS Nottingham and Nottinghamshire Integrated Care Board	District of Ashfield, District of Bassetlaw, Borough of Broxtowe, Borough of Gedling, District of Mansfield, District of Newark and Sherwood, City of Nottingham, Borough of Rushcliffe	
NHS Shropshire, Telford and Wrekin Integrated Care Board	County of Shropshire, Borough of Telford and Wrekin	
NHS Somerset Integrated Care Board	District of Mendip, District of Sedgemoor, District of Somerset West and Taunton, District of South Somerset	
NHS South East London Integrated Care Board	London Borough of Bexley, London Borough of Bromley, Royal Borough of Greenwich, London Borough of Lambeth, London Borough of Lewisham, London Borough of Southwark	

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS South West London Integrated Care Board	London Borough of Croydon, Royal Borough of Kingston upon Thames, London Borough of Merton, London Borough of Richmond upon Thames, London Borough of Sutton, London Borough of Wandsworth	
NHS South Yorkshire Integrated Care Board	Borough of Barnsley, Borough of Doncaster, Borough of Rotherham, City of Sheffield	
NHS Staffordshire and Stoke-on-Trent Integrated Care Board	District of Cannock Chase, Borough of East Staffordshire, District of Lichfield, Borough of Newcastle-Under-Lyme, District of South Staffordshire, Borough of Stafford, District of Staffordshire Moorlands, City of Stoke-on-Trent, Borough of Tamworth	
NHS Suffolk and North East Essex Integrated Care Board	District of Babergh, Borough of Colchester, Borough of Ipswich, District of Mid Suffolk, District of Tendring, District of West Suffolk	PLUS PART OF District of East Suffolk (LSOAs: E01030201, E01030219, E01030222, E01030154, E01030172, E01030173, E01030174, E01030176, E01030186, E01030208, E01030209, E01030210, E01030212, E01030152, E01030153, E01030187, E01030188, E01030189, E01030193, E01030194, E01030195, E01030220, E01030175, E01030200, E01030221, E01030199, E01033443, E01033445, E01033446, E01033448, E01033449, E01030155, E01030185, E01030203, E01030211, E01030179, E01030180, E01030183, E01030184, E01030207, E01030181, E01030190, E01030191, E01030192, E01030198, E01033442, E01033444, E01033447, E01030196, E01030197, E01030204, E01030205, E01030206, E01030171, E01030214, E01030215, E01030216, E01030217, E01030218, E01030158, E01030159, E01030164, E01030166, E01033450, E01030160, E01030161, E01030168, E01030169, E01030170, E01030162, E01030163, E01030165, E01030167)

Schedule

(1) Name of Integrated Care Board	(2) Local Government Areas	(3) Partial Local Government Areas (by 2011 LSOA)
NHS Surrey Heartlands Integrated Care Board	Borough of Elmbridge, Borough of Epsom and Ewell, District of Mole Valley, Borough of Reigate and Banstead, Borough of Spelthorne, District of Tandridge, Borough of Woking	PLUS Borough of Guildford EXCLUDING LSOAs: E01030426, E01030427, E01030428, E01030429, E01030430, E01030424, E01030431, E01030432, E01030433, E01030421, E01030422, E01030423, E01030425 PLUS Borough of Runnymede EXCLUDING LSOAs: E01030671, E01030672, E01030673, E01030674, E01030675, E01030676 PLUS PART OF District of Chichester (LSOAs: E01031502, E01031503, E01031504, E01031519) PLUS PART OF Borough of Surrey Heath (LSOAs: E01030763, E01030764, E01030765, E01030761, E01030762, E01030806, E01030807, E01030808) PLUS PART OF Borough of Waverley (LSOAs: E01030911, E01030912, E01030913, E01030920, E01030921, E01030916, E01030917, E01030918, E01030919, E01030922, E01030863, E01030865, E01030866, E01030940, E01030914, E01030915, E01030923, E01030924, E01030925, E01030877, E01030878, E01030937, E01030938, E01030939, E01030864, E01030879, E01030941, E01030942, E01030943, E01030870, E01030871, E01030872, E01030873, E01030874, E01030875, E01030876, E01030862, E01030867, E01030868, E01030869, E01030880, E01030930, E01030931, E01030932, E01030933, E01030926, E01030927, E01030928, E01030929, E01030910, E01030934, E01030935, E01032626)
NHS Sussex Integrated Care Board	District of Adur, District of Arun, City of Brighton and Hove, Borough of Crawley, Borough of Eastbourne, Borough of Hastings, District of Horsham, District of Lewes, District of Mid Sussex, District of Rother, District of Wealden, Borough of Worthing	PLUS District of Chichester EXCLUDING LSOAs: E01031502, E01031503, E01031504, E01031519
NHS West Yorkshire Integrated Care Board	City of Bradford, Borough of Calderdale, Borough of Kirklees, City of Leeds, City of Wakefield	PLUS District of Craven EXCLUDING LSOAs: E01027558, E01027559, E01027570