

NHS DORSET INTEGRATED CARE BOARD (ICB)

INAUGURAL BOARD MEETING

PART ONE – PUBLIC

Part One of the inaugural meeting of the NHS Dorset ICB Board meeting will be held on **Friday 1 July 2022** at **9.30am** in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.

If you are unable to attend, please notify the Corporate Office on 01305 368017.

Jenni Douglas-Todd
Integrated Care Board Chair

AGENDA

	Item	Method	Purpose	Lead
1.	Welcome, Introductions and Apologies V Read, apologies received S Flower not available until 10am	Verbal		Chair
1.1	ICB Constitution to be formally accepted as primary governance documentation (to enable the Committees to be constituted and become operational). NHS Dorset - Constitution	Link		Chair
2.	Quorum To confirm that the meeting is quorate before it proceeds further. The Terms of Refence (Constitution) dictates that a quorum, shall be one third of the total number of members and the Chair (7) and must include one executive member, one partner member and one non-executive member.	Verbal		Chair
3.	Declarations of Interest Members to carefully consider and declare any conflicts of interest arising from this agenda. <i>(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 his or her 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).</i>	Verbal		Chair

4. (9.45am 30 mins)	Staff Story	Verbal	Noting	PM
5.	<u>Items for Decision</u> <u>Governance Matters</u>			
5.1 (10.15am 10 mins)	Establish the Committees, appoint the Chairs/membership of the Committees and approve their Terms of Reference	Paper	Approval	Chair
5.2 (10.25am 10 mins)	ICB Standing Financial Instructions and ICB Scheme of Reservation and Delegation	Paper	Approval	RM
5.3 (10.35am 10 mins)	Appoint to Specialist/lead roles e.g. Conflicts of Interest Guardian Freedom to Speak up Guardian	Paper	Approval	Chair
5.4 (10.45am 10 mins)	Governance Handbook and Suite of Core Policies (including Standards of Business Conduct and the Conflicts of Interest Policy)	Paper	Approval	Chair
5.5 (10.55am 5 Mins)	Appoint the ICB founder member of the Integrated Care Partnership To appoint the relevant person in the ICB who will be the founding member with the LAs in terms of creating the ICP Board.	Verbal	Approval	PM
6.	<u>Items for Noting</u>			
6.1 (11.00am)	There are no items for noting.			
7.	<u>Items for Consent</u> The following items are to be taken without discussion unless any Board member requests prior to the meeting that any be removed from the consent section for further discussion.			
7.1 (11.00am)	There are no items for consent.			
8. (11.00am 10 mins)	Questions from the Public			Chair
9.	Any Other Business	Verbal		Chair
10.	Date and Time of Next Meeting The next formal meeting of the NHS Dorset ICB Board will be held on Wednesday 20 July 2022 at 8.30am in the Boardroom, Vespasian House, Barrack Road, Dorchester, Dorset, DT1 1TG.			
11.	Exclusion of the Public			

To resolve that representatives of the press and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest.

NHS DORSET INTEGRATED CARE BOARD

ICB BOARD

ESTABLISHMENT OF COMMITTEES - FUNCTIONS AND DECISION MAP

Date of the meeting	01/07/2022
Author	R. Kendall, Head of Strategy and Assurance
Lead Director	P. Miller, Chief Executive
Purpose of Report	To support the establishment of the committees, appointment of the committee Chairs, and approval of the committee terms of reference.
Recommendation	The ICB Board is asked to approve the functions and decision map, committee structure, committee Chairs, and terms of reference.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	The functions and decision map has been developed and informed by the Chief Executive, Chief Officers, Chair, and NHS England have provided feedback and challenge.
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	N/A
Risk description/rating	N/A

1. Introduction

- 1.1 The Functions and Decision Map was shared with members at the Shadow Board meeting held on 20 May 2022. The purpose of the paper is to provide members with:
- an overview of the feedback and comments received
 - summary of the amendments that have been made, and
 - to seek approval of the Functions and Decision Map.

2. Report

- 2.1 The functions and decision map sets out the decision-making arrangements, assurance and escalation routes for NHS Dorset Integrated Care Board.
- 2.2 It also provides a high-level overview of the roles of the Board, its committees and relationship with the Integrated Care Partnership, Health and Wellbeing Boards and regional regulators (NHS England/ CQC).
- 2.3 Details of the roles, responsibilities, quoracy, membership and are detailed within the Terms of Reference for the Board and the Committee and detailed delegated authority and limits are with the Scheme of Reservation and Delegation and Standing Financial Instructions. These documents can be found in the Governance Handbook.
- 2.4 The relationship and role of both Provider Collaboratives and Place has been included, but recognises that further development is required and delegation to these group will be dependant on the maturity, and there will be no delegated authority at the start of 2022/23.
- 2.5 Following Shadow Board on 20 May 2022, there have been two amendments made to the map, which can ben seen below:
- Non-executive pay group added. This group will report directly to Board, and will meet on an ad hoc basis
 - Chairs of the Boards and each of the Committees have been included.

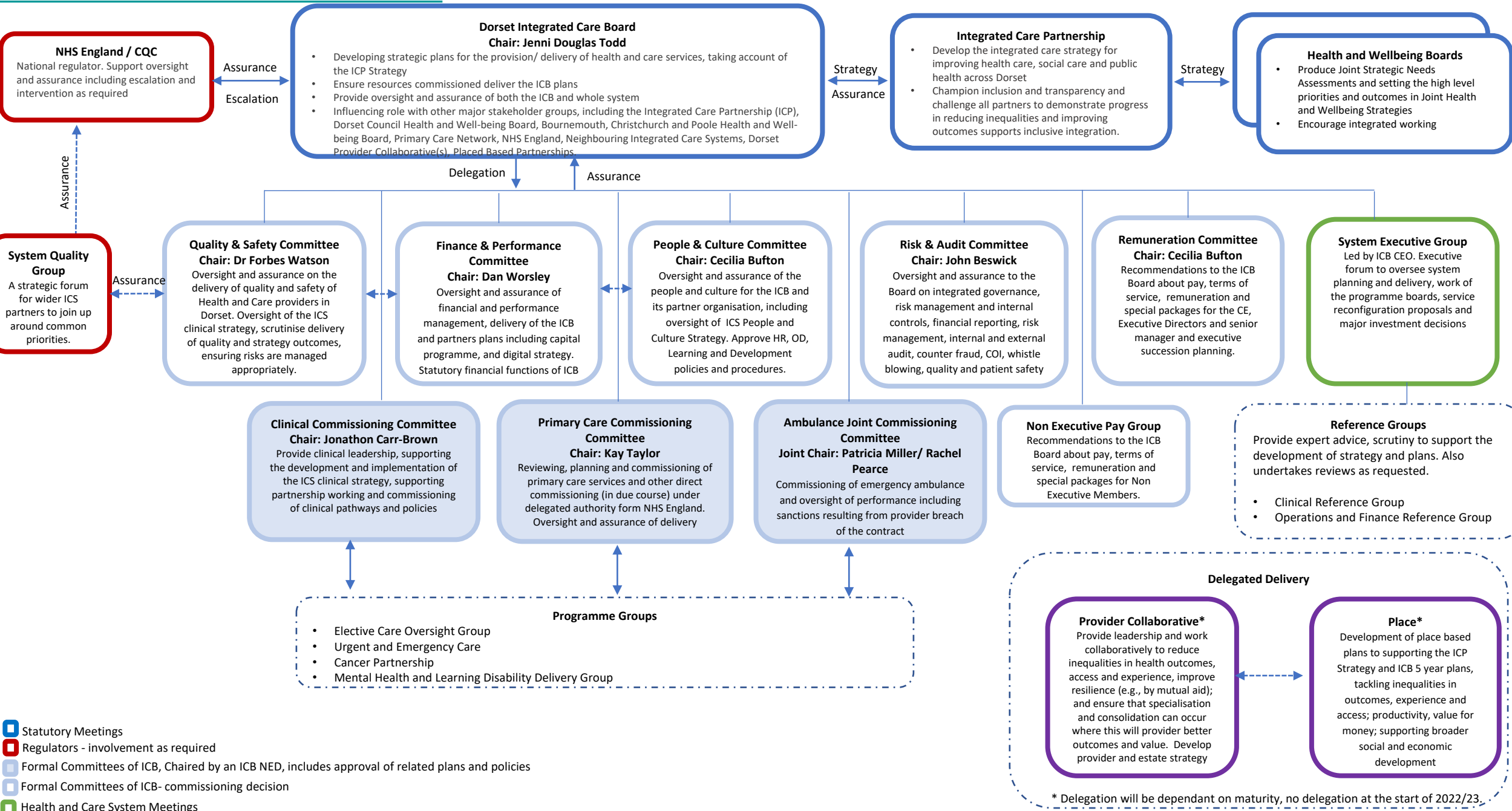
3. Conclusion

- 3.1 Members are asked to note the updates within the paper and to **approve** the functions and decisions map, committee Chairs, and the terms of reference.

Author's name and Title : R. Kendall, Head of Strategy and Assurance
Date : 14/06/22

APPENDICES	
Appendix 1	Functions and Decision Map FINAL V 1.5

Dorset Functions and Decision Map FINAL V1.6 May 2022



- Statutory Meetings
- Regulators - involvement as required
- Formal Committees of ICB, Chaired by an ICB NED, includes approval of related plans and policies
- Formal Committees of ICB- commissioning decision
- Health and Care System Meetings
- Delegated delivery

NHS DORSET INTEGRATED CARE BOARD

ICB BOARD

SCHEME OF RESERVATION AND DELEGATION AND STANDING FINANCIAL INSTRUCTIONS

Date of the meeting	01/07/ 2022
Author	R. Kendall, Head of Strategy and Assurance
Lead Director	R. Morgan, Chief Financial Officer
Clinical Lead	N/A
Purpose of Report	<p>The purpose of the paper is to provide members with:</p> <ul style="list-style-type: none"> • an overview of the feedback and comments received • summary of the amendments that have been made, and • to seek approval of the SoRDs and SFIs.
Recommendation	The ICB Board is asked to approve the scheme of reservation and delegation and standing financial instructions
Reason for inclusion in Part II	N/A

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	The draft scheme of reservation and delegation and standing financial instructions has been shared with Board members. Feedback has been included within this paper and updated SoRDs and SFIs.
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	All document drafts have been reviewed by Browne Jacobson for a legal perspective.
Risk description/rating	N/A

1. Introduction

- 1.1 As part of the establishment of the Integrated Care Board (ICB) the Health and Care Act requires Clinical Commissioning Groups (CCGs) to prepare the Integrated Care Board (ICB) constitution for their area and propose it to NHS England for approval. CCGs are expected to do this with the relevant ICB designate leaders.
- 1.2 The Scheme of Reservation and Delegation (SoRDs) and Standing Financial Instructions (SFIs) forms part of the Integrated Care Boards Governance Handbook which supports the Constitution by bringing together range of statutory documents in one place. This was shared with members at the ICB Shadow Board meeting held on 20 May 2022.

The purpose of the paper is to provide members with:

- an overview of the feedback and comments received
- summary of the amendments that have been made, and
- to seek approval of the SoRDs and SFIs.

2. Report

Overview

- 2.1 As set out in paragraph 1.2 the SoRDs and SFIs feature as part of Dorset Integrated Care Board (ICB) Governance Handbook, setting out the following:
- **SoRDs** (see **Appendix 1**) sets out the functions, duties and powers reserved to NHS Dorset Integrated Care Board and those it has delegated to its committees and sub committees, individual members and functions delegated to another body or to be exercised jointly with another body. They should be read in conjunction with the Terms of Reference for the each of the committee of the Board
 - **SFIs** (see **Appendix 2 &3**) setting out the financial responsibilities, policies and procedures adopted by Dorset ICB and are designed to ensure that financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the SoRDs.

Feedback and Amendments

- 2.2 As set out in paragraph 1.1, both the SoRDs and SFI were shared with Board members on 20 May 2022 at the Shadow Board meeting as part of the Governance Handbook. Table 1 below sets out the feedback received, and amendments made.

Table 1: SoRDs and SFI Feedback and Amendment Log

Document	Shadow Board Text/ comments	Update to:
Dorset ICB SoRDs	Section Strategic Planning: <ul style="list-style-type: none"> • Approval of the ICB's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the Constitution 	Section Strategic Planning: <ul style="list-style-type: none"> • Approval of the ICB's corporate budgets that meet the financial duties • Receive assurance of strategic risk.

	<ul style="list-style-type: none"> Providing assurance of strategic risk. 	
	<p>Section Human Resources:</p> <ul style="list-style-type: none"> Approve terms and conditions of employment for all employees of the ICB including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the ICB. – People Committee 	<p>Section Human Resources:</p> <ul style="list-style-type: none"> Approve terms and conditions of employment for all employees of the ICB including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the ICB. – Remuneration Committee
NHS Dorset ICB SFIs	Should approval of auditors be reserved for the Board	<p>Section 9.3 External Audit added in:</p> <ul style="list-style-type: none"> all external audit services provided under arrangements proposed by the chief finance officer are approved by the Audit and Risk Committee, on behalf of the ICB board
SFI detailed delegation limits	<p>Query if the levels were too low for the committees</p> <p>ICB:</p> <ul style="list-style-type: none"> Outside NHS and Local Authority- >£1,000,000 Local Authority (BCP & DC Council)- >£2,000,000 Within NHS- >£4,000,000 <p>Committees:</p> <ul style="list-style-type: none"> Outside NHS and Local Authority- <£1,000,000 Local Authority (BCP & DC Council)- <£2,000,000 Within NHS- <£4,000,000 	<p>Board and Committee levels increased as follows:</p> <p>ICB:</p> <ul style="list-style-type: none"> Outside NHS and Local Authority- >£2,000,000 Local Authority (BCP & DC Council)- >£4,000,000 Within NHS- >£6,000,000 <p>Committees:</p> <ul style="list-style-type: none"> Outside NHS and Local Authority- <£2,000,000 Local Authority (BCP & DC Council)- <£4,000,000 Within NHS- <£6,000,000 <p>This has also been updated as appropriate within sections:</p> <ul style="list-style-type: none"> 4: Budget adjustments 5: Tenders
	<p>Section 5, Tenders thresholds</p> <ul style="list-style-type: none"> >£15,000 3 quotations >£150,000 formal tenders 	<p>Section 5, amended to:</p> <ul style="list-style-type: none"> >£15,000 2 quotations >£250,000
	Section 6 NON-PAY AND CAPITAL EXPENDITURE	Section 6 NON-PAY AND CAPITAL EXPENDITURE WITHIN BUDGETS
	Section 6.1 PHC CNO delegated missing	<p>Section 6.1 PHC</p> <ul style="list-style-type: none"> <£5,500 CNO, Deputy Director of PHC
	<p>Section 10.1</p> <ul style="list-style-type: none"> Sign off of contracts booking Bank/ Agency staff 	<p>Section 10.1 amended to:</p> <ul style="list-style-type: none"> Sign off of booking Bank/ Agency staff
		<p>Section 14, new section added on:</p> <ul style="list-style-type: none"> Sealing of documents

3. Conclusion

3.1 Members are asked to:

- note the feedback and amendments made to the SoRDs and SFIs set out in paragraph 2.2 and
- approve Dorset ICBs SoRDs and SFIs.

Author's name and Title : R. Kendall, Head of Strategy and Assurance
Date : 13 June 2022

APPENDICES	
Appendix 1	Dorset ICB SoRDs FINAL 240522
Appendix 2	NHS Dorset ICB SFIs FINAL 240522
Appendix 3	SFI Detailed Delegated Limits FINAL 240522

Scheme of Reservation and Delegation

Category	ICB Decision	ICB Decision Route
Regulation and Control	Consideration and approval of applications to NHS England on any matter concerning material changes to the ICB Constitution	Board
	Exercising any other functions of the ICB which have not been retained as reserved by the ICB.	Board
	Approval of the ICB's overarching Scheme of Reservation and Delegation.	Board
	Approval of the ICB's operational scheme of delegation that underpins the ICB's 'overarching Scheme of Reservation and Delegation' as set out in its Constitution	Board
	Approve amendments to the Standing Orders.	Board
	Reviewing the ICB's governance arrangements to ensure that the ICB continues to reflect the principles of good governance.	Board
	Approve amendments to the terms of reference of committees and sub-committees of the ICB.	Board
	Approve detailed financial policies.	Finance and Performance Committee
	Approve amendments to prime financial policies.	Finance and Performance Committee
	Approve arrangements for managing exceptional funding requests	Finance and Performance Committee
	Approve any changes to the provision or delivery of assurance services to the ICB.	Risk and Audit Committee
	Prepare the ICB's overarching Scheme of Reservation and Delegation and sets out those decisions of the Board <u>reserved</u> to the Board and those <u>delegated</u> to the: <ul style="list-style-type: none"> • Board committees and sub-committees, • members of the Board, 	ICB Chief Executive

Category	ICB Decision	ICB Decision Route
	<ul style="list-style-type: none"> an individual who is member of the ICP but not the Board or a specified person for inclusion in the ICB's Governance Handbook. 	
	Prepare the ICB's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICB, not for inclusion in the ICB's Constitution.	ICB Chief Executive
	Exercise the powers that the ICB has reserved to itself in an emergency or for an urgent decision.	ICB Chief Executive and Chair
	Prepare detailed financial policies that underpin the ICB's prime financial policies.	Chief Finance Officer
	Set out who can execute a document by signature.	Chief Finance Officer
Members of the ICB Board	Approve the arrangements for <ul style="list-style-type: none"> identifying a primary care member to represent practices in matters concerning the work of the ICB; and appointing a clinical leader to represent primary care on the ICB, for example through election in line with arrangements set out in the constitution. 	Board
	Approve the arrangements for <ul style="list-style-type: none"> identifying an NHS Trust member to represent Trusts in matters concerning the work of the ICB; and appointing a member to represent Trusts on the ICB Board, for example through election in line with arrangements set out in the constitution. 	Board
	Approve the arrangements for <ul style="list-style-type: none"> identifying a Local Authority member to represent Local Authority matters concerning the work of the ICB; and 	Board

Category	ICB Decision	ICB Decision Route
	<ul style="list-style-type: none"> appointing a member to represent Local Authorities on the ICB Board, for example through election in line with arrangements set out in the constitution. 	
	Approve the appointment of ICB board members, the process for recruiting and removing non-executive members to ICB (subject to any regulatory requirements) and succession planning	Board
	Approve arrangements for identifying the ICB's proposed Chief Executive.	Board
Strategic Planning	Agree the vision, values and overall strategic direction of the ICB.	Board
	Approval of the ICB's operating plan.	Board
	Approval of the ICB's corporate budgets that meet the financial duties	Board
	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic aims	Board
	Approve consultation arrangements for the ICB's commissioning plan.	Board
	Approve the annual capital plan and any outline and financial business cases for capital investment	Board
	Monitoring performance of the ICB against plans	Finance and Performance Committee
	Developing and recommending clinical priorities to the ICB informed by place and provider collaboratives and aligned with the ICB's Plan and ICP's Strategy.	Clinical Commissioning Committee
	Receive assurance of strategic risk.	Risk and Audit Committee
	Approval of the ICB's operating structure	Chief Executive
Primary Care Services including	Developing and/or recommending clinical priorities and strategy relating to primary care services (dependent on financial authority).	Primary Care Commissioning Committee

Category	ICB Decision	ICB Decision Route
GMS/PMS, Dental, Pharmacy, Ophthalmic	Monitoring and managing primary care outcomes as particularly set out in the Terms of Reference for the Committee.	Primary Care Commissioning Committee
Annual Report and Accounts	Approval of the ICB's annual report and annual accounts.	Board
	Approval of the arrangements for discharging the ICB's statutory financial duties.	Board
	Approving a timetable for producing the annual report and account.	Risk and Audit Committee
Human Resources	Approve the terms and conditions, remuneration and travelling or other allowances for ICB members and VSM, including pensions and gratuities.	Remuneration Committee
	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the ICB.	Remuneration Committee
	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the ICB	Remuneration Committee
	Approve terms and conditions of employment for all employees of the ICB including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the ICB.	Remuneration Committee
	Approve any other terms and conditions of services for the ICB's employees.	People Committee
	Determine the terms and conditions of employment for all employees of the ICB.	People Committee
	Approve disciplinary arrangements for employees, including the Accountable Officer and for other persons working on behalf of the ICB.	People Committee
	Review disciplinary arrangements where the chief executive is an employee or member of another ICB.	People Committee
	Approval of the arrangements for discharging the ICB's statutory duties as an employer.	People Committee

Category	ICB Decision	ICB Decision Route
	Approve human resources policies for employees and for other persons working on behalf of the ICB.	People Committee
Quality and Safety	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	Appropriate Committee of the Board
	Approve arrangements for supporting the NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services. (General dental services, ophthalmic services and community pharmacy once delegated.)	Quality and Safety Committee
Operational and Risk Management	Approve an operational scheme of delegation that sets out who has responsibility for operational decisions within the ICB.	Board
	Approve the ICB's arrangements for business continuity and emergency planning.	Board
	Ensuring that the Registers of Interest are reviewed regularly and updated as necessary.	Board
	Approving the level of non-pay expenditure.	Board
	Approve proposals for action on litigation against or on behalf of the ICB.	Finance and Performance Committee
	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006).	Finance and Performance
	Approve the ICB's counter fraud and security management arrangements	Risk and Audit Committee
	Approval of the ICB's risk management arrangements.	Risk and Audit Committee
	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the ICB.	Risk and Audit Committee

Category	ICB Decision	ICB Decision Route
	Approve the ICB's banking arrangements.	Chief Finance Officer
	Approve the level of all fees and charges other than those determined by the NHS England or by statute.	Chief Finance Officer
	Responsibility for overseeing conflicts of interest.	Corporate Office
Information Governance	Approve the ICB's arrangements for handling complaints.	Quality and Safety Committee
	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.	Risk and Audit Committee
Tendering and Contracting	Approval of the ICB's contracts for any commissioning support, securing Board approval if needed in line with scheme of delegation	Finance and Performance Committee
	Approval of the ICB's contracts for corporate support (for example finance provision), securing Board approval if needed in line with scheme of delegation.	Finance and Performance Committee
	Approval of the CCGs contracts and procurement exercises, securing Board approval if needed in line with the scheme of delegation.	Finance and Performance Committee
	Negotiate contracts on behalf of the ICB.	Appropriate Chief Officer
Partnership Working	Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this Scheme of Reservation and Delegation.	Board
	Approve decisions delegated to joint committees established under section 75 of the 2006 Act.	Board
Commissioning and Contracting	Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each	Board

Category	ICB Decision	ICB Decision Route
for Clinical Services	patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	
	Approve arrangements for co-ordinating the commissioning of services with other Groups and or with the local authority(ies), where appropriate.	Board
	Approval of the ICB's procurement strategy.	Finance and Performance Committee
Communications	Approving arrangements for handling Freedom of Information requests.	Risk and Audit Committee
	Determining arrangements for handling Freedom of Information requests.	Chief Executive

NHS Dorset ICB Standing Financial Instructions

May 2022

Contents

1. Purpose and statutory framework	3
2. Scope	5
3. Roles and Responsibilities.....	6
3.1 Staff	6
3.2 Accountable Officer.....	6
3.3 Audit Committee and Assurance committee	8
4. Management accounting and business management.....	9
5. Income, banking arrangements and debt recovery	11
5.1 Income	11
5.2 Banking.....	11
5.3 Debt management	12
6. Financial systems and processes	13
6.1 Provision of finance systems.....	13
7. Procurement and purchasing.....	15
7.1 Principles	15
8. Staff costs and staff related non pay expenditure	16
8.1 Chief People Officer	16
9. Annual reporting and Accounts.....	17
9.2 Internal audit	18
9.3 External Audit.....	19
9.4 Prepayments.....	19
10. Losses and special payments.....	20
11. Fraud, bribery and corruption (Economic crime).....	22
12. Capital Investments & security of assets and Grants.....	23
12.2 Grants	24
13. Legal and insurance	25

1. Purpose and statutory framework

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

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

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

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

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

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

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

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

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

2. Scope

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

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

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

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

3. Roles and Responsibilities

3.1 Staff

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

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

3.2 Accountable Officer

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

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

3.2.3 The chief executive will delegate to the chief finance 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 finance 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.

3.3 Risk and Audit Committee

3.3.1 The board and accountable officer is supported by a Risk and Audit Committee which provide proactive support to the board in advising on:

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

4. Management accounting and business management

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

4.1.2 The chief finance officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The chief finance officer will ensure:

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

4.1.4 In addition, the chief finance 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 and to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.1.5 The chief finance 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.

5. Income, banking arrangements and debt recovery

5.1 Income

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

5.1.2 The chief finance 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.

5.2 Banking

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

5.2.2 The chief finance 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.

5.3 Debt management

5.3.1 The chief finance officer is responsible for the ICB debt management strategy.

5.3.2 This includes:

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

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The chief finance 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.

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

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

6.1.4 The Chief Finance 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 finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

7.1.1 The chief finance 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.

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

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

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

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

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

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

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

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

8. Staff costs and staff related non pay expenditure

8.1 Chief People Officer

8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the CPO will be responsible for:

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

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

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

8.1.5 The CPO will further ensure proper arrangements for and controls over expenses and allowances linked to employment.

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

8.1.7 In relation to temporary staff, the CPO is responsible for ensuring that policy and procedures provide:

- appropriate control over the employment of, and expenditure on, agency staff
- protection for the ICB against HMRC claims for non-compliance with IR35

9. Annual reporting and Accounts

9.1.1 The chief finance 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, as part of the setup of the new organisation; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year.

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

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

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

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

9.2 Internal audit

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

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

9.3 External Audit

The chief finance officer is responsible for:

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

9.4 Prepayments

9.4.1 The ICB is prohibited by HM Treasury from drawing down cash in advance of need and, therefore, prepayments are effectively forbidden.

9.4.2 The only exceptions are where there is specific Department of Health and Social Care or NHS England guidance enabling payments in advance of need for specific circumstances or where a value for money case can be proven to HM Treasury. The latter scenario must be referred to the Chief Finance Officer in the first instance.

10. Losses and special payments

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

10.1.2 The chief finance 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.

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

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

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

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

10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which will be added as an Appendix to this document when published by NHS England.

Fraud, bribery and corruption (Economic crime)

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

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

11. Capital Investments & security of assets and Grants

11.1.1 The chief finance 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 finance officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

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

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

11.1.3 Advice should be sought from the chief finance officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

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

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

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

11.2 Grants

11.2.1 The chief finance 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.

11.2.2 All revenue grant applications should be regarded as competed as a default position, unless there are justifiable reasons why the classification should be amended to non-competed. (Competed in this context means that applications are invited and assessed against a pre-published set of criteria, with awards made based on the outcome of the application assessment).

12. Legal and insurance

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

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

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

NHS Dorset ICB - Standing Financial Instructions – Detailed Delegation Limits

INTRODUCTION

The Detailed Delegation Limits outlined below represents the lowest level to which authority within the ICB is delegated. All items must be carried out in accordance with the Constitution and other Governance documents. One off delegation to lower levels or to other officers requires the specific authority of the Chief Executive or Chief Finance Officer. The table below provides a headline guide of delegation.

Ref	Expenditure Limits within Budgets			ICB
	Outside NHS and Local Authority	Local Authority (BCP & DC Council)	Within NHS	
A1	>£2,000,000	> £4,000,000	> £6,000,000	ICB Board
A2	<£2,000,000	< £4,000,000	< £6,000,000	Clinical Commissioning Committee Primary Care Commissioning Committee Finance and Performance Committee (tenders/contract etc)
A3			Delegated authority for up to the financial value of existing contract	Ambulance Joint Commissioning Committee- The AJCC must exercise its delegated functions within the financial limit on its delegated authority which shall be the total budgeted resources that the ICB has agreed to commit to the contract including any forecasted overspend. Decisions that will require the ICB to commit additional resources over and above the financial limit on the AJCC's delegated authority are reserved to the ICB.
B	<£500,000	< £1,000,000	< £2,000,000	Chief Executive/ Director on Call
C	<£250,000	< £500,000	< £1,000,000	Chief Finance Officer/Deputy & Assistant Chief Finance Officer
D			<£225,000	Chief Commissioning Officer (Personal Medical Service (PMS)/General Medical Service (GMS) payment schedule only)
E			< £75,000	Chief Officers (Non-Chief Finance Officer and non-Digital expenditure)
F			< £75,000	Chief Digital Information Officer (For Digital Expenditure)
G			< £75,000	Personal Health Commissioning Lead
H			< £30,000	Deputy Director (Non-Finance)
I			< £20,000	Senior Manager (Band 8a and above)
J			< £10,000	Senior Delegated Authoriser
K			< £1,000	Delegated Authoriser

These limits apply to the total cumulative spend for a commitment. A commitment must not be disaggregated to circumvent these limits.

Officers at each level have delegated authority for all lower levels of delegation.

In the absence of the relevant manager, authority should be delegated up to the next level.

The Detailed Scheme of Delegation is as follows:

	Area of Delegation			Delegated Limit	Authority Delegated to:	Ref.
1	REVENUE EXPENDITURE Approval of revenue budget				ICB Board	
2	CAPITAL EXPENDITURE Approval of capital plan				ICB Board	
3	Responsibility to keep expenditure within budget Overall Financial Plan All other areas Directorate level Individual budget level				Chief Executive Chief Finance Officer Chief Officers Senior Delegated Authoriser	B C D J
4	Budgets Adjustment	Outside NHS and ICS > £2,000,000 < £2,000,000 <£500,000 <£250,000	Local Authority (BCP & DC Council) > £4,000,000 < £4,000,000 < £1,000,000 < £500,000	Within NHS > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000	ICB Board Finance & Performance Committee Chief Executive Chief Finance Officer	A1 A2 B C
5	TENDERS Purchases not covered by compliant framework arrangements as set out in Section 7 of SFIs Authority to waive above requirements (e.g. single source tenders) Authority to accept other than lowest tender/ quotation			> £15,000 > £250,000 > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000 > £6,000,000	2 quotations Formal tenders ICB Board Finance and Performance Committee Chief Executive Chief Finance Officer ICB Board	N/A N/A A1 A2 B C A1

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
	Acceptance of a tender	< £6,000,000 < £2,000,000 < £1,000,000 > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000	Finance and Performance Committee Chief Executive Chief Finance Officer ICB Board Finance and Performance Committee Chief Executive Chief Finance Officer	A2 B C A1 A2 B C
6	NON-PAY AND CAPITAL EXPENDITURE WITHIN BUDGETS (These limits apply to the total cumulative spend for a commitment. A commitment must not be disaggregated to circumvent these limits). (Personal Health Commissioning see section 6.1)	>£75,000 >£75,000 <£225,000 < £75,000 < £75,000 < £75,000 < £30,000 < £20,000 < £10,000 < £1,000	Chief Executive Chief Finance Officer / Deputy or Assistant Chief Commissioning Officer (GMS/PMS payments only) Chief Officers (non-finance & non digital) Chief Digital Officer (For digital expenditure) Personal Health Commissioning Lead Responsible Deputy Director (non-finance) Senior Manager (Band 8A and above) Senior Delegated Authoriser Delegated Authoriser	B C D E F G H I J K

	Area of Delegation			Delegated Limit	Authority Delegated to:	Ref.
6.1	Personal Health Commissioning – packages of care – learning disability patients			Weekly costs of package of care > £5,500 <£5,500 <£3,500 <£3,000 <£2,350 <£1,350 <£1,000	Chief Finance Officer together with Chief Nursing Officer Chief Nursing Officer, Deputy Director of Personal Health Commissioning Head of PHC Operations Band 8B except Head of PHC Operations Band 8A Band 7 Band 6	
6.2	LOSSES AND COMPENSATION Ex Gratia Payments + all other losses, write-off, compensation payments etc.			All	Chief Finance Officer	C
6.3	PETTY CASH PAYMENTS			> £150 <£150 <£50	Chief Finance Officer Senior Manager (Band 8a and above) Senior Delegated Authoriser	
6.4	WRITING OFF EXPENDITURE & CREDIT NOTES	Outside NHS and ICS > £2,000,000 < £2,000,000 <£500,000 <£250,000	Local Authority (BCP & DC Council) > £4,000,000 < £4,000,000 < £1,000,000 < £500,000	Within NHS > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000	ICB Board Finance & Performance Committee Chief Executive Chief Finance Officer	A1 A2 B C
7	Signing of all Contracts, Leases, Agreements etc, (except see 8 below regarding signing of Digital contracts, leases and agreements)			All	Chief Executive Chief Finance Officer	B C

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
8	Signing of Digital / IT contracts, leases and agreements	>£250,000 <£250,000 total value where already budgeted in Digital Directorate	Chief Executive Chief Financial Officer Chief Digital Information Officer	B C F
9	Commissioning i) Agreement and sign-off of Contracts Agreements and variations (see also above ref Digital / IT contracts and agreements ii) Agreement of contract variations (note – variations only)	ALL <£75k	Chief Executive Chief Finance Officer Deputy or Assistant Chief Finance Officer	B C C
10	PERSONNEL AND PAY			
10.1	Appointment of Staff Funded post (i.e. within existing budgets + agreed with the Chief Executive) New posts Sign off of booking Bank/ Agency staff		Senior Managers (Band 8a and above) Chief Executive Chief People Officer	I C E
10.2	Pay and Expenses Re-grading Overtime Time/ attendance records Travel and Subsistence Claims	All All All All	Chief People Officer Deputy Director Senior Delegated Authoriser Line manager of employee (as set up in automated Easy Expenses system)	E H J
10.3	Redundancy	All		C&E

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
10.4	Ill Health Retirement	All	Chief Finance Officer & Chief People Officer Chief Finance Officer & Chief People Officer	C&E
10.5	Dismissal	All	Chief People Officer & Chief Officers	E
10.6	Leave/ Absences Approval Approval of carry forward Special Leave arrangements Study Leave/ Training Course: - Funded from Central Budget - Funded from Delegated Budgets	All > 5 days All < £10,000 > £10,000	Line Manager Chief Officers Chief Officers Chief People Officer Chief Finance Officer	E E E E C
10.7	Removal Expenses	All	Chief People Officer	E
10.8	Mobile telephone user within policy criteria	All	Chief Officers	E
11	MAINTENANCE OF BANK ACCOUNTS		Nominated Senior Manager – Finance	I
12	HOSPITALITY RECEIVED	> £50	To be registered with the Corporate Office	N/A
13	RELATIONSHIPS WITH MEDIA Outside hours Within hours	All All	Director on Call + Communication Team Chief Officers + Communications Team	B E
14	SEALING OF DOCUMENTS	All	Chief Officer + Senior Manager (8A and above)	E & I

NHS DORSET INTEGRATED CARE BOARD

ICB BOARD

NON-EXECUTIVE CHAMPION ROLES

Date of the meeting	01/07/2022
Author	N. Violet, Business Manager to the Chief Executive
Lead Director	J. Douglas-Todd, Chair
Purpose of Report	To seek formal approval of proposed non-executive champion roles and suggested non-executive champion appointments.
Recommendation	The ICB Board is asked to approve the proposed champion roles and non-executive champion appointments.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	The roles and suggested appointments have been discussed with the Chair, Chief Executive, and Non-Executive Members.
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	<p>The Maternity Champion is not statutory however it is aligned to the Ockenden Review 2020.</p> <p>The Wellbeing Guardian is not statutory however was an overarching recommendation from the Health Education England 'Pearson Report' and was adopted in policy through the NHS People Plan.</p> <p>The Freedom to Speak Up Champion is not statutory however it is aligned to the Robert Francis Freedom to Speak Up Report 2015.</p> <p>The Doctors Disciplinary Champion is a statutory requirement for all Trusts under the 2003 Maintaining High Professional Standards in the modern NHS and the Directions on Disciplinary Procedures 2005.</p> <p>The Security Management Champion is a statutory requirement under the Directions to NHS Bodies on Security Management Measures 2004.</p> <p>The Conflicts of Interest Guardian is outlined in the NHS Dorset Constitution.</p>

	The Children and Young People and Safeguarding Champion is aligned to the requirements of the Health and Care Act 2022.
Risk description/rating	N/A

1.0 Introduction

- 1.1 There is currently no guidance setting out the required non-executive champion roles for Integrated Care Boards.
- 1.2 NHS Dorset recognises the benefit in enhancing Board oversight through non-executive champion roles as an effective tool to provide assurance on specific issues. Consequently, this paper outlines the proposed roles and non-executive champions.

2.0 Existing Guidance

- 2.1 In December 2021, NHS England published [guidance](#) outlining non-executive champion roles required on Trust Boards. Five roles were defined in the guidance, role descriptors and supporting information can be found in Appendix 1:
- Maternity Board Safety Champion;
 - Wellbeing Guardian;
 - Freedom to Speak Up Champion;
 - Doctors Disciplinary Champion;
 - Security Management.
- 2.2 NHS Dorset is required to appoint one of its Non-Executive Members to be the Conflicts of Interest Guardian. In collaboration with the Integrated Care Board's governance lead, the role is to:
- Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
 - Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
 - Support the rigorous application of conflict of interest principles and policies;
 - Provide independent advice and judgement to staff and members 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.

3.0 Children and Young People

- 3.1 NHS Dorset is required, by the Health and Care Act 2022, to outline the steps it will take to address the needs of children and young people under the age of 25 in its five-year forward plan.
- 3.2 It is expected NHS England will publish guidance outlining the requirement to nominate a Board level Children and Young People's lead.

4.0 Proposal

- 4.1 The proposed champion roles for NHS Dorset are as follows:
- Maternity Champion;

- Wellbeing Guardian;
- Freedom to Speak Up Champion;
- Security Management Champion;
- Conflicts of Interest Guardian;
- Children and Young People and Safeguarding.

4.2 Doctors' disciplinary matters are managed by NHS England therefore the Dorset Integrated Care Board is not required to appoint a Doctors Disciplinary champion. However, should non-executive involvement be required ad hoc appointments will be made on a case-by-case basis.

4.3 NHS England suggest aligning non-executive champion roles to committee structures where possible however the approach adopted has avoided this to bring an additional level of scrutiny. The below table outlines the proposed non-executive champion appointments:

Champion Role	Non-Executive Member
Maternity Champion	Dan Worsley
Wellbeing Guardian	Dr Forbes Watson
Freedom to Speak Up	John Beswick
Security Management Champion	Jonathan Carr-Brown
Conflicts of Interest Guardian	Cecilia Bufton
Children and Young People and Safeguarding	Kay Taylor

5.0 Next Steps

5.1 The non-executive members will meet with the relevant Chief Officers to agree responsibilities moving forward.

6.0 Conclusion

6.1 The ICB Board is asked to approve the proposed champion roles and non-executive champion appointments.

Author's name and title: Natalie Violet, Business Manager to the Chief Executive
Date: 20 June 2022

APPENDICES	
Appendix 1	Trust Board non-executive champion role descriptors and supporting information

Annex: Role descriptor for the non-exec board safety champion

In line with recommendations from the Ockenden Review, the board-level safety champion role should be supported by a non-executive director. In trusts where this role is currently being undertaken by an exec lead, a non-exec must now be appointed in addition and the two should work together to ensure a seamless leadership function.

The role of the trust board safety champion is to act as a conduit between staff, frontline safety champions (obstetric, midwifery and neonatal), service users, LMS leads, the Regional Chief Midwife and Lead Obstetrician and the Trust board to understand, communicate and champion learning, challenges and successes. Published guidance sets [these responsibilities](#) out in detail. The non -executive will act as a support to the Board Perinatal Safety Champion by:

- bringing a degree of independent, supportive challenge to the oversight of maternity services
- ensuring that they are resourced to carry out their role
- challenging the board to reflect on the quality and safety of its maternity services
- ensuring that the views and experiences of patients and staff are heard

Together the non-executive and the board-level safety champion should:

- adopt a curious approach to understanding quality and safety of services
- jointly, with frontline safety champions, draw on a range of intelligence sources to review outcomes, including staff and user feedback to fully understand the services they champion
- update the Trust Board **on a monthly basis** from January 2021, on issues requiring board-level action.

- The Board should be updated using a board level dashboard (see Annex x) which includes as a minimum:
 - All maternity and neonatal Serious Incidents
 - Incidents graded as moderate harm or higher
 - Trust position in meeting national ambition trajectories for stillbirth, brain injury, maternal mortality, neonatal mortality and preterm birth rates; implementation rates of SBLCBv2 and Continuity of Carer
 - safe staffing levels
 - correspondence or concerns raised by the Regional Chief Midwife and Lead Obstetrician, Coroners, Deaneries, national bodies including NHS Resolution, CQC, HSIB or the Invited Review process
- ensuring that Duty of Candour is upheld and that locally undertaken SI investigations meet national standards for review
- ensuring themes and learning from SI investigations, Never Events, Invited Reviews and concerns raised by external parties, including service users, are implemented, audited for efficacy and monitored at board level ensuring accountability for actions being undertaken
- providing oversight and appropriate challenge in relation to evidence for the CNST maternity incentive scheme safety actions
- ensuring that learning as well as improvement activity is shared with the LMS, Regional Chief Midwife and Lead Obstetrician and Patient Safety Networks as part of revised oversight and governance structures.

Enablers to achieving these priorities include:

- Protected time to undertake the Board Maternity Safety Champion role
- Together with your MVP lead, non-exec and Board safety champion, undertaking an assessment of the safety of your services using the [Maternity Safety Self-Assessment Tool](#)
- Taking into account locally undertaken culture surveys, working with service users and the wider clinical team to develop a common vision for safety
- Meeting monthly with midwifery, obstetric and neonatal safety champions to fully understand relevant insights, barriers and successes which need reflecting at board level
- Acting as a key point of contact for the clinical triumvirate, national organisations, the Regional Chief Midwife and Lead Obstetrician and LMS lead to address identified issues

- Engaging with leaders in other parts of the organisation responsible for safety and improvement to ensure alignment of safety initiatives.
- Supporting improvement initiatives that require both maternity and neonatal collaboration
- Setting out clearly and publicly how the Trust is working to improve the safety of perinatal services – including those relating to service user feedback

Well Being NED Champion Role Descriptor

A successful Wellbeing Guardian will be values-driven, people-focused, and willing to challenge the status quo to empower a wellbeing culture within their organisation. Sometimes this can involve asking difficult questions when championing wellbeing and seeking assurance that this is of organisational priority.

To hold the organisation to account in this way, it is suggested that this role sits best with a Non-Executive Director (NED) or equivalent in the context of your healthcare organisation. If your healthcare organisation does not have a NED, individuals in equivalent roles, such as a lay member or clinical director may be considered.

The role should be that of assurance and be empowered to act strategically. Therefore, the organisation should enable the Guardian by aligning functions such as HR / OD / Occupational Health and Wellbeing to operationally support them.

From an organisational perspective, the Wellbeing Guardian needs to:

- Challenge the organisation to include employee wellbeing in everything they do and actively create a 'culture of wellbeing', to care for people who care for others.
- Act as a 'critical friend' to question the impact of decisions on employee wellbeing – just as financial, performance or care quality impact are questioned. Seek assurance that how the organisation enables the wellbeing of its employees, is given as much weight as what it achieves.
- Ensure the Board (or equivalent senior leadership team in the context of your healthcare organisation) holds senior leaders to account for the way employees are managed, empowered, and supported with their wellbeing.
- Seek data to show what's happening on the ground, evidencing the wellbeing needs of the diverse workforce (inputs) and that wellbeing strategy / policies / initiatives are working and impactful (outputs).
- Champion equality, diversity and inclusion, ensuring that the organisation considers the needs of the diverse groups within its workforce and adapts holistic approaches to wellbeing, appreciating peoples changing needs over time.
- Continually and strategically 'sense-check' the wellbeing agenda for the organisation and prompt improvement / developmental action if needed.
- Demonstrate that the Board (or equivalent senior leadership team) takes their personal wellbeing responsibilities seriously.
- Work closely with the organisations people function (i.e. HR, OD, Occupational Health and Wellbeing etc) as enabling operational functions to realise the wellbeing agenda for the organisation and that they are supportive to the Wellbeing Guardian to be effective in role.

From a personal perspective, the Wellbeing Guardian needs to:

- Strategically influence and shape the wellbeing agenda, speaking to the hearts and minds of the organisation's diverse workforce.
- Hold the values reflected in the role description, role modelling the values of fairness, compassion and inclusivity.
- Actively promote opportunities for the most vulnerable in the workforce to contribute and address wellbeing inequalities and the needs of diverse groups and individuals.

Although Wellbeing Guardians must be competent and confident in their ability to challenge the executive / senior leader team on behalf of the board (or equivalent senior leadership team) Wellbeing Guardians are not accountable for the entire people agenda. They do not need to be an expert in wellbeing, but they do need to be adept at understanding the breadth of wellbeing in the context of their organisation and holding the organisation to account where improvements are identified.

With this in mind, a Wellbeing Guardian does not need to:

- Be a wellbeing expert.
- Take on executive/management responsibilities for ensuring wellbeing policies are operationally actioned and delivered.
- Get involved in 'the doing', operational management, or individual staff cases.
- Personally collect, analyse or present data on wellbeing.

Supplementary information on Freedom to Speak Up in NHS trusts and NHS foundation trusts

July 2019

Contents

About this resource	2
1. Individual responsibilities	3
2. Evaluating Guardian resource	8
3. Communication strategy	10
4. FTSU improvement strategy	12
5. Triangulating data	14
6. Board assurance.....	15
7. Guardian report content.....	17
8. Speaking Up policy audits.....	19

About this resource

This supplementary information accompanies the [Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts](#) and the [Freedom to Speak Up review tool for NHS trust and foundation trusts](#).

We are happy to provide further explanation about any of the following information. Please contact nhsi.ftsulearning@nhs.net

1. Individual responsibilities

Chief executive and chair

The chief executive is responsible for appointing the Freedom to Speak Up (FTSU) Guardian and is ultimately accountable for ensuring that FTSU arrangements meet the needs of the workers in their trust. The chief executive and chair role-model high standards of conduct around FTSU, and are responsible for ensuring the annual report contains information about FTSU and the trust is engaged with both the regional FTSU Guardian network and the National Guardian's Office.

Both the chief executive and chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.

The chief executive should approve all confidentiality clauses that appear in settlement agreements to ensure they are assured that their use is in accordance with the good practice set out by NHS Employers. If the chief executive is party to the settlement agreement, the chair should obtain this assurance.

Executive lead for FTSU

The executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from the National Guardian's Office
- overseeing the creation of the FTSU vision and strategy
- ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian
- ensuring the FTSU Guardian has a suitable amount of ringfenced time and other resources and there is cover for planned and unplanned absence

- ensuring their FTSU Guardian has access to any emotional and psychological support they may need
- conducting a biennial review of the strategy, policy and process
- operationalising the learning from speaking up issues
- ensuring instances where individuals may have suffered detriment for speaking up are promptly and fairly investigated and acted on
- providing the board with a variety of assurances about the effectiveness of the trust's strategy, policy and process.

Non-executive lead for FTSU

The non-executive lead is responsible for:

- role-modelling high standards of conduct around FTSU
- ensuring they are aware of the latest guidance from National Guardian's Office
- challenging the chief executive, executive lead for FTSU and the board to reflect on whether they could do more to create a healthy and effective speaking up culture
- acting as an alternative source of advice and support for the FTSU Guardian
- overseeing speaking up matters regarding board members – see below.

We appreciate it can be challenging to maintain confidentiality and objectivity when investigating issues raised about board members. This is why the role of the designated non-executive lead is critical. Therefore, in exceptional circumstances, we would expect the non-executive lead to take the lead in determining whether:

- sufficient attempts have been made to resolve a speaking up concern involving a board member(s) and
- if so, whether an appropriate fair and impartial investigation can be conducted, is proportionate, and what the terms of reference should be for escalating matters to regulators, as appropriate.

Depending on the circumstances, it may be appropriate for the non-executive lead to oversee the investigation and take on the responsibility of updating the worker. Wherever the non-executive lead does take the lead, they inform the FTSU Guardian, confidentially, of the case; keep them informed of progress; and seek their advice around process and record-keeping.

The non-executive lead informs NHS Improvement and CQC that they are overseeing an investigation into a board member (depending on the circumstances we may require you to provide the name of the board member under investigation). NHS Improvement and CQC can then provide the non-executive with support and advice. The trust needs to consider how to enable a non-executive lead to commission an external investigation (which might need an executive director to sign-off the costs) without compromising the confidentiality of the individual worker or revealing allegations before it is appropriate to do so.

Human resource and organisational development directors

The human resource (HR) and/or organisational development (OD) directors are responsible for ensuring that:

- Values and behaviours associated with FTSU, such as courage, impartiality, empathy and learning, are embedded throughout the recruitment, appraisal and termination processes.
- All workers have the capability and the access to appropriate resources to enable them to role-model high standards of conduct around FTSU.
- Speaking up is understood and interpreted in the broadest sense: there is no artificial distinction made between 'whistleblowing' and other speaking up activities, or between 'formal' and 'informal' 'concerns'. Workers and managers understand that speaking up encompasses matters that might be referred to as 'raising concerns', 'complaining', 'raising a grievance' or 'whistleblowing'. It also includes making suggestions for improvement.
- The trust understands the impact that worker experience, including bullying and harassment, engagement levels, and other 'cultural' issues, can have on patient safety, staff health and wellbeing, and on trust performance.

- The trust has a robust process to review claims that workers have suffered detriment as result of speaking up, which could include asking the non-executive lead for FTSU to review the claims.
- The trust evaluates all speaking up routes (including speaking up to the FTSU Guardian) and assesses why particular routes are used, addressing any barriers that prevent workers from using non-Guardian routes. Similarly, the FTSU Guardian monitors and responds to any barriers that may prevent workers speaking up to them, as well as looking more broadly at barriers to speaking up in the organisation
- Values and behaviours associated with FTSU such as courage, impartiality, empathy and learning, are role-modelled and assessed during recruitment and appraisals.
- The FTSU Guardian has the full support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other cultural and worker experience indicators.
- The trust has a leadership development programme that supports managers to have meaningful and compassionate conversations; give and receive feedback constructively; and support others to work productively and develop themselves.
- Managers and executives are able to evidence how they reflect on the impact of their behaviour in 1-1s and appraisals. This self-reflection could be supported by a range of peer and staff feedback.
- Effective and, as appropriate, immediate action is taken when potential worker safety issues are highlighted by speaking up.

Medical director and director of nursing

The medical director and director of nursing are responsible for ensuring:

- role-modelling high standards of conduct around FTSU
- the FTSU Guardian having appropriate support and advice on clinical, patient safety and safeguarding issues
- effective and, as appropriate, immediate action taken when potential patient safety issues are highlighted by speaking up

- learning in relation to patient safety being disseminated across the trust
- learning operationalised within the teams and departments they oversee.

2. Evaluating Guardian resource

FTSU Guardians should be able to demonstrate they have the capacity and capability to fulfil the requirements of the National Guardian's FTSU Guardian [job description](#). Ultimately, this means the board must satisfy itself that the way the role is implemented meets the needs of workers in the organisation.

Capability

The National Guardian's Office has developed an [education and training pack](#) to help FTSU guardians assess their strengths and weaknesses and identify potential training needs. FTSU Guardians should be given the time and access to the right support to enable them to address any areas for improvement and build on their strengths.

Wellbeing

Given the nature of the post, FTSU Guardians should be given the opportunity and time needed to access supervision, mentoring, and other sources of emotional and psychological support and advice.

Capacity

As the FTSU Guardian role is driven by the needs of workers, there is no minimum standard amount of time and support FTSU Guardians need. However, the National Guardian expects that the trust will allocate ringfenced time.

Other considerations

When considering the amount of ringfenced time required for the role, boards should consider:

- the needs of the job in the round, including the reactive elements (responding to workers who speak up) and the proactive elements (looking at barriers to speaking up and working in partnership to help reduce them, communicating the role, ensuring there is appropriate training on speaking up)

- the number of workers in the organisation, geographic spread, diversity, and, in particular, the needs of the most vulnerable
- the need to fulfil the expectations of the National Guardian, including recording cases, reading and carrying out gap-analyses based on case review reports, writing and presenting board reports, reporting data locally and nationally, supporting information-gathering exercises, ensuring contact details are kept up-to-date
- playing an active part in the FTSU Guardian network regionally and nationally, including attending regional and national meetings, training, and other events
- the requirement to, where necessary, liaise with external partners including CQC, NHS Improvement and the NGO
- the general environment in which the trust is currently operating – FTSU Guardians may have an increased workload at times of change, such as mergers, organisational and operational restructuring, changes in CQC rating, and entering special measures or being placed on the challenged provider list.

The board may also want to seek advice from trusts that provide similar services and have a similar size workforce, geographical spread and regulatory circumstances.

3. Communication strategy

Why a strategy is important

To create a positive FTSU culture, workers need to know how to speak up and to whom. They need regular messages that reinforce the message that speaking up is welcomed and actions result from speaking up.

Demonstrating the impact of speaking up, the improvements made and learning generated as a result are therefore important elements of any FTSU communications strategy.

Communications strategies need to consider ways in which more inaccessible workers can be reached and also how appropriate messages can be tailored to, and reach, vulnerable workers and those who may face particular barriers to speaking up. They should also be accompanied by measures so that impact can be assessed. Strategies should be regularly refreshed so that messaging remains effective and impactful.

Any FTSU-branded communication should be in line with NGO guidelines (for details contact enquiries@nationalguardianoffice.org.uk)

Ways to communicate across a dispersed trust

Written communication	Verbal communication
Intranet pages	All staff events
Electronic newsletters	Executive/senior leader drop in sessions
Screen savers	Executive/senior leader walkabouts
Posters/ flyers/business cards	Senior leader surgeries
Payslips	Directorate/Team meetings
Social media	Staff forums/ network meetings
Electronic message boards	Working groups to develop change ideas

Mobile phone app	Speaking Up culture awards
Paper newsletters	Speaking Up managers network
E learning	Pop up market stalls
Merchandise – mouse mats, pens, coasters, calendars, lanyards	Training webinars
Pop up PC/laptop screen alerts	Induction/training on FTSU as well as references within other training on bullying and harassment, effective communication

Ways to evaluate a communication strategy

Ways to track engagement
Email tracking tools – count how many people have opened, clicked through or deleted FTSU-related emails.
Polls/pulse surveys – track response rates and how knowledge and confidence increase. Quantify the number of positive versus negative verbatim comments.
Number of concerns – count the number of concerns raised via each speaking up channel. Identify which directorates they are coming from.
Track social media – count comments, likes and retweets and video views in relation to FTSU posts. Quantify the number of positive versus negative verbatim comments.
Intranet analytics – count page views or document downloads in relation to FTSU.
Online discussion forum – number of participants/comments. Quantify the number of positive versus negative verbatim comments.
Listen to what people are talking about!!!

4. FTSU improvement strategy

Creating your strategy

- Your strategy could be a separate document or a distinct section within a relevant policy or strategy (ie a quality or OD strategy). Regardless of presentation, it needs to set out clearly how it fits in with the trust's overall strategy and how it supports the delivery of related strategies.
- It aligns to your gap analysis against the recommendations from the National Guardian.
- It describes ambitions and aims based on a diagnosis of the issues the trust currently faces in relation to FTSU.
- It includes clear objectives, measures and targets to demonstrate improvement.
- The objectives include a focus on the development of leadership values, behaviours, skills and knowledge that would support the delivery of the speaking up vision. Any training in FTSU should be in accordance with national guidance from the National Guardian.
- It contains information about the systems needed to support delivery (ie IT, HR, quality, governance, communication and data analysis).
- Ideally, it will be co-produced with a diverse range of relevant stakeholders (including the FTSU Guardian) but at a minimum the draft plan should be shared with key stakeholders (eg staff side and employee representative groups) and their feedback acted on.

Evaluating your strategy

Strategy
What does our FTSU strategy describe?
Does the strategy contain an effective set of measures?
How have workers and managers been involved in the production of the strategy?
How has the board been involved in sign off the strategy?
Oversight
How is the implementation of the strategy monitored?
How have we tested the effectiveness of our assurance?
Systems to support delivery
What are we doing to support delivery of the strategy?
How are we evaluating the effectiveness of that support?
Managers
How are we involving managers in the implementation of the strategy?
Values and behaviours
What values and behaviours are we monitoring in relation to FTSU?
How effectively are we challenging when values and behaviours are not upheld?
Skills/capability/knowledge
What skills/capabilities/knowledge are we looking to develop to deliver the FTSU strategy?
How are workers being provided with these skills/capabilities/knowledge?
How are we assessing the capability of workers, managers and senior leaders in this respect?

5. Triangulating data

Data that could be compared to identify wider issues

Patient safety	Employee experience
Patient complaints	Grievance numbers and themes
Patient claims	Employment tribunal claims
Serious Incidents	Exit interviews themes
Near misses	Sickness rates
Never Events	Retention figures
	Staff survey results
	Polls/pulse surveys
	Workforce Race Equality Standard and Workforce Disability Equality Standard data
	Levels of suspension
	Use of settlement agreements

Questions to ask of your data

- Why do some departments and staff groups have no issues?
- Who are the outliers and why?
- Which departments and staff groups have consistently occurring issues?
- Why have some departments been able to reduce the number of issues?
- What is the cause of unexpected spikes?
- Do patient and employee issues overlap in a department or directorates?

People should be supported by experts to interpret statistical significance and all data and other intelligence should be presented in a way that maintains confidentiality.

6. Board assurance

Elements a board should seek assurance on

- Workers know how to speak up.
- Workers speak up with confidence and are treated well.
- Workers are not victimised or do not suffer reprisals after they have spoken up.
- Managers and senior leaders role-model the right behaviour to encourage speaking up.
- Confidentiality is maintained.
- Concerns are processed in a timely manner.
- Risks are quickly escalated.
- Action is taken to address any evidence that workers have been victimised as a result of speaking up.
- Workers who have suffered victimisation as a result of speaking up are provided with appropriate support and redress.
- Appropriate patient safety and worker experience data is triangulated with the themes emerging from speaking up channels to identify wider concerns or emerging issues.
- Learning is identified and shared across the trust.
- Improvement actions are monitored and evaluated to ensure they lead to improvements.
- The trust's FTSU arrangements are compliant with guidance from the National Guardian and NHS Improvement.

Examples of assurance

- Speaking up concerns: numbers and themes
- Incident reporting: numbers, quality of reports, levels of feedback
- Grievances: numbers and themes
- Initiatives like [Safety Huddles](#) or [Listening into Action](#): number and quality
- FTSU Guardian user feedback
- Polls/surveys/focus group reports
- Analysis of exit interview themes
- Analysis of social media comments including internal electronic message boards
- Reports from boards doing walk-about
- FTSU focus group/steering group reports
- Gap analysis against case reviews produced by the National Guardian
- National staff experience surveys
- FTSU Guardian board report
- Internal audit reports
- Employment tribunal judgements
- National Guardian Office case reviews
- CQC/NHS Improvement led focus groups
- External culture reviews
- CQC inspection reports

7. Guardian report content

Assessment of cases

- Information on the number and types of cases being dealt with by the FTSU Guardian and their local network.
- Analysis of trends, including whether the number of cases is increasing or decreasing; any themes in the issues being raised (such as types of issue, particular groups of workers who speak up, areas in the trust where issues are being raised more or less frequently than might be expected); and information on the characteristics of people speaking up.
- Information on what the trust has learnt and what improvements have been made because of workers speaking up.

Potential patient safety or worker experience issues

- Information on how FTSU matters fit into a wider patient safety/worker experience context, so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks, and opportunities to learn and improve can be built.

Action taken to improve FTSU culture

- Actions taken to increase the visibility of the FTSU Guardian and promote all speaking up channels.
- Actions taken to identify and support any workers who are unaware of the speaking up process or who find it difficult to speak up.
- Assessments of the effectiveness of the speaking up process and individual case handling – including user feedback; pulse surveys and learning from case reviews.

- Information on instances where workers feel they have suffered detriment – including what the detriment was; what action has been taken, whether the issue has been resolved, and any learning.
- Information on actions taken to improve the skills, knowledge and capability of workers to speak up; to support others to do so, and respond to the issues they raise effectively

Recommendations

- Suggestions for any priority action needed.

Data and other intelligence must be presented in a way that maintains confidentiality.

8. Speaking Up policy audits

What a comprehensive audit report could include
Do workers feel safe to speak up?
Is the trust acting on allegations of victimisation or perceived detriment?
Is confidentiality being effectively maintained?
Do all workers, bank and agency staff, temporary workers, volunteers and governors know about the policy? How does the trust measure this?
Are managers responding effectively to workers who speak up?
Is the FTSU Guardian responding effectively to workers who speak up?
Are the executive and non executive leads for FTSU responding effectively to workers who speak up?
Are issues that raise patient safety concerns escalated quickly?
Is the training for workers and managers in relation to speaking up effective?
Do workers know about the support that is available to them to speak up?
Are workers thanked, updated and given feedback?
Is the FTSU Guardian collating, evaluating and responding to user feedback?
Is the trust identifying, compiling and sharing learning effectively?
Is the impact of change being measured?
Do board meeting minutes evidence informed and rigorous discussion on FTSU matters?
Are the trust's FTSU arrangements based on the latest guidance from NHS Improvement and the National Guardian?

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MAINTAINING HIGH PROFESSIONAL STANDARDS IN THE MODERN NHS

Maintaining High Professional Standards in the Modern NHS

Introduction

In December 2003, the Department of Health issued the document *High Professional Standards in the Modern NHS; a framework for the initial handling of concerns about doctors and dentists in the NHS*, under cover of HSC 2003/012. The framework consisted of two parts:

- Part I: Action when a concern arises; and
- Part II: Restriction of practice and exclusion.

The Department has now agreed with the British Medical Association and British Dental Association the remaining three parts of the framework covering new disciplinary procedures for doctors and dentists employed in the NHS. These are:

- Part III: Conduct hearings and disciplinary matters;
- Part IV: Procedures for dealing with issues of capability; and
- Part V: Handling concerns about a practitioner's health.

As with Parts I and II, Parts III, IV, and V of the framework have been drafted in close collaboration with NHS Employers and the National Clinical Assessment Authority.

The new procedure replaces the current disciplinary procedures contained in circular HC(90)9, as well as the Special Professional Panels ("the three wise men) provided for in HC(82)13 and abolishes the right of appeal to the Secretary of State held by certain practitioners under Para 190 of the Terms and Conditions of Service. The Directions on Disciplinary Procedures 2005 require all NHS bodies in England to implement the framework within their local procedures by 1 June 2005. It has also been agreed with Monitor that the framework should be issued to NHS Foundation Trusts as advice.

Key Changes

The key changes are that:

- the distinction between personal and professional misconduct is abolished. Doctors and dentists employed in the NHS will be disciplined for misconduct under the same locally based procedures as any other staff member;
- there is a single process for handling capability issues about the practitioners professional competence closely tied in with the work of the National Clinical Assessment Authority;
- Health issues are routinely dealt with through the occupational health service;
- The employing Trust is squarely responsible for the disciplining of its medical and dental staff – not outsiders;
- There is scope bring in expert advice for panels considering capability issues;
- The capability panel will be handled by an independent chair;
- The same disciplinary procedures will apply to all doctors and dentists employed in the NHS.

Doctors' and dentists' disciplinary framework: introduction and explanatory note

NHS organisations are required to have procedures for handling concerns about the conduct, performance and health of medical and dental employees, (excluding those who perform PCT Medical Services for the exercise of those functions, as far as they are covered by the Primary Care List System). Under the Restriction of Practice and Exclusion from Work Directions 2003, and the Directions on Disciplinary Procedures 2004, these local procedures must be in accordance with the framework.

This framework has been developed at a national level by the Department of Health, the NHS Confederation, the British Medical Association and the British Dental Association and applies to the NHS in England. It covers:

- action to be taken when a concern about a doctor or dentist first arises;
- procedures for considering whether there need to be restrictions placed on a doctor or dentists practice or suspension is considered necessary
- guidance on conduct hearings and disciplinary procedures
- procedures for dealing with issues of capability
- arrangements for handling concerns about a practitioners health

Background

1. For a number of years there has been concern about the way in which complaints about, and disciplinary action against, doctors and dentists have been handled in the NHS and particularly about the use of suspension* in such cases. The National Clinical Assessment Authority (NCAA), which was established to improve arrangements for dealing with the poor clinical performance of doctors, has by working with the NHS helped to avoid the suspension, informal suspension and other authorised absences from work of 85% of the cases referred to it where suspension was being contemplated by the NHS Trust. The number of doctors and dentists who have been suspended from work for long periods is a cause for concern. Although the numbers are small the costs to the NHS are substantial.

* The term exclusion from work is used in this document to replace the word "suspension" which can be confused with action taken by the GMC or GDC to suspend the practitioner from the register pending a hearing of their case or as an outcome of the hearing.

Table 1. Number of doctors and dentists suspended for six months or more.

Quarter	2000	2001	2002	2003
1.	33	32	30	27
2.	30	33	33	26
3.	26	33	38	32
4.	27	29	29	24

Changes to NHS disciplinary procedures are necessary as a result of the introduction of Shifting the Balance of Power, the Employment Act 2002 and the Follett report ("A Review of Appraisal, Disciplinary and Reporting Arrangements for Senior NHS and University Staff with Academic and Clinical Duties" A report to the Secretary of State for Education and Skills, by Professor Sir Brian Follett and Michael Paulson-Ellis, September 2001).

2. Developing new arrangements for handling issues about medical and dental staff performance has become increasingly important both to tackle these concerns and to reflect the new systems for quality assurance and quality improvement which have been introduced in the NHS in recent years.

3. The new approach set out in the framework builds on four key elements:

- appraisal* and revalidation - processes which encourage practitioners to maintain the skills and knowledge needed for their work through continuing professional development;
*Appraisal is a structured process which gives doctors an opportunity to reflect on their practice and discuss, with a suitably trained and qualified appraiser, any issues arising from their work, and their development needs. Appraisal is a contractual requirement for NHS consultants and GP Principals.
- the advisory and assessment services of the NCAA - aimed at enabling NHS Trusts to handle cases quickly and fairly reducing the need to use disciplinary procedures to resolve problems;
- tackling the blame culture - recognising that most failures in standards of care are caused by systems' weaknesses not individuals per se;

- abandoning the "suspension culture" - by introducing the new arrangements for handling exclusion from work set out in part II of this framework.

4. But to work effectively these need to be supported by a culture and by attitudes and working practices which emphasise the importance of doctors and dentists keeping their skills and knowledge up to date; maintaining their competence; and which support an open approach to reporting and tackling concerns about doctors' and dentists' practice. The new approach recognises the importance of seeking to tackle performance issues through training or other remedial action rather than solely through disciplinary action. However it is not intended to weaken accountability or avoid disciplinary action where there is genuinely serious misconduct.

Maintaining High Professional Standards in the Modern NHS

I Action when a concern arises

Contents

INTRODUCTION

FRAMEWORK FOR NHS PROCEDURES

Protecting the public

Involving the NCAA

Understanding the issue and investigation

Involvement of the NCAA following local investigation

Confidentiality

Transitional arrangements

I. ACTION WHEN A CONCERN ARISES

INTRODUCTION

1. The management of performance is a continuous process which is intended to identify problems. Numerous ways now exist in which concerns about a practitioner's performance can be identified; through which remedial and supportive action can be quickly taken before problems become serious or patients harmed; and which need not necessarily require formal investigation or the resort to disciplinary procedures.

Concerns about a doctor or dentist's conduct or capability can come to light in a wide variety of ways, for example:

- Concerns expressed by other NHS professionals, health care managers, students and non-clinical staff
- Review of performance against job plans, annual appraisal, revalidation
- Monitoring of data on performance and quality of care
- Clinical governance, clinical audit and other quality improvement activities
- Complaints about care by patients or relatives of patients
- Information from the regulatory bodies
- Litigation following allegations of negligence
- Information from the police or coroner
- Court judgements

2. Unfounded and malicious allegations can cause lasting damage to a doctor's reputation and career prospects. Therefore all allegations, including those made by relatives of patients, or concerns raised by colleagues, must be properly investigated to verify the facts so that the allegations can be shown to be true or false.

FRAMEWORK FOR NHS PROCEDURES

3. All NHS bodies* must have procedures for handling serious concerns about an individual's conduct and capability**. These procedures must reflect the framework in this document and allow for informal resolution of less serious problems. Concerns about the capability of doctors and dentists in training should be considered initially as training issues and the postgraduate dean should be involved from the outset.

*In the Direction and the framework "NHS bodies" means: Strategic Health Authorities, Special Health Authorities, NHS Trusts and Primary Care Trusts.

**A serious concern about capability will arise where the practitioner's actions have or may adversely affect patient care.

4. All serious concerns must be registered with the Chief Executive and he or she must ensure that a case manager is appointed. The Chairman of the

Board must designate a non-executive member "the designated member" to oversee the case and ensure that momentum is maintained. All concerns should be investigated quickly and appropriately. A clear audit route must be established for initiating and tracking progress of the investigation, its costs and resulting action. However the issue is raised, the Medical Director* will need to work with the Director/Head of HR to decide the appropriate course of action in each case. The Medical Director will act as the case manager in cases involving clinical directors and consultants and may delegate this role to a senior manager to oversee the case on his or her behalf in other cases. The Medical Director is responsible for appointing a case investigator. **In bodies that do not have a Medical Director, the Chief Executive should designate a senior clinical manager to perform the role assigned to the Medical Director in these procedures and ensure that they are appropriately trained.

Protecting the public

5. When serious concerns are raised about a practitioner, the employer must urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace. Part II of this framework sets out the procedures for this action.

6. The duty to protect patients is paramount. At any point in the process where the case manager has reached the clear judgement that a practitioner is considered to be a serious potential danger to patients or staff, that practitioner must be referred to the regulatory body, whether or not the case has been referred to the NCAA*. Consideration should also be given to whether the issue of an alert letter should be requested.

*The GMC or GDC will discuss with the NCAA whether any immediate action is needed by the GMC/GDC or whether the NCAA's consideration should continue.

Involving the NCAA

7. At any stage of the handling of a case consideration should be given to the involvement of the NCAA. The NCAA has developed a staged approach to the services it provides NHS Trusts and practitioners. This involves:

- Immediate telephone advice, available 24 hours
- Advice, then detailed supported local case management
- Advice, then supported local clinical performance assessment
- Advice, then detailed NCAA clinical performance assessment
- Support with implementation of recommendations arising from assessment
- Understanding the issue and investigation

SUMMARY OF KEY ACTION:

- Clarify what has happened and the nature of the problem or concern;
- Discuss with the NCAA what the way forward should be;
- Consider whether restriction of practice or exclusion is required;
- If a formal approach under the conduct or capability procedures is required, appoint an investigator;
- If the case can be progressed by mutual agreement consider whether an NCAA assessment would help clarify the underlying factors that led to the concerns and assist with identifying the solution.

8. The first task of the case manager is to identify the nature of the problem or concern and to assess the seriousness of the issue on the information available and the likelihood that it can be resolved without resort to formal disciplinary procedures. This is a difficult decision and should not be taken alone but in consultation with the Director/Head of HR and the Medical Director and the National Clinical Assessment Authority (NCAA). The NCAA can provide a sounding board for the case manager's first thoughts. However, the NCAA asks that the first approach to them should be made by the NHS body's Chief Executive or Medical Director. Where there are concerns about a doctor or dentist in training, the postgraduate dean should be involved as soon as possible.

9. The first stage of the NCAA's involvement in a case is exploratory- an opportunity for local managers to discuss the problem with an impartial outsider, to look afresh at a problem, see new ways of tackling it themselves, possibly recognise the problem as being more to do with work systems than doctor performance, or see a wider problem needing the involvement of an outside body other than the NCAA.

10. Having discussed the case with the NCAA, the case manager must decide whether an informal approach can be taken to address the problem, or whether a formal investigation will be needed. Where an informal route is chosen the NCAA can still be involved until the problem is resolved. This can include the NCAA undertaking a formal clinical performance assessment when the doctor, the NHS body and the NCAA agree that this could be helpful in identifying the underlying cause of the problem and possible remedial steps. If the NCAA is asked to undertake an assessment of the doctor's practice, the outcome of a local investigation may be made available to inform the NCAA's work.

11. Where it is decided that a more formal route needs to be followed (perhaps leading to conduct or capability proceedings) the Medical Director must, after discussion between the Chief Executive and Director/Head of Human Resources, appoint an appropriately experienced or trained person as case investigator. The seniority of the case investigator will differ depending

on the grade of practitioner involved in the allegation. Several clinical managers should be appropriately trained, to enable them to carry out this role when required.

12. The case investigator is responsible for leading the investigation into any allegations or concerns about a practitioner, establishing the facts and reporting the findings. The case investigator:

- must formally involve a senior member of the medical or dental staff* where a question of clinical judgement is raised during the investigation process.
*Where no other suitable senior doctor or dentist is employed by the NHS body a senior doctor or dentist from another NHS body should be involved.
- must ensure that safeguards are in place throughout the investigation so that breaches of confidentiality are avoided as far as possible. Patient confidentiality needs to be maintained but the disciplinary panel will need to know the details of the allegations. It is the responsibility of the case investigator to judge what information needs to be gathered and how - within the boundaries of the law - that information should be gathered.
- must ensure that there are sufficient written statements collected to establish a case prior to a decision to convene a disciplinary panel, and on aspects of the case not covered by a written statement, ensure that oral evidence is given sufficient weight in the investigation report.
- must ensure that a written record is kept of the investigation, the conclusions reached and the course of action agreed by the Director or Head of HR with the Medical Director.
- must assist the designated Board member in reviewing the progress of the case.

The case investigator does not make the decision on what action should be taken nor whether the employee should be excluded from work and may not be a member of any disciplinary or appeal panel relating to the case.

13. The practitioner concerned must be informed in writing by the case manager, as soon as it has been decided, that an investigation is to be undertaken, the name of the case investigator and made aware of the specific allegations or concerns that have been raised. The practitioner must be given the opportunity to see any correspondence relating to the case together with a list of the people that the case investigator will interview. The practitioner must also be afforded the opportunity to put their view of events to the case investigator and given the opportunity to be accompanied.

14. At any stage of this process - or subsequent disciplinary action - the practitioner may be accompanied in any interview or hearing by a companion. In addition to statutory rights under the Employment Act 1999, the companion may be another employee of the NHS body; an official or lay representative of the British Medical Association, British Dental Association or defence organisation; or a friend, partner or spouse. The companion may be legally qualified but he or she will not be acting in a legal capacity.

15. The case investigator has wide discretion on how the investigation is carried out but in all cases the purpose of the investigation is to ascertain the facts in an unbiased manner. Investigations are not intended to secure evidence against the practitioner as information gathered in the course of an investigation may clearly exonerate the practitioner or provide a sound basis for effective resolution of the matter

16. If during the course of the investigation it transpires that the case involves more complex clinical issues than first anticipated, the case manager should consider whether an independent practitioner from another NHS body should be invited to assist.

17. The case investigator should complete the investigation within 4 weeks of appointment and submit their report to the case manager within a further 5 days. The report of the investigation should give the case manager sufficient information to make a decision whether:

- there is a case of misconduct that should be put to a conduct panel;
- there are concerns about the practitioner's health that should be considered by the NHS body's occupational health service;
- there are concerns about the practitioner's performance that should be further explored by the National Clinical Assessment Authority;
- restrictions on practice or exclusion from work should be considered;
- there are serious concerns that should be referred to the GMC or GDC;
- there are intractable problems and the matter should be put before a capability panel;
- No further action is needed.

Involvement of the NCAA following local investigation

18. Medical under performance can be due to health problems, difficulties in the work environment, behaviour or a lack of clinical capability. These may occur in isolation or in a combination. The NCAA's processes are aimed at addressing all of these, particularly where local action has not been able to take matters forward successfully. The NCAA's methods of working therefore assume commitment by all parties to take part constructively in a referral to the NCAA. For example, its assessors work to formal terms of reference, decided on after input from the doctor and the referring body.

19. The focus of the NCAA's work is therefore likely to involve performance difficulties which are serious and/or repetitive. That means:

Performance falling well short of what doctors and dentists could be expected to do in similar circumstances and which, if repeated, would put patients seriously at risk.

Alternatively or additionally, problems that are ongoing or (depending on severity) have been encountered on at least two occasions.

In cases where it becomes clear that the matters at issue focus on fraud, specific patient complaints or organisational governance, their further management may warrant a different local process. The NCAA may advise on this.

20. Where an employing body is considering excluding a doctor or dentist whether or not his or her performance is under discussion with the NCAA, it is important for the NCAA to know of this at an early stage, so that alternatives to exclusion can be considered. Procedures for exclusion are covered in part II of the framework. It is particularly desirable to find an alternative when the NCAA is likely to be involved, because it is much more difficult to assess a doctor who is excluded from practice than one who is working.

21. A practitioner undergoing assessment by the NCAA must cooperate with any request to give an undertaking not to practise in the NHS or private sector other than their main place of NHS employment until the NCAA assessment is complete*. The NCAA has issued guidance on its processes, and how to make such referrals. This can be found at www.ncaa.nhs.uk/services.

*Under circular HSC 2002/011, Annex 1, paragraph 3, "A doctor undergoing assessment by the NCAA must give a binding undertaking not to practise in the NHS or private sector other than in their main place of NHS employment until the assessment process is complete."

22. Failure to co-operate with a referral to the NCAA may be seen as evidence of a lack of willingness on the part of the doctor or dentist to work with the employer on resolving performance difficulties. If the practitioner chooses not to co-operate with such a referral, that may limit the options open to the

parties and may necessitate disciplinary action and consideration of referral to the GMC or GDC.

Confidentiality

23. Employers must maintain confidentiality at all times. No press notice should be issued, nor the name of the practitioner released, in regard to any investigation or hearing into disciplinary matters. The Employer should only confirm that an investigation or disciplinary hearing is underway.

24. Personal data released to the case investigator for the purposes of the investigation must be fit for the purpose, nor disproportionate to the seriousness of the matter under investigation. Employers should be familiar with the guiding principles of the Data Protection Act.

Transitional arrangements

25. At the time of the implementation of this framework, a case manager must be appointed for all existing cases and the new procedures followed as far as is practical taking into account the stage the case has reached.

26. Where, in the view of the employer, an existing case could not be effectively resolved using this framework and a disciplinary process began before the Directions came into force, an alternative process may be used.

Maintaining High Professional Standards in the Modern NHS

II. RESTRICTION OF PRACTICE & EXCLUSION FROM WORK

Contents

Introduction

Managing the risk to patients

The Exclusion Process

Roles of officers

Role of designated Board member

Immediate exclusion

Formal exclusion

Exclusion from premises

Keeping in contact and availability for work

Informing other organisations

Informal exclusion

Existing suspensions & transitional arrangements

Keeping exclusions under review

Informing the Board

Regular Review

The role of the SHA in monitoring exclusions

The role of the Board and designated member

Return to Work

Restriction of practice and exclusion from work

Introduction

1. This part of the framework replaces the guidance in HSG (94)49*. Under the Restriction of Practice and Exclusion from Work Directions 2003 ("the directions"), NHS employers must incorporate these principles and procedures within their local procedures.

*HSG(94)49- Disciplinary Procedures for Hospital and Community Medical and Hospital Dental Staff. Department of Health, 1994.

2. In this part of the framework, the phrase "exclusion from work" has been used to replace the word "suspension" which can be confused with action taken by the GMC or GDC to suspend the practitioner from the register pending a hearing of their case or as an outcome of the fitness to practise hearing.

3. The Direction requires that NHS bodies must ensure that:

- exclusion from work is used only as an interim measure whilst action to resolve a problem is being considered;
- where a practitioner is excluded, it is for the minimum necessary period of time: this can be up to but no more than four weeks at a time;
- all extensions of exclusion are reviewed and a brief report provided to the Chief Executive and the Board;
- a detailed report is provided when requested to a single non-executive member of the Board (the "Designated Board Member") who will be responsible for monitoring the situation until the exclusion has been lifted.

Managing the risk to patients

4. When serious concerns are raised about a practitioner, the employer must urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace. Where there are concerns about a doctor or dentist in training, the postgraduate dean should be involved as soon as possible.

5. Exclusion of clinical staff from the workplace is a temporary expedient. Under this framework, exclusion is a precautionary measure and not a disciplinary sanction. Exclusion from work ("suspension") should be reserved for only the most exceptional circumstances.

6. The purpose of exclusion is:

- to protect the interests of patients or other staff; and/or
- to assist the investigative process when there is a clear risk that the practitioner's presence would impede the gathering of evidence.

It is imperative that exclusion from work is not misused or seen as the only course of action that could be taken. The degree of action must depend on the nature and seriousness of the concerns and on the need to protect patients, the practitioner concerned and/or their colleagues.

7. Alternative ways to manage risks, avoiding exclusion, include:

- Medical or clinical director supervision of normal contractual clinical duties;
- Restricting the practitioner to certain forms of clinical duties;
- Restricting activities to administrative, research/audit, teaching and other educational duties. By mutual agreement the latter might include some formal retraining or re-skilling.
- Sick leave for the investigation of specific health problems.

8. In cases relating to the capability of a practitioner, consideration should be given to whether an action plan to resolve the problem can be agreed with the practitioner. Advice on the practicality of this approach should be sought from the National Clinical Assessment Authority (NCAA). If the nature of the problem and a workable remedy cannot be determined in this way, the case manager should seek to agree with the practitioner to refer the case to the NCAA, which can assess the problem in more depth and give advice on any action necessary. The NCAA can offer immediate telephone advice to case managers considering restriction of practice or exclusion and, whether or not the practitioner is excluded, provide an analysis of the situation and offer advice to the case manager.

THE EXCLUSION PROCESS

9. Under the Direction, a NHS body cannot require the exclusion of a practitioner for more than four weeks at a time. The justification for continued exclusion must be reviewed on a regular basis and before any further four-week period of exclusion is imposed. Under the framework key officers and the Board have responsibilities for ensuring that the process is carried out quickly and fairly, kept under review and that the total period of exclusion is not prolonged.

Key features of Exclusion from Work

- **An initial "immediate" exclusion of no more than two weeks if warranted;**
- **Notification of the NCAA before formal exclusion;**
- **Formal exclusion (if necessary) for periods up to four weeks;**
- **Advice on the case management plan from the NCAA;**
- **Appointment of a Board member to monitor the exclusion and subsequent action;**
- **Referral to NCAA for formal assessment, if part of case management plan;**
- **Active review to decide renewal or cessation of exclusion;**
- **A right to return to work if review not carried out;**
- **Performance reporting on the management of the case;**
- **Programme for return to work if not referred to disciplinary procedures or performance assessment.**

Roles of officers

10. The Chief Executive of the employing organisation has overall responsibility for managing exclusion procedures and for ensuring that cases are properly managed. The decision to exclude a practitioner must be taken only by persons nominated under paragraph 12. The case should be discussed fully with the Chief Executive, the Medical Director, the Director/Head of Human Resources, the NCAA and other interested parties (such as the police where there are serious criminal allegations or the Counter Fraud & Security Management Service) prior to the decision to exclude a practitioner. In the rare cases where immediate exclusion is required, the above parties must discuss the case at the earliest opportunity following exclusion, preferably at a case conference.

11. The authority to exclude a member of staff must be vested in a nominated manager or managers of the NHS body. These managers should be at an appropriately senior level in the organisation and should be the minimum number of people consistent with the size of the organisation and the need to ensure 24 hour availability of a nominated manager in the event of a critical incident. It should include the Chief Executive, Medical Director and the Clinical Directors for staff below the grade of consultant.

12. The Medical Director will act as the case manager or delegate this role to a senior manager to oversee the case and appoint a case investigator to explore and report on the circumstances that have led to the need to exclude the staff member. The investigating officer will provide factual information to assist the case manager in reviewing the need for exclusion and making reports on progress to the Chief Executive or designated Board member.

Role of designated Board member

13. Representations may be made to the designated Board member in regard to exclusion, or investigation of a case if these are not provided for by the NHS body's grievance procedures. The designated Board member must also ensure, among other matters, that time frames for investigation or exclusion are consistent with the principles of Article 6 of the European Convention on Human Rights (which, broadly speaking, sets out the framework of the rights to a fair trial).

Immediate exclusion

14. An immediate time limited exclusion may be necessary for the purposes identified in paragraph 6 above following:

- a critical incident when serious allegations have been made; or
- there has been a break down in relationships between a colleague and the rest of the team; or
- the presence of the practitioner is likely to hinder the investigation.

Such an exclusion will allow a more measured consideration to be undertaken. This period should be used to carry out a preliminary situation analysis, to contact the NCAA for advice and to convene a case conference. The manager making the exclusion must explain why the exclusion is being made in broad terms (there may be no formal allegation at this stage) and agree a date up to a maximum of two weeks away at which the practitioner should return to the workplace for a further meeting. The case manager must advise the practitioner of their rights, including rights of representation.

Formal exclusion

15. A formal exclusion may only take place after the case manager has first considered whether there is a case to answer and then considered, at a case conference, whether there is reasonable and proper cause to exclude. The NCAA must be consulted where formal exclusion is being considered. If a case investigator has been appointed he or she must produce a preliminary report as soon as is possible to be available for the case conference. This preliminary report is advisory to enable the case manager to decide on the next steps as appropriate.

16. The report should provide sufficient information for a decision to be made as to whether:

- the allegation appears unfounded; or
- there is a misconduct issue; or
- there is a concern about the practitioner's capability; or
- the complexity of the case warrants further detailed investigation before advice can be given on the way forward and what needs to be inquired into.

17. Formal exclusion of one or more clinicians must only be used where

a. there is a need to protect the interests of patients or other staff pending the outcome of a full investigation of:

- allegations of misconduct,
- concerns about serious dysfunctions in the operation of a clinical service,
- concerns about lack of capability or poor performance of sufficient,
- seriousness that it is warranted to protect patients;

or

b. the presence of the practitioner in the workplace is likely to hinder the investigation.

18. Full consideration should be given to whether the practitioner could continue in or (in cases of an immediate exclusion) return to work in a limited capacity or in an alternative, possibly non-clinical role, pending the resolution of the case.

19. When the practitioner is informed of the exclusion, there should, where practical, be a witness present and the nature of the allegations or areas of concern should be conveyed to the practitioner. The practitioner should be told of the reason(s) why formal exclusion is regarded as the only way to deal with the case. At this stage the practitioner should be given the opportunity to state their case and propose alternatives to exclusion (e.g. further training, referral to occupational health, referral to the NCAA with voluntary restriction).

20. The formal exclusion must be confirmed in writing as soon as is reasonably practicable. The letter should state the effective date and time, duration (up to 4 weeks), the content of the allegations, the terms of the exclusion (e.g. exclusion from the premises, see paragraph 23, and the need to remain available for work paragraph 24) and that a full investigation or what other action will follow. The practitioner and their companion should be advised that they may make representations about the exclusion to the designated board member at any time after receipt of the letter confirming the exclusion.

21. In cases when disciplinary procedures are being followed, exclusion may be extended for four-week renewable periods until the completion of disciplinary procedures if a return to work is considered inappropriate. The exclusion should still only last for four weeks at a time and be subject to review. The exclusion should usually be lifted and the practitioner allowed back to work, with or without conditions placed upon the employment, as soon as the original reasons for exclusion no longer apply.

22. If the case manager considers that the exclusion will need to be extended over a prolonged period outside of his or her control (for example because of a police investigation), the case must be referred to the NCAA for advice as to whether the case is being handled in the most effective way and suggestions as to possible ways forward. However, even during this prolonged period the principle of four-week "renewability" must be adhered to.

23. If at any time after the practitioner has been excluded from work, investigation reveals that either the allegations are without foundation or that further investigation can continue with the practitioner working normally or with restrictions, the case manager must lift the exclusion, inform the SHA and make arrangements for the practitioner to return to work with any appropriate support as soon as practicable.

Exclusion from premises

24. Practitioners should not be automatically barred from the premises upon exclusion from work. Case managers must always consider whether a bar from the premises is absolutely necessary. There are certain circumstances, however, where the practitioner should be excluded from the premises. This could be, for example, where there may be a danger of tampering with evidence, or where the practitioner may be a serious potential danger to patients or other staff. In other circumstances, however, there may be no reason to exclude the practitioner from the premises. The practitioner may want to retain contact with colleagues, take part in clinical audit and to remain up to date with developments in their field of practice or to undertake research or training.

Keeping in contact and availability for work

25. As exclusion under this framework should usually be on full pay, the practitioner must remain available for work with their employer during their normal contracted hours. The practitioner must inform the case manager of any other organisation(s) with whom they undertake either voluntary or paid work and seek their case manager's consent to continuing to undertake such work or to take annual leave or study leave. The practitioner should be reminded of these contractual obligations but would be given 24 hours notice to return to work. In exceptional circumstances the case manager may decide that payment is not justified because the practitioner is no longer available for work (e.g. abroad without agreement).

26. The case manager should make arrangements to ensure that the practitioner can keep in contact with colleagues on professional developments, and take part in Continuing Professional development (CPD) and clinical audit activities with the same level of support as other doctors or dentists in their employment. A mentor could be appointed for this purpose if a colleague is willing to undertake this role.

Informing other organisations

27. In cases where there is concern that the practitioner may be a danger to patients, the employer has an obligation to inform such other organisations including the private sector, of any restriction on practice or exclusion and provide a summary of the reasons for it. Details of other employers (NHS and non-NHS) may be readily available from job plans, but where it is not the practitioner should supply them. Failure to do so may result in further disciplinary action or referral to the relevant regulatory body, as the paramount interest is the safety of patients. Where a NHS employer has placed restrictions on practice, the practitioner should agree not to undertake any work in that area of practice with any other employer*.

*NHS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with honorary contracts. A draft model protocol is available from the Department of Health.

28. Where the case manager believes that the practitioner is practising in other parts of the NHS or in the private sector in breach or defiance of an undertaking not to do so, he or she should contact the professional regulatory body and the Director of Public Health or Medical Director of the Strategic Health Authority to consider the issue of an alert letter.

Informal exclusion

29. No practitioner should be excluded from work other than through this new procedure. Informal exclusions, so called 'gardening leave' have been commonly used in the recent past. No NHS body may use "gardening leave" as a means of resolving a problem covered by this framework.

Existing suspensions & transitional arrangements

30. At the time of implementation of this framework, all informal exclusions (e.g. 'gardening leave') must be transferred to the new system of exclusion and dealt with under the arrangements set out in this framework.

31. A case manager should be appointed for each existing case and a review conducted of the need for the suspension as in paragraph 33 below. In cases where exclusion is considered to be necessary, the new system will apply and the exclusion will be covered by the four-week review rule set out below. The new exclusion will run for four weeks in the first instance.

KEEPING EXCLUSIONS UNDER REVIEW

Informing the Board

32. The Board must be informed about an exclusion at the earliest opportunity. The Board has a responsibility to ensure that the organisation's internal procedures are being followed. It should, therefore:

- require a summary of the progress of each case at the end of each period of exclusion, demonstrating that procedures are being correctly followed and that all reasonable efforts are being made to bring the situation to an end as quickly as possible;
- receive a monthly statistical summary showing all exclusions with their duration and number of times the exclusion had been reviewed and extended. A copy must be sent to the Strategic Health Authority.

Regular review

33. The case manager must review the exclusion before the end of each four week period and report the outcome to the Chief Executive and the Board*. This report is advisory and it would be for the case manager to decide on the next steps as appropriate. The exclusion should usually be lifted and the practitioner allowed back to work, with or without conditions placed upon the employment, at any time the original reasons for exclusion no longer apply and there are no other reasons for exclusion. The exclusion will lapse and the practitioner will be entitled to return to work at the end of the four-week period if the exclusion is not actively reviewed.

*It is important to recognise that Board members might be required to sit as members of a future disciplinary or appeal panel. Therefore, information to the Board should only be sufficient to enable the Board to satisfy itself that the procedures are being followed. Only the designated Board member should be involved to any significant degree in each review. Careful consideration must be given as to whether the interests of patients, other staff, the practitioner, and/or the needs of the investigative process continue to necessitate exclusion and give full consideration to the option of the practitioner returning to limited or alternative duties where practicable.

34. The NHS body must take review action before the end of each 4-week period. After three exclusions, the NCAA must be called in. The table below outlines the various activities that must be undertaken at different stages of exclusion.

First and second reviews (and reviews after the third review)

Before the end of each exclusion (of up to 4 weeks) the case manager reviews the position.

- The case manager decides on next steps as appropriate. Further renewal may be for up to 4 weeks at a time.

- Case manager submits advisory report of outcome to Chief Executive and the Board.
- Each renewal is a formal matter and must be documented as such.
- The practitioner must be sent written notification on each occasion.
- Third review

If the practitioner has been excluded for three periods:

- A report must be made to the Chief Executive: outlining the reasons for the continued exclusion and why restrictions on practice would not be an appropriate alternative; and if the investigation has not been completed a timetable for completion of the investigation.
- The CE must report to the Strategic Health Authority (SHA) (see paragraphs 36-38 below) and the designate Board member (see paragraphs 41-42 below).
- The case must formally be referred to the National Clinical Assessment Authority (NCAA) explaining:
 - Why continued exclusion is appropriate
 - What steps are being taken to conclude the exclusion at the earliest opportunity
- The NCAA will review the case with the SHA and advise the NHS body on the handling of the case until it is concluded.

6 months review

If the exclusion has been extended over six months,

- A further position report must be made by the Chief Executive to the SHA indicating:
 - the reason for continuing the exclusion;
 - anticipated time scale for completing the process;
 - actual and anticipated costs of the exclusion.
- The SHA will form a view as to whether the case is proceeding at an appropriate pace and in the most effective manner and whether there is any advice they can offer to the Board.

35. Normally there should be a maximum limit of 6 months exclusion, except for those cases involving criminal investigations of the practitioner concerned. The employer and the NCAA should actively review those cases at least every six months.

The role of the SHA in monitoring exclusions

36. When the SHA is notified of an exclusion, it should ensure that the NCAA has also been notified.

37. When an exclusion decision has been extended twice, the Chief Executive of the employing organisation (or a nominated officer) must inform the SHA of what action is proposed to resolve the situation. This should include dates for hearings or give reasons for the delay. Where retraining or other rehabilitation action is proposed, the reason for continued exclusion must be given.

38. The SHA will receive the monthly statistical summary given to Boards and collate them into a single report for the Department of Health.

The role of the Board and designated member

39. The Board has a responsibility for ensuring that these procedures are established and followed. It is also responsible for ensuring the proper corporate governance of the organisation, and for this purpose reports must be made to the Board under these procedures.

40. Board members may be required to sit as members of a disciplinary or appeal panel. Therefore, information given to the Board should only be sufficient to enable the Board to satisfy itself that the procedures are being followed. Only the designated Board member should be involved to any significant degree in each review.

41. The Board is responsible for designating one of its non-executive members as a "designated Board member" under these procedures. The designated Board member is the person who oversees the case manager and investigating manager during the investigation process and maintains momentum of the process.

42. This member's responsibilities include:

- receiving reports and reviewing the continued exclusion from work of the practitioner;
- considering any representations from the practitioner about his or her exclusion;
- considering any representations about the investigation;

RETURN TO WORK

43. If it is decided that the exclusion should come to an end, there must be formal arrangements for the return to work of the practitioner. It must be clear whether clinical and other responsibilities are to remain unchanged or what the duties and restrictions are to be and any monitoring arrangements to ensure patient safety.

Maintaining High Professional Standards in the Modern NHS

III Conduct hearings and disciplinary matters

Contents

Introduction

Codes of conduct

Allegations of criminal acts

Action when investigations identify possible criminal acts

Cases where criminal charges are brought not connected with an investigation by an NHS employer

Dropping of charges or no court conviction

Guidance

Agreeing terms for settlement on termination of employment

Maintaining High Professional Standards in the Modern NHS

III. GUIDANCE ON CONDUCT HEARINGS AND DISCIPLINARY PROCEDURES

INTRODUCTION

1. Misconduct matters for doctors and dentists, as for all other staff groups, are matters for local employers and must be resolved locally. All issues regarding the misconduct of doctors and dentists should be dealt with under the employer's procedures covering other staff charged with similar matters. Employers are nevertheless strongly advised to seek advice from the NCAA in conduct cases, particularly in cases of professional conduct.
2. Where the alleged misconduct relates to matters of a professional nature, or where an investigation identifies issues of professional conduct, the case investigator must obtain appropriate independent professional advice. Similarly where a case involving issues of professional conduct proceeds to a hearing under the employer's conduct procedures the panel must include a member who is medically qualified (in the case of doctors) or dentally qualified (in the case of dentists) and who is not currently employed by the organisation.¹
3. NHS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with honorary contracts.

Codes of Conduct

4. Every NHS employer will have a Code of Conduct or staff rules which should set out acceptable standards of conduct and behaviour expected of all its employees. Breaches of these rules are considered to be "misconduct". Misconduct can cover a very wide range of behaviour and can be classified in a number of ways, but it will generally fall into one of four distinct categories:

¹ Employers are advised to discuss the selection of the medical or dental panel member with the appropriate local professional representative body eg for doctors in a hospital trust the medical staff committee or local negotiating committee

- A refusal to comply with reasonable requirements of the employer.
- An infringement of the employer's disciplinary rules including conduct that contravenes the standard of professional behaviour required by doctors and dentists by their regulatory body².
- The commission of criminal offences outside the place of work which may, in particular circumstances, amount to misconduct.
- Wilful, careless, inappropriate or unethical behaviour likely to compromise standards of care or patient safety, or create serious dysfunction to the effective running of a service.

5. Examples of misconduct will vary greatly. The employer's Code of Conduct should set out details of some of the acts that will result in a serious breach of contractual terms and will constitute gross misconduct, and could lead to summary dismissal. The code cannot cover every eventuality. Similarly the ACAS Code of Practice provides a non-exhaustive list of examples. Acts of misconduct may be simple and readily recognised or more complex and involved. Examples may include unreasonable or inappropriate behaviour such as verbal or physical bullying, harassment and/or discrimination in the exercise of their duties towards patients, the public or other employees. It could also include actions such as deliberate falsification or fraud.
6. Any allegation of misconduct against a doctor or dentist in recognised training grades should be considered initially as a training issue and dealt with via the educational supervisor and college or clinical tutor with close involvement of the postgraduate dean from the outset.
7. Failure to fulfil contractual obligations may also constitute misconduct. For example, regular non-attendance at clinics or ward rounds, or not taking part in clinical governance activities may come into this category. Additionally, instances of failing to give proper support to other members of staff including doctors or dentists in training may be considered in this category.
8. Each case must be investigated, but as a general rule no employee should be dismissed for a first offence, unless it is one of gross misconduct.
9. It is for the employer to decide upon the most appropriate way forward, having consulted the NCAA and their own employment law specialist. If a practitioner considers that the case has been wrongly classified as misconduct, he or she (or his/her representative) is entitled to use the employer's grievance procedure. Alternatively or in addition he or she may make representations to the designated board member
10. Many smaller organisations such as Primary Care Trusts, may not have all the necessary personnel in place to follow the procedures outlined in this

² In case of doctors, *Good Medical Practice*. In the case of dentists, *Maintaining Standards*.

document. For example, some PCTs may not employ a medical director or may not employ medical or dental staff of sufficient seniority or from the appropriate specialty. Also, it may be difficult to provide senior staff to undertake hearings who have not been involved in the investigation.

11. Such organisations should consider working in collaboration with other local NHS organisations (eg other PCTs or larger employers) in order to provide sufficient personnel to follow the procedures described. The organisation should be sufficiently distant to avoid any organisational conflict of interest and any nominee should be asked to declare any conflict of interest. In such circumstances the NHS organisation should contact the NCAA to take its advice on the process followed and ensure that it is in accordance with the policy and procedure set out in this document.

ALLEGATIONS OF CRIMINAL ACTS

Action when investigations identify possible criminal acts

12. Where an employer's investigation establishes a suspected criminal action in the UK or abroad, this must be reported to the police. The trust investigation should only proceed in respect of those aspects of the case which are not directly related to the police investigation underway. The employer must consult the police to establish whether an investigation into any other matters would impede their investigation. In cases of fraud, the Counter Fraud & Security Management Service must be contacted.

Cases where criminal charges are brought not connected with an investigation by an NHS employer

13. There are some criminal offences that, if proven, could render a doctor or dentist unsuitable for employment. In all cases, employers, having considered the facts, will need to consider whether the employee poses a risk to patients or colleagues and whether their conduct warrants instigating an investigation and the exclusion of the practitioner. The employer will have to give serious consideration to whether the employee can continue in their job once criminal charges have been made. Bearing in mind the presumption of innocence, the employer must consider whether the offence, if proven, is one that makes the doctor or dentist unsuitable for their type of work and whether, pending the trial, the employee can continue in their present job, should be allocated to other duties or should be excluded from work. This will depend on the nature of the offence and advice should be sought from an HR or legal adviser. Employers should as a matter of good practice explain the reasons for taking such action.

Dropping of charges or no court conviction

14. When the Trust has refrained from taking action pending the outcome of a court case, if the practitioner is acquitted but the employer feels there is enough evidence to suggest a potential danger to patients, then the Trust has a public duty to take action to ensure that the individual concerned does not pose a risk to patient safety. Similarly where there are insufficient grounds for bringing charges or the court case is withdrawn there may be grounds for considering police evidence where the allegations would, if proved, constitute misconduct, bearing in mind that the evidence has not been tested in court. It must be made clear to the police that any evidence they provide and is used in the Trust's case will have to be made available to the doctor or dentist concerned. Where charges are dropped, the presumption is that the employee will be reinstated.

GUIDANCE ON AGREEING TERMS FOR SETTLEMENT ON TERMINATION OF EMPLOYMENT

15. In some circumstances, terms of settlement may be agreed with a doctor or dentist if their employment is to be terminated. The following good practice principles are set out as guidance for the Trust:

- Settlement agreements must not be to the detriment of patient safety.
- It is not acceptable to agree any settlement that precludes either appropriate investigations being carried out and reports made or referral to the appropriate regulatory body.
- Payment will not normally be made when a member of staff's employment is terminated on disciplinary grounds or following the resignation of the member of staff.
- Expenditure on termination payments must represent value for money. For example, the Trust should be able to defend the settlement on the basis that it could conclude the matter at less cost than other options. A clear record must be kept, setting out the calculations, assumptions and rationale of all decisions taken, to show that the Trust or authority has taken into account all relevant factors, including legal advice. The audit trail must also show that the matter has been considered and approved by the remuneration committee and the Board. It must also be able to stand up to district auditor and public scrutiny.
- Offers of compensation, as an inducement to secure the voluntary resignation of an individual, must not be used as an alternative to the disciplinary process.

- All job references must be accurate, realistic and comprehensive and under no circumstance may they be misleading.
- Where a termination settlement is agreed, details may be confirmed in a Deed of Compromise that should set out what each party may say in public or write about the settlement. The Deed of Compromise is for the protection of each party, but it must not include clauses intended to cover up inappropriate behaviour or inadequate services and should not include the provision of an open reference.³

³ For the purposes of this paragraph, an open reference is one that is prepared in advance of a request by a prospective employer.

Maintaining High Professional Standards in the Modern NHS

IV Procedures for dealing with issues of capability

Contents

Introduction & general principles

How to proceed where conduct & capability issues involved
Duties of Employers

Capability procedure

The pre-hearing process
The hearing framework
Conduct of the capability hearing
Decisions

Appeals procedures in capability cases

Introduction
The appeals process
The appeal panel
Powers of the appeal panel
Conduct of appeal hearing
Decision
Action following hearing

Termination of employment with performance issue unresolved

Annex A- Appeal panels in capability cases

Maintaining High Professional Standards in the Modern NHS

IV. PROCEDURES FOR DEALING WITH ISSUES OF CAPABILITY

INTRODUCTION & GENERAL PRINCIPLES

1. The causes of adverse events should not automatically be attributed to the actions, failings or unsafe acts of an individual alone. Root cause analyses of individual adverse events frequently show that these are more broadly based and can be attributed to systems or organisational failures, or demonstrate that they are untoward outcomes which could not have been predicted and are not the result of any individual or systems failure. Each will require appropriate investigation and remedial actions.
2. The National Patient Safety Agency (NPSA) was established to co-ordinate the efforts of all those involved in healthcare to learn from adverse incidents occurring within the NHS. In particular, the NPSA aims to facilitate the development of an open and fair culture, which encourages doctors, dentists and other NHS staff to report adverse incidents and other near misses in a climate free from fear of personal reprimand, where the sharing of experience helps others to learn lessons and in turn improve patient safety.
3. However, there will be occasions where an employer considers that there has been a clear failure by an individual to deliver an adequate standard of care, or standard of management, through lack of knowledge, ability or consistently poor performance. These are described as capability issues. Matters that should be described and dealt with as misconduct issues are covered in part III of this framework.
4. Concerns about the capability of a doctor or dentist may arise from a single incident or a series of events, reports or poor clinical outcomes. Advice from the National Clinical Assessment Authority (NCAA)⁴ will help the Trust to come to a decision on whether the matter raises questions about the practitioner's capability as an individual (health problems, behavioural difficulties or lack of clinical competence) or whether there are other matters that need to be addressed. If the concerns about capability cannot be resolved routinely by management, **the matter must be referred to the NCAA before the matter can be considered by a capability panel** (unless the practitioner refuses to have his or her case referred). Employers are also strongly advised to involve the NCAA in all other cases particularly those involving professional conduct.

⁴ or successor body

5. Matters which may fall under the capability procedures include:

Some examples of concerns about capability

- out of date clinical practice;
- inappropriate clinical practice arising from a lack of knowledge or skills that puts patients at risk;
- incompetent clinical practice;
- inability to communicate effectively;
- inappropriate delegation of clinical responsibility;
- inadequate supervision of delegated clinical tasks;
- ineffective clinical team working skills.

6. Wherever possible, employers should aim to resolve issues of capability (including clinical competence and health) through ongoing assessment and support. Early identification of problems is essential to reduce the risk of serious harm to patients. The NCAA has a key role in providing expert advice and support for local action to support the remediation of a doctor or dentist and should be consulted. A web based toolkit has been developed and is available at: www.ncaa.nhs.uk/toolkit
7. Any concerns about capability relating to a doctor or dentist in recognised training grades should be considered initially as a training issue and dealt with via the educational supervisor and college or clinical tutor, with close involvement of the postgraduate dean from the outset.

How to proceed where conduct and capability issues involved

8. It is inevitable that some cases will cover conduct and capability issues. It is recognised that these cases can be complex and difficult to manage. If a case covers more than one category of problem, they should usually be combined under a capability hearing although there may be occasions where it is necessary to pursue a conduct issue separately. It is for the employer to decide on the most appropriate way forward having consulted with an NCAA adviser and their own employment law specialist.

Duties of Employers

9. The procedures set out below are designed to cover issues where a doctor's or dentist's *capability* to practise is in question⁵. Prior to instigating these procedures, the employer should consider the scope for resolving the issue through counselling or retraining and should take advice from the NCAA.

⁵ see paragraph 3 in Part III concerning clinical academics and paragraphs 9 and 10 in Part III on arrangements for small organisations.

10. Capability may be affected by ill health. Arrangements for handling concerns about a practitioner's health are described in part V of this framework. Employers must follow their own procedure for dealing with ill health – including obtaining advice, usually from a consultant Occupational Health Physician.
11. Employers must ensure that investigations and capability procedures are conducted in a way that does not discriminate on the grounds of race, gender, disability or indeed on other grounds.
12. Employers must ensure that managers and case investigators receive appropriate and effective training in the operation of capability procedures. Those undertaking investigations or sitting on capability or appeals panels must have had formal equal opportunities training before undertaking such duties. The Trust Board must agree what training its staff and its members must have completed before they can take a part in these proceedings.

CAPABILITY PROCEDURE

The pre-hearing process

13. When a report of the Trust investigation (as in Part I⁶) has been received, the case manager must give the practitioner the opportunity to comment in writing on the factual content of the report produced by the case investigator. Comments in writing from the practitioner, including any mitigation, must normally be submitted to the case manager within 10 working days of the date of receipt of the request for comments. In exceptional circumstances, for example in complex cases or due to annual leave, the deadline for comments from the practitioner should be extended.
14. The case manager should decide what further action is necessary, taking into account the findings of the report, any comments that the practitioner has made and the advice of the NCAA. The case manager will need to consider urgently:
 - whether action under Part II of the framework is necessary to exclude the practitioner; or
 - to place temporary restrictions on their clinical duties.

The case manager will also need to consider with the Medical Director and head of Human Resources whether the issues of capability can be

⁶ "Action when a concern arises" - Part I of the framework issued under the Restriction of Practise & Exclusion from Work Directions 2003.

resolved through local action (such as retraining, counselling, performance review). If this action is not practicable for any reason the matter must be referred to the NCAA for it to consider whether an assessment should be carried out and to provide assistance in drawing up an action plan. The case manager will inform the practitioner concerned of the decision immediately and normally within 10 working days of receiving the practitioner's comments.

15. The NCAA will assist the employer to draw up an action plan designed to enable the practitioner to remedy any lack of capability that has been identified during the assessment. The Trust must facilitate the agreed action plan (which has to be agreed by the Trust and the practitioner before it can be actioned). There may be occasions when a case has been considered by the NCAA, but the advice of its assessment panel is that the practitioner's performance is so fundamentally flawed that no educational and/or organisational action plan has a realistic chance of success. In these circumstances, the case manager must make a decision, based upon the completed investigation report and informed by the NCAA advice, whether the case should be determined under the capability procedure. If so, a panel hearing will be necessary.
16. If the practitioner does not agree to the case being referred to the NCAA, a panel hearing will normally be necessary.
17. The following procedure should be followed before the hearing:

Procedure to be followed prior to capability hearings

- The case manager must notify the practitioner in writing of the decision to arrange a capability hearing. This notification should be made at least 20 working days before the hearing and include details of the allegations and the arrangements for proceeding including the practitioner's rights to be accompanied and copies of any documentation and/or evidence that will be made available to the capability panel. This period will give the practitioner sufficient notice to allow them to arrange for a companion to accompany them to the hearing if they so choose.
- All parties must exchange any documentation, including witness statements, on which they wish to rely in the proceedings no later than 10 working days before the hearing. In the event of late evidence being presented, the employer should consider whether a new date should be set for the hearing.
- Should either party request a postponement to the hearing the case manager is responsible for ensuring that a reasonable response is made and that time extensions to the process are kept to a minimum. Employers retain the right, after a reasonable period (not normally less than 30 working days), to proceed with the hearing in the practitioner's absence, although the employer should act reasonably in deciding to do so.
- Should the practitioner's ill health prevent the hearing taking place the employer should implement their usual absence procedures and involve the Occupational Health Department as necessary.
- Witnesses who have made written statements at the inquiry stage may, but will not necessarily, be required to attend the capability hearing. Following representations from either side contesting a witness statement which is to be relied upon in the hearing, the Chairman should invite the witness to attend. The Chairman cannot require anyone other than an employee to attend. However, if evidence is contested and the witness is unable or unwilling to attend, the panel should reduce the weight given to the evidence as there will not be the opportunity to challenge it properly. A final list of witnesses to be called must be given to both parties not less than two working days in advance of the hearing.
- If witnesses required to attend the hearing choose to be accompanied, the person accompanying them will not be able to participate in the hearing.

The hearing framework

18. The capability hearing will normally be chaired by an Executive Director of the Trust. The panel should comprise a total of 3 people, normally 2 members of the Trust Board, or senior staff appointed by the Board for the purpose of the hearing. At least one member of the panel must be a medical or dental practitioner who is not employed by the Trust.⁷ As far as is reasonably possible or practical, no member of the panel or advisers to the panel should have been previously involved in the investigation. In the case of clinical academics a further panel member may be appointed in accordance with any protocol agreed between the employer and the university.
19. Arrangements must be made for the panel to be advised by:

- A senior member of staff from Human Resources, and
- A senior clinician from the same or similar clinical specialty as the practitioner concerned, but from another NHS employer.
- A representative of a university if provided for in any protocol as mentioned in paragraph 18.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question should be asked to provide advice.

20. It is for the employer to decide on the membership of the panel. A practitioner may raise an objection to the choice of any panel member within 5 working days of notification. The employer should review the situation and take reasonable measures to ensure that the membership of the panel is acceptable to the practitioner. It may be necessary to postpone the hearing while this matter is resolved. The employer must provide the practitioner with the reasons for reaching its decision in writing before the hearing can take place.

Representation at capability hearings

21. The hearing is not a court of law. Whilst the practitioner should be given every reasonable opportunity to present his or her case, the hearing should not be conducted in a legalistic or excessively formal manner.

⁷ Employers are advised to discuss the selection of the medical or dental panel member with the appropriate local professional representative body eg for doctors in a hospital trust the medical staff committee or local negotiating committee.

22. The practitioner may be represented in the process by a friend, partner or spouse, colleague, or a representative who may be from or retained by a trade union or defence organisation. Such a representative may be legally qualified but they will not, however, be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any witness evidence.

Conduct of the capability hearing

23. The hearing should be conducted as follows:

- The panel and its advisers (see paragraph 19), the practitioner, his or her representative and the case manager will be present at all times during the hearing. Witnesses will be admitted only to give their evidence and answer questions and will then retire.
- The Chairman of the panel will be responsible for the proper conduct of the proceedings. The Chairman should introduce all persons present and announce which witnesses are available to attend the hearing.
- The procedure for dealing with any witnesses attending the hearing shall be the same and shall reflect the following:

- | |
|--|
| <ul style="list-style-type: none">• The witness to confirm any written statement and give any supplementary evidence.• The side calling the witness can question the witness.• The other side can then question the witness.• The panel may question the witness.• The side which called the witness may seek to clarify any points which have arisen during questioning but may not at this point raise new evidence. |
|--|

The order of presentation shall be:

- The Case Manager presents the management case including calling any witnesses. The above procedure for dealing with witnesses shall be undertaken for each witness in turn, at the end of which each witness shall be allowed to leave.
- The Chairman shall invite the Case Manager to clarify any matters arising from the management case on which the panel requires further clarification.
- The practitioner and/or their representative shall present the practitioner's case, calling any witnesses. The above procedure for dealing with witnesses shall be undertaken for each witness in turn, at the end of which each witness shall be allowed to leave.
- The Chairman shall invite the practitioner and/or representative to clarify any matters arising from the practitioner's case on which the panel requires further clarification.
- The Chairman shall invite the Case Manager to make a brief closing statement summarising the key points of the case.
- The Chairman shall invite the practitioner and/or representative to make a brief closing statement summarising the key points of the practitioner's case. Where appropriate this statement may also introduce any grounds for mitigation.
- The panel shall then retire to consider its decision.

Decisions

24. The panel will have the power to make a range of decisions including the following:

Possible decisions made by the capability panel

- No action required.
- Oral agreement that there must be an improvement in clinical performance within a specified time scale with a written statement of what is required and how it might be achieved.
(stays on employee's record for 6 months)
- Written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved.
(stays on employee's record for 1 year)
- Final written warning that there must be an improvement in clinical performance within a specified time scale with a statement of what is required and how it might be achieved.
(stays on employee's record for 1 year)
- Termination of contract.

It is also reasonable for the panel to make comments and recommendations on issues other than the competence of the practitioner, where these issues are relevant to the case. For example, there may be matters around the systems and procedures operated by the employer that the panel wishes to comment upon.

25. A record of oral agreements and written warnings should be kept on the practitioner's personnel file but should be removed following the specified period.

26. The decision of the panel should be communicated to the parties as soon as possible and normally within 5 working days of the hearing. Because of the complexities of the issues under deliberation and the need for detailed consideration, the parties should not necessarily expect a decision on the day of the hearing.

27. The decision must be confirmed in writing to the practitioner. This notification must include reasons for the decision, clarification of the practitioner's right of appeal and notification of any intent to make a referral to the GMC/GDC or any other external/professional body.

APPEALS PROCEDURES IN CAPABILITY CASES

Introduction

28. Given the significance of the decision of a capability panel to warn or dismiss a practitioner, it is important that a robust appeal procedure is in place. Every Trust must therefore establish an internal appeal process for appeal against decisions of a capability panel. There is no requirement for Trusts to set up a procedure for appeal against exclusion or investigation as these are adjuncts to the stages of the decision making process on what future action to take. The procedure for handling issues about the classification of a case as misconduct is dealt with in paragraph 9 of Part III of this framework.
29. The appeals procedure provides a mechanism for practitioners who disagree with the outcome of a decision to have an opportunity for the case to be reviewed. The appeal panel will need to establish whether the Trust's procedures have been adhered to and that the panel in arriving at their decision acted fairly and reasonably based on:

- A fair and thorough investigation of the issue;
- Sufficient evidence arising from the investigation or assessment on which to base the decision;
- Whether in the circumstances the decision was fair and reasonable, and commensurate with the evidence heard.

It can also hear new evidence submitted by the practitioner and consider whether it might have significantly altered the decision of the original hearing. The appeal panel, however, should not rehear the entire case (see paragraph 31 below).

30. A dismissed practitioner will in all cases be potentially able to take their case to an Employment Tribunal where the reasonableness or otherwise of the Trust's actions will be tested.

The appeal process

31. The predominant purpose of the appeal is to ensure that a fair hearing was given to the original case and a fair and reasonable decision reached by the hearing panel. The appeal panel has the power to confirm or vary the decision made at the capability hearing, or order that the case is reheard. Where it is clear in the course of the appeal hearing that the proper procedures have not been followed and the appeal panel determines that the case needs to be fully re-heard, the Chairman of the panel shall have the power to instruct a new capability hearing.

32. Where the appeal is against dismissal, the practitioner should not be paid during the period of appeal, from the date of termination of employment. Should the appeal be upheld, the practitioner should be reinstated and must be paid backdated to the date of termination of employment. Where the decision is to rehear the case, the practitioner should also be reinstated, subject to any conditions or restrictions in place at the time of the original hearing, and paid backdated to the date of termination of employment.

The appeal panel

33. The panel should consist of three members. The members of appeal panel must not have had any previous direct involvement in the matters that are the subject of the appeal, for example they must not have acted as the designated board member. These members will be:

Membership of the appeal panel

- An independent member (trained in legal aspects of appeals) from an approved pool.⁸ This person is designated Chairman.
- The Chairman (or other non-executive director) of the employing organisation who must have the appropriate training for hearing an appeal.
- A medically qualified member (or dentally qualified if appropriate) who is not employed by the Trust⁹ who must also have the appropriate training for hearing an appeal.
- In the case of clinical academics a further panel member may be appointed in accordance with any protocol agreed between the employer and the university.

34. The panel should call on others to provide specialist advice. This should normally include:

- A Consultant from the same specialty or subspecialty as the appellant, but from another NHS employer.¹⁰
- A Senior Human Resources specialist.

⁸ See Annex A.

⁹ Employers are advised to discuss the selection of the medical or dental panel member with the local professional representative body eg in a hospital trust the medical staff committee or local negotiating committee.

¹⁰ Where the case involves a dentist this may be a consultant or an appropriate senior practitioner.

It is important that the panel is aware of the typical standard of competence required of the grade of doctor in question. If for any reason the senior clinician is unable to advise on the appropriate level of competence, a doctor from another NHS employer in the same grade as the practitioner in question should be asked to provide advice.

35. The Trust should arrange the panel and notify the appellant as soon as possible and in any event within the recommended timetable in paragraph 34. Every effort should be made to ensure that the panel members are acceptable to the appellant. Where in rare cases agreement cannot be reached upon the constitution of the panel, the appellant's objections should be noted carefully. Trusts are reminded of the need to act reasonably at all stages of the process.
36. It is in the interests of all concerned that appeals are heard speedily and as soon as possible after the original capability hearing. The following timetable should apply in all cases:

- Appeal by written statement to be submitted to the designated appeal point (normally the Director of Human Resources) within 25 working days of the date of the written confirmation of the original decision.
- Hearing to take place within 25 working days of date of lodging appeal.
- Decision reported to the appellant and the Trust within 5 working days of the conclusion of the hearing.

37. The timetable should be agreed between the Trust and the appellant and thereafter varied only by mutual agreement. The case manager should be informed and is responsible for ensuring that extensions are absolutely necessary and kept to a minimum.

Powers of the appeal panel

38. The appeal panel has the right to call witnesses of its own volition, but must notify both parties at least 10 working days in advance of the hearing and provide them with a written statement from any such witness at the same time.
39. Exceptionally, where during the course of the hearing the appeal panel determines that it needs to hear the evidence of a witness not called by either party, then it shall have the power to adjourn the hearing to allow for a written statement to be obtained from the witness and made available to both parties before the hearing reassembles.

40. If, during the course of the hearing, the appeal panel determines that new evidence needs to be presented, it should consider whether an adjournment is appropriate. Much will depend on the weight of the new evidence and its relevance. The appeal panel has the power to determine whether to consider the new evidence as relevant to the appeal, or whether the case should be reheard, on the basis of the new evidence, by a capability hearing panel.

Conduct of appeal hearing

41. All parties should have all documents, including witness statements, from the previous capability hearing together with any new evidence.
42. The practitioner may be represented in the process by a friend, partner or spouse, colleague or a representative who may be from or retained by a trade union or defence organisation. Such a representative may be legally qualified but they will not, however, be representing the practitioner formally in a legal capacity. The representative will be entitled to present a case on behalf of the practitioner, address the panel and question the management case and any written evidence.
43. Both parties will present full statements of fact to the appeal panel and will be subject to questioning by either party, as well as the panel. When all the evidence has been presented, both parties shall briefly sum up. At this stage, no new information can be introduced. The appellant (or his/her companion) can at this stage make a statement in mitigation.
44. The panel, after receiving the views of both parties, shall consider and make its decision in private.

Decision

45. The decision of the appeal panel shall be made in writing to the appellant and shall be copied to the Trust's case manager such that it is received within 5 working days of the conclusion of the hearing. The decision of the appeal panel is final and binding. There shall be no correspondence on the decision of the panel, except and unless clarification is required on what has been decided (but not on the merits of the case), in which case it should be sought in writing from the Chairman of the appeal panel.

Action following hearing

46. Records must be kept, including a report detailing the capability issues, the practitioner's defence or mitigation, the action taken and the reasons for it. These records must be kept confidential and retained in accordance with the capability procedure and the Data Protection Act 1998. These records need to be made available to those with a legitimate call upon

them, such as the practitioner, the Regulatory Body, or in response to a Direction from an Employment Tribunal.

TERMINATION OF EMPLOYMENT WITH PERFORMANCE ISSUE UNRESOLVED

47. Where the employee leaves employment before disciplinary procedures have been completed, the investigation must be taken to a final conclusion in all cases and capability proceedings must be completed wherever possible, whatever the personal circumstances of the employee concerned.

48. Every reasonable effort must be made to ensure the employee remains involved in the process. If contact with the employee has been lost, the employer should invite them to attend any hearing by writing to both their last known home address and their registered address (the two will often be the same). The employer must make a judgement, based on the evidence available, as to whether the allegations about the practitioner's capability are upheld. If the allegations are upheld, the employer must take appropriate action, such as requesting the issue of an alert letter and referral to the professional regulatory body, referral to the police, or the Protection of Children Act List (held by the Department for Education and Skills).

49. If an excluded employee or an employee facing capability proceedings becomes ill, they should be subject to the employer's usual sickness absence procedures. The sickness absence procedures take precedence over the capability procedures and the employer should take reasonable steps to give the employee time to recover and attend any hearing. Where the employee's illness exceeds 4 weeks, they must be referred to the Occupational Health Service. The Occupational Health Service will advise the employer on the expected duration of the illness and any consequences it may have for the capability process and will also be able to advise on the employee's capacity for future work, as a result of which the employer may wish to consider retirement on health grounds. Should the employment be terminated as a result of ill health, the investigation should still be taken to a conclusion and the employer form a judgement as to whether the allegations are upheld.

50. If, in exceptional circumstances, a hearing proceeds in the absence of the practitioner, for reasons of ill-health, the practitioner should have the opportunity to submit written submissions and/or have a representative attend in his absence.

51. Where a case involves allegations of abuse against a child, the guidance issued to the NHS in September 2000, called "The Protection of Children Act 1999 – A Practical Guide to the Act for all Organisations Working with Children" gives more detailed information. A copy can be found on the Department of Health website¹¹.

¹¹ [*A Practical Guide to the Act for all Organisations Working with Children*](#)

Maintaining High Professional Standards in the Modern NHS

Appeal Panels in Capability Cases

Annex A

Introduction

1. The framework provides for the appeal panel to be chaired by an independent member from an approved pool trained in legal aspects of appeals.
2. It has been agreed that it would be preferable to continue to appoint appeal panel chairmen through a separately held national list rather than through local selection. The benefits include:
 - the ability to secure consistency of approach through national appointment, selection and training of panel chairmen; and
 - the ability to monitor performance and assure the quality of panellists.
3. The following provides an outline of how it is envisaged that the process will work.

Creating and administering the list

4. The responsibility for recruitment and selection of panel chairs to the list will lie with *the NHS Appointments Commission*. *NHS Employers* will be responsible for administration of the list.
5. Recruitment to the list will be in accordance with published selection criteria drawn up in consultation with stakeholders, including the *BMA*, *BDA*, defence organisations, the *NCAA* and *NHS Employers*. These stakeholders will also assist in drawing up the selection criteria and in seeking nominations to serve.
6. The *Department of Health*, in consultation with *NHS Employers*, the *BDA* and the *BMA* will provide a job description based on the Competence Framework for Chairmen and Members of Tribunals, drawn up by the *Judicial Studies Board*. The framework, which can be adapted to suit particular circumstances sets out six headline competences featuring the core elements of law and procedure, equal treatment, communication, conduct of hearing, evidence and decision making. Selection will be based on the extent to which candidates meet the competences.

7. Panel members will be subject to appraisal against the core competences and feedback on performance provided by participants in the hearing. This feedback will be taken into account when reviewing the position of the panel member on the list.
8. The level of fees payable to panel members will be set by *NHS Employers* and paid locally by the employing organisation responsible for establishing the panel.
9. List members will be expected to take part in and contribute to local training events from time to time. For example, training based on generic tribunal skills along the lines of the Judicial Studies Board competences and /or seminars designed to provide background on the specific context of NHS disciplinary procedures – including the expectations of employers and representatives, could be provided with support from *NHS Employers*, the *National Clinical Assessment Authority* and other stakeholders.

Maintaining High Professional Standards in the Modern NHS

V. Handling concerns about a practitioner's health

Contents

Introduction

Retaining the services of individuals with health problems

Reasonable adjustment

Handling Health Issues

Maintaining High Professional Standards in the Modern NHS

V. HANDLING CONCERNS ABOUT A PRACTITIONER'S HEALTH

INTRODUCTION

1. A wide variety of health problems can have an impact on an individual's clinical performance. These conditions may arise spontaneously or be as a consequence of work place factors such as stress.
2. The principle for dealing with individuals with health problems is that, wherever possible and consistent with reasonable public protection, they should be treated, rehabilitated or re-trained (for example if they cannot undertake exposure prone procedures) and kept in employment, rather than be lost from the NHS.

Retaining the services of individuals with health problems

3. Wherever possible the Trust should attempt to continue to employ the individual provided this does not place patients or colleagues at risk.

Examples of action to take

- sick leave for the practitioner (the practitioner to be contacted frequently on a pastoral basis to stop them feeling isolated);
- remove the practitioner from certain duties;
- reassign them to a different area of work;
- arrange re-training or adjustments to their working environment , with appropriate advice from the NCAA and/or deanery , under reasonable adjustment provision in the Disability Discrimination Act 1995.

Reasonable adjustment

3. At all times the practitioner should be supported by their employer and the Occupational Health Service who should ensure that the practitioner is offered every available resource to get back to practise where appropriate. Employers should consider what reasonable adjustments could be made to their workplace conditions or other arrangements.

Examples of reasonable adjustment

- Make adjustments to the premises
- Re-allocate some of the disabled person's duties to another
- Transfer employee to an existing vacancy
- Alter employee's working hours or pattern of work
- Assign employee to a different workplace
- Allow absence for rehabilitation, assessment or treatment
- Provide additional training or retraining
- Acquire/modify equipment
- Modifying procedures for testing or assessment
- Provide a reader or interpreter
- Establish mentoring arrangements

5. In some cases retirement due to ill health may be necessary. Ill health retirement should be approached in a reasonable and considerate manner, in line with NHS Pensions Agency Advice. However, it is important that the issues relating to conduct or capability that have arisen are resolved, using the agreed procedures where appropriate.

HANDLING HEALTH ISSUES

6. Where there is an incident that points to a problem with the practitioner's health, the incident may need to be investigated to determine a health problem. If the report recommends OHS involvement, the nominated manager must immediately refer the practitioner to a qualified, usually a consultant, occupational physician with the Occupational Health Service.
7. The NCAA should be approached to offer advice on any situation and at any point where the employer is concerned about a doctor or dentist. Even apparently simple or early concerns should be referred as these are easier to deal with before they escalate.

8. The occupational physician should agree a course of action with the practitioner and send his/her recommendations to the Medical Director and a meeting should be convened with the Director or Head of HR, the Medical Director or case manager, the practitioner and case worker from the OHS to agree a timetable of action and rehabilitation (where appropriate)¹². The practitioner may wish to bring a support companion to these meetings. This could be a family member, a colleague or a trade union or defence association representative. Confidentiality must be maintained by all parties at all times.
9. If a doctor or dentist's ill health makes them a danger to patients and they do not recognise that, or are not prepared to co-operate with measures to protect patients, then exclusion from work must be considered and the professional regulatory body must be informed, irrespective of whether or not they have retired on the grounds of ill health.
10. In those cases where there is impairment of performance solely due to ill health, disciplinary procedures would only be considered in the most exceptional of circumstances, for example if the individual concerned refuses to co-operate with the employer to resolve the underlying situation e.g. by repeatedly refusing a referral to the Occupational Health Service (OHS) or the NCAA. In these circumstances the procedures in part IV should be followed.
11. There will be circumstances where an employee who is subject to disciplinary proceedings puts forward a case, on health grounds, that the proceedings should be delayed, modified or terminated. In such cases the employer is expected to refer the doctor or dentist to the OHS for assessment as soon as possible. Unreasonable refusal to accept a referral to, or to co-operate with, the OHS under these circumstances, may give separate grounds for pursuing disciplinary action.
12. Special Professional Panels (generally referred to as the "three wise men") were set up by District Health Authorities under circular HC(82)13. This responsibility was not transferred to Trusts and the process has fallen into disuse in most parts of the country. This part of the framework replaces HC(82)13 which is cancelled and any existing panels should be disbanded.

¹² In the absence of a Medical Director organisations should put in place appropriate measures as part of agreed arrangements for small organisations to ensure the appropriate level of input to the process.

Maintaining High Professional Standards in the Modern NHS

Guidance on clinical academics

(including an Outline Protocol between University and Trust)

CLINICAL ACADEMICS

BACKGROUND

The "*Restriction of Practice and Exclusion from Work Directions 2003*" direct NHS bodies to comply with the framework contained within the document "*Maintaining High Professional Standards in the Modern NHS*". This introduced a new framework for the initial handling and investigation of concerns about the conduct and performance of medical and dental employees. It also introduced a framework for restriction of practice and exclusion from work; it replaces existing guidance on the suspension of doctors and dentists.

In the framework the Department said that NHS bodies must develop strong co-partnership relations with universities and ensure that jointly agreed procedures are in place for dealing with any concerns about practitioners with honorary contracts. This should be achieved by agreeing a protocol. The draft model protocol mentioned in the framework is attached to this guidance note.

GUIDANCE

1. The Follett report made a number of recommendations about disciplinary procedures. In particular it said:

"..we are quite clear that here too robust joint working must be the norm. However, we believe that joint working must extend to the prior phase of managing and helping poor performance and seeking remedial measures. It is only when these have run their course without success that formal disciplinary procedures come into play."

2. In discussions with the Universities and Colleges Employers Association (UCEA), Universities UK (UUK), and the Council of Heads of Medical Schools (CHMS), the Department of Health has agreed that the following four key elements are necessary for the successful handling of concerns about a doctor with both an honorary and substantive contract:

- Appraisals are jointly undertaken by the University and the Trust.
- The express permission of the doctor involved is obtained for the exchange of both personal data (for example name, address, registration number, qualifications) and sensitive personal data (for example medical records) between University and Trust.
- Honorary NHS contracts for clinical academic staff contain a clause that states that the employee must have a substantive contract with the University to hold the honorary NHS post, and that, if the University post is terminated, for whatever reason, the Trust reserves the right to review the continuation of the honorary contract (the "inter-dependency clause").

- The Trust and University develop strong, co-partnership relations with each other and ensure jointly agreed procedures are in place for dealing with any concerns about doctors with honorary NHS contracts.
3. Similar arrangements should apply to doctors holding honorary academic contracts with a university.
 4. A Revised Model Statute for universities on dismissal, discipline and grievance procedures for academic staff has been approved by the Privy Council, and recommended to universities. It will be for them to decide on implementation. The UCEA has urged them to implement the provisions within the Revised Model Statute relating to clinical academic staff as soon as possible.
 5. The success of the contracts rests with the joint working of the university and NHS Trust. Although each employer (university or NHS Trust) can only make a decision to discipline or dismiss a member of staff under its own procedures. It is therefore recommended that a protocol should be agreed to permit the joint working necessary to ensure contractual inter-dependence, if both employers choose that route. Implementation of the Revised Model Statute will enable universities to adopt the new procedures.
 6. A draft protocol - "Outline Protocol between University and Trust"- is attached as an appendix. This provides for a good practice way of working, with reference to disciplinary matters and dismissal.

APPENDIX

OUTLINE PROTOCOL BETWEEN UNIVERSITY AND TRUST

1. The following general principles and procedure are the result of agreement between the University and such NHS Trust and Provider Units (hereafter called "the Trust") in which University clinical academic staff may hold honorary NHS contracts and is intended to provide a framework for co-operation between University and Trust as employers of the clinical academic staff.

General Principles

2. The substantive academic contract and the NHS honorary contract are both contracts of employment. The clinical academic will therefore have two employers, each of whom will have obligations to the employee under its respective contract of employment and arising (for example under statute) from the employment relationship generally.
3. However, the University and the Trust recognise that as far as possible those separate employment relationships should be regarded as a whole, reflecting the fact that the performance of the clinical duties under the honorary NHS contract is essential for the full and proper performance of the duties under the substantive academic contract.
4. The University and the Trust should therefore seek to ensure joint co-operation in their dealings with the member of clinical academic staff, in particular with regard to issues of appraisal, review, dismissal and discipline.

Contracts of Employment

5. The University and the Trust will seek to ensure that their contracts (honorary or substantive) contain provisions which facilitate such joint co-operation and shall discuss on a regular basis the contents of the contracts which each will issue to clinical academics.

Disciplinary and other Procedures

6. The University and the Trust acknowledge that as employers of the clinical academic member of staff, each may wish, during the employment of the clinical academic concerned, to take action (whether in terms of dismissal or action falling short of dismissal) in respect of matters such as:
 - a) misconduct or alleged misconduct
 - b) performance of the duties of employment to a satisfactory standard
 - c) assessing medical fitness to undertake all or part of the duties of employment (including consideration of the making of reasonable adjustments under the Disability Discrimination Act 1995 where the obligation to make such adjustments applies)
 - d) attendance
 - e) redundancy or other re-organisation
7. The University and the Trust acknowledge that each has the following procedures for determining such issues in respect of its relationship with the member of clinical academic staff:- [list the relevant procedures]

8. The University and the Trust acknowledge that:

- a) there may be occasions on which the University has grounds for considering such action under its appropriate procedure(s), and the Trust does not (and *vice versa*);
- b) there may be occasions on which the University has grounds for considering such action under its appropriate procedure(s) and the Trust also has grounds for considering action against the same employee under its own appropriate procedure(s); and
- c) that if the University or the Trust terminates the substantive or honorary contract (as the case may be), the other will need to consider whether, in the light of that termination, the remaining contract can be continued or ought to be terminated and that, while each case will need to be considered on its own facts, it is appropriate for the University and the Trust to agree in general terms a framework for the handling of such matters.

9. The University and the Trust therefore agree that:

- a) the following issues of conduct are matters which would ordinarily fall to be dealt with under the University's disciplinary procedure(s) [give details];
- b) the following issues of conduct are matters which would ordinarily fall to be dealt with under the Trust's disciplinary procedure(s) [give details]; and
- c) in cases where an issue of misconduct arises under both (a) and (b) above, the University and the Trust will need to determine on the facts of each case which procedure will take priority.

Potential Dismissal on the Grounds of Misconduct

10. Where either the University or the Trust has grounds for considering the dismissal of a member of clinical academic staff on the grounds of misconduct:

- a) the party considering the instigation of disciplinary procedures which may result in dismissal shall notify the other of that fact [it would be useful to set out the relevant points of contact eg respective HR Directors] and shall discuss with the other the circumstances which have led it to contemplate initiating proceedings.
- b) the University and the Trust will co-operate with each other to facilitate any investigation into the alleged misconduct.
- c) the University and the Trust shall consider whether the case is such that both parties would have grounds for instituting disciplinary proceedings and, if that is the case, agree whether action is to be taken under each of their appropriate disciplinary procedures and the sequence in which those procedures shall be operated.
- d) any party considering restriction of practice or exclusion from work of the clinical academic shall advise the other of its proposal to restrict or suspend and discuss this prior to the clinical academic being so restricted or suspended, where it is practical to do so.
- e) the University and the Trust shall liaise with each other on the steps to be taken under the applicable disciplinary procedure or procedures, in particular as regards representation by both employers on any disciplinary panel established under any of their applicable procedures and the facilitation of the calling of witnesses and/or the

production of documentary evidence necessary for the purpose of determining whether misconduct has occurred.

- f) the University and the Trust (as the case may be) shall keep the other informed of the progress and outcome of their respective procedures, including of any appeal.
11. While the University and the Trust shall co-operate with each other as described above, each acknowledges that the other has the ultimate right to determine whether or not disciplinary proceedings should be instigated, to determine whether misconduct has occurred and, if so, whether dismissal is the appropriate sanction to be applied on the facts of that case. Representation of the Trust on the University's disciplinary panels (and *vice versa*) does not mean that that the Trust's representative is deciding whether the Trust's contract with the member of staff concerned is to be terminated (and *vice versa*).

Joint Appraisal

12. The University and the Trust shall agree procedures for the joint appraisal of members of clinical academic staff and ensure that such arrangements are referred to in the terms of the substantive and honorary contracts issued to the member of staff.

Dismissal on Performance, Absence or Ill-Health Grounds

13. In the event that either the Trust or the University considers that there are grounds for considering the dismissal of a member of clinical academic staff on the grounds of performance, absence or health grounds, each will advise the other of that fact [again it may be useful to specify the points of contact eg HR director] and shall discuss:
- a) whether action is to be taken under the procedures of the University or the Trust or both (and if both, which procedure shall take priority);
 - b) whether it is appropriate to consider the restriction of practice or exclusion from work of the member of staff concerned in relation to either the academic or clinical duties or both. Any party considering restriction of practice or exclusion from work of the clinical academic member of staff shall advise the other if its proposal to restrict or exclude and discuss this prior to the clinical academic member of staff being restricted or excluded where it is practical to do so; and
 - c) (in cases of sickness absence, or medical incapacity) whether it is necessary to obtain a medical report from an Occupational Health adviser or from an independent medical expert on the ability of the employee to perform the duties of his/her employment. The University and the Trust shall discuss the questions/issues to be raised with such medical adviser, in particular any issues arising under the Disability Discrimination Act 1995, including any duty to make reasonable adjustments.
14. The University and the Trust shall keep each other advised of the actions taken under their applicable procedures, including the outcome of any appeal.
15. While the University and the Trust shall co-operate with each other as described above, each acknowledges that the other has the ultimate right, in relation to any matter being dealt with under its procedures, to determine whether or not to dismiss the member of staff concerned. Representation of the Trust on the University panel (and *vice versa*) does not mean that that representative is deciding whether the Trust's contract with the member of staff concerned is to be terminated (and *vice versa*).

Dismissal on the grounds of redundancy or re-organisation

16. In the event that either the Trust or the University is contemplating the dismissal for redundancy or other re-organisational reasons of any member of clinical academic staff it shall advise the other of this fact and shall keep the other regularly informed of the action being taken in this respect.

Other general provisions regarding co-operation

17. The University and Trust shall ensure that:

- a) their respective procedures provide that, while either the University's or the Trust's disciplinary procedure is being applied to a member of clinical academic staff, that individual may not bring any complaint relating to those proceedings under the grievance procedure of the other employer (ie of the Trust or the University, as the case may be).
- b) rights of appeal will be confined solely to the procedure which is being implemented and individual employees may not appeal across procedures to the other party (ie the University or the Trust as the case may be).
- c) their contracts of employment and procedures are as far as possible sufficient to allow the disclosure of information from one to the other (in particular of personal data or sensitive personal data) under the Data Protection Act 1998, whether with or without the consent of the member of staff concerned. The Trust and the University will also discuss and agree guidelines for the disclosure of data regarding third parties, in particular data relating to patients.

18. The University and the Trust shall meet on a regular basis to review this Agreement and its operation.

This appendix has been drafted at the request of the Universities and Colleges Employers Association by Pinsents, solicitors, 1 Park Row, Leeds, LS1 5AB. In the event of any queries, please contact Chris Mordue, Partner (0113 244 5000 or christopher.mordue@pinsents.com)

To: Chairs/Chief Executives: Strategic Health Authorities
Primary Care Trusts
NHS Trusts
Special Health Authorities

24 March 2004

Dear Chair/Chief Executive

Secretary of State Directions on NHS Security Management Measures

Background

In December 2003 Secretary of State and Lord Warner launched the security management strategy *A Professional Approach to the Management of Security in the NHS*¹. The main objective of this strategy is the delivery of an environment for those who work in or use the NHS that is properly secure so that the highest standards of clinical care can be made available to patients. The Directions on security management measures create the structure required to implement the strategy and define the roles and responsibilities of health bodies and the Counter Fraud and Security Management Service (CFSMS)². A key element of the structure will be the introduction of the Local Security Management Specialists (LSMS) in each health body. The LSMS will become the focal point for the local delivery of professional security management work carried out to a high standard within a national framework, supported by appropriate, relevant guidance and advice from the CFSMS.

The CFSMS

The CFSMS was launched in April 2003 and has policy and operational responsibility for the management of security in the NHS. This work is broadly defined as the protection of people and property in the NHS. Work on protecting people – tackling violence against staff - is already underway supported by a separate set of Directions³ that created a national framework for this work and which introduced a number of key practical measures.

¹ Available www.cfsms.nhs.uk

² The CFSMS is the Special Health Authority with the statutory remit for NHS security management work.

³ *Secretary of State Directions on work to tackle violence against staff and professionals who work or provide services to the NHS* issued to the NHS on 20 November 2003 (www.cfsms.nhs.uk).

Directions

In summary Secretary of State Directions on security management measures cover:

- The requirement for health bodies to designate an Executive Director or officer member to lead on security management work where they have not already done so (details as per the annex to these Directions to be provided to the CFSMS within seven days of the designation being made).
- The requirement for health bodies to designate a non-Executive Director or non-officer member to promote security management work at Board level (details as per the annex to these Directions to be provided to the CFSMS within seven days of the designation being made).
- The requirement for health bodies to nominate a suitable person to undergo appropriate training by the CFSMS to perform the role of the LSMS (details as per the annex to these Directions to be provided to the CFSMS once the designated Security Management Director (SMD) has attended a seminar, as set out below, and within three months of the issue of these Directions).
- Responsibilities of the health body and the LSMS relating to security management work and their relationship with the CFSMS.

The details required by the annex to Directions should be emailed to sms@cfsms.nhs.uk, clearly marking which function is being designated/nominated (e.g. "Security Management Director", "non-Executive Director" or "LSMS").

Next Steps

During April to June 2004 the CFSMS will be holding a series of seminars for SMDs designed to explain the strategy in more depth and enable sufficient information to be given for the SMD to nominate a suitable person for the role of LSMS. These seminars have been organised in each SHA area. SMDs that have already been designated should have been informed about venues and dates. If any SMD has not received such notification could they please let the CFSMS know (by email to the above address) as soon as possible.

Following a nomination for the LSMS training will be arranged for them by the CFSMS as soon as is practicable possible. The training will be delivered free of charge but health bodies will be expected to meet travel and subsistence expenses. Before the nominated person can begin to perform the role of the LSMS they must successfully pass the proprietary checks that will be required and the training provided. Until that time health bodies should continue with their existing arrangements for security management, subject to any guidance or Directions currently in force.

From Summer 2004 onwards further advice and guidance for the LSMS and the SMD about security management work will be available in the form of

central support from the CFSMS and the first ever NHS Security Management Manual

Summary

These Directions establish the national framework required for the local delivery of professional and highly-skilled security management work to allow the NHS to better protect its resources so that it can better protect the public's health.

Further information about the work of the CFSMS and, in particular, about security management can be obtained from its website www.cfsms.nhs.uk or by emailing the Directorate of Security Management on sms@cfsms.nhs.uk.

Yours faithfully

Jim Gee
Director of Counter Fraud and Security Management

NATIONAL HEALTH SERVICE ENGLAND

Directions to NHS Bodies on Security Management Measures 2004

The Secretary of State for Health, in exercise of the powers conferred upon him by sections 16D, 17 and 126(4) of the National Health Service Act 1977⁽⁴⁾ and of all other powers enabling him in that behalf, hereby gives the following Directions:

Application, commencement and interpretation

1.—(1) These Directions apply to NHS bodies in England and shall come into force on 25 March 2004.

(2) In these Directions—

“the CFSMS” means the Counter Fraud and Security Management Service⁽⁵⁾;

“LSMS” means a Local Security Management Specialist appointed in accordance with direction 5;

“NHS body” means a Strategic Health Authority, Special Health Authority, Primary Care Trust or NHS trust;

“NHS body’s staff” means any person who is employed by or engaged to provide services to, an NHS body; and

“Security Management Executive Director” means the person designated under direction 4(1)(a).

General

2.—(1) Each NHS body must promote and protect the security of people engaged in activities for the purposes of the health service functions of that body, its property and its information in accordance with these Directions and having regard to any other guidance or advice issued by the CFSMS.

(2) Each NHS body must require its Chief Executive and Security Management Executive Director to monitor and ensure compliance with these Directions.

Co-operation with the Counter Fraud Security Management Service

3.—(1) Each NHS body must co-operate with the CFSMS to enable the CFSMS efficiently and effectively to carry out its functions in relation to security management⁽⁶⁾ and in particular each NHS body must, subject to the following paragraphs of this direction—

⁽⁴⁾ 1977 c.49; section 16D was substituted by section 12(1) of the Health Act 1999 (c.8) (“the 1999 Act”) and amended by sections 1(3) and 3(1) and (2) of, and paragraphs 1 and 6(a) of Part 1 of Schedule 1 to, the National Health Service Reform and Health Care Professions Act 2002 (c.17) (“the 2002 Act”); section 17 was substituted by section 12(1) of the 1999 Act and amended by section 1(3) of, and paragraphs 1 and 7 of Part 1 of Schedule 1 to, the 2002 Act and section 67(1) of, and paragraphs 5(1) and (3) of Part 1 of Schedule 5 to, the Health and Social Care Act 2001 (c.15) (“the 2001 Act”); section 126(4) was amended by section 65(2) of the National Health Service and Community Care Act 1990 (c.19), by paragraph 37(6) of Schedule 4 to the 1999 Act and by paragraph 5(13)(b) of Part 1 of Schedule 5 to the 2001 Act. The functions of the Secretary of State under these provisions are, so far as exercisable in relation to Wales, transferred to the National Assembly for Wales by article 2(a) of the National Assembly for Wales (Transfer of Functions) Order 1999, S.I. 1999/672, as amended by section 66(5) of the 1999 Act.

⁽⁵⁾ A Special Health Authority established by the Counter Fraud and Security Management Service (Establishment and Constitution) Order 2002 S.I. 2002/3039 (“the Order”).

⁽⁶⁾ For the functions of the CFSMS in relation to security management see article 3 of the Order and direction 2(a), (b), (d) and (f) to (h) of the Directions to the Counter Fraud and Security Management Service 2003.

- (a) enable the CFSMS to have access to its premises;
- (b) put in place arrangements which will enable the CFSMS to interview, as appropriate, the NHS body's staff for the purpose of carrying out its security management functions; and
- (c) supply such information including files and other data (whether in electronic or manual form) as the CFSMS may require for the purpose of carrying out its security management functions.

(2) In the case of information required under paragraph (1)(c) in connection with the CFSMS' responsibility for quality inspection and risk assessment in relation to security, an NHS body must respond to any request from the CFSMS as soon as is reasonably practicable.

(3) In the case of any other information required under paragraph (1)(c), an NHS body must respond to a request as soon as is reasonably practicable and in any event within seven days from the date the request was made.

(4) Nothing in paragraph 1(b) contravenes any right a member of staff may otherwise have to refuse to be interviewed.

(5) Nothing in paragraph 1(c) or direction 7(h) obliges or permits an NHS body to supply information which is prohibited from disclosure by or under any enactment, rule of law or ruling of a court of competent jurisdiction or is protected by the common law.

Board level responsibility

4.—(1) Within six weeks of the date on which these Directions come into force each NHS body must designate a person—

- (a) to take responsibility for security management matters; in the case of an NHS trust he is to be one of the trust's executive directors and in the case of an NHS body other than an NHS trust, he is to be one of that body's officer members; and
- (b) to promote security management measures; in the case of an NHS trust he is to be one of the trust's non-executive directors and in the case of an NHS body other than an NHS trust, he is to be one of that body's non-officer members.

(2) A further designation must be made within 3 months of the date on which an NHS body learns that there is to be a vacancy for a person referred to in paragraph (1)(a) or (1)(b).

(3) The names of the persons designated under paragraphs (1) or (2) must be notified to the CFSMS together with the information specified in the Annex to these Directions within 7 days of the designation.

(4) Each NHS body must ensure that the persons designated under paragraphs (1) or (2) receive security management training recommended by the CFSMS.

Local Security Management Specialists

5.—(1) Each NHS body must nominate at least one person that it proposes to appoint as the body's LSMS within three months of the date on which these Directions come into force.

(2) The name of the nominee must be notified to the CFSMS together with the information specified in the Annex to these Directions within 7 days of the nomination.

(3) Before making a nomination each NHS body must take into account any guidance issued by the CFSMS on the suitability criteria for a LSMS.

(4) After a nominee has—

- (a) been approved by the CFSMS as a person suitable for appointment, and
- (b) successfully completed any training required by the CFSMS,

the NHS body may appoint the person as its LSMS.

(5) An NHS body's LSMS must report directly to that NHS body's Designated Security Management Executive Director.

(6) A LSMS must not undertake responsibility for, or be in any way engaged in, the counter fraud activities of any NHS body.

(7) A further nomination must be made within 3 months of the date on which an NHS body learns that there is to be a vacancy for an LSMS.

- (8) The procedures in paragraphs (2) to (5) also apply to a person nominated under paragraph (7).

General responsibilities of NHS bodies

6. Each NHS body must ensure that it has effective arrangements in place to ensure that—
- (a) breaches of security and weaknesses in security related systems are reported as soon as practicable to—
 - (i) the NHS body's LSMS, and
 - (ii) where appropriate, and having regard to relevant CFSMS guidance, the CFSMS and to the NHS body's audit committee, auditors and risk management committee;
 - (b) any confidentiality of information relevant to the investigation of breaches of security is protected; and
 - (c) where possible, it recovers money lost through breaches of security.

Responsibilities of NHS bodies in relation to Local Security Management Specialists

7. Each NHS body must—
- (a) require that its LSMS and its Security Management Executive Director complete, within one month of the beginning of the financial year, a written work plan for the LSMS' projected work for that financial year;
 - (b) enable its LSMS to attend the NHS body's risk management committee and audit committee meetings;
 - (c) require its LSMS to provide a written report, at least once in every financial year, summarising the LSMS' work for that year;
 - (d) send copies of the work plan mentioned in paragraph (a) and the report mentioned in paragraph (c) to the CFSMS;
 - (e) require its LSMS to keep full and accurate records of any breaches, or suspected breaches of, security;
 - (f) require its LSMS to report to the CFSMS any weaknesses in security related systems of the NHS body or other matters which the LSMS considers may have implications for security management in the NHS;
 - (g) ensure that its LSMS has all necessary support including access to the CFSMS secure intranet site to enable him efficiently and effectively to carry out his responsibilities;
 - (h) subject to any contractual or legal constraint, require all of its staff to co-operate with the LSMS and in particular that those responsible for human resources, disclose information which arises in connection with any matters (including disciplinary matters) which may have implications for the investigation, prevention or detection of breaches of security;
 - (i) enable its LSMS to receive training recommended by the CFSMS;
 - (j) require its LSMS, its employees and any persons whose services are provided to the NHS body in connection with security management work, to take into account guidance and advice which may be issued by the CFSMS on media handling of security management matters;
 - (k) enable its LSMS to participate in activities in which the CFSMS is engaged, relating to national security management measures, where he is requested to do so by the CFSMS ;
 - (l) enable its LSMS to work in conditions of sufficient security and privacy to protect the confidentiality of his work; and
 - (m) enable the LSMS generally to perform his functions effectively, efficiently and promptly.

Signed by authority of the Secretary of State

2004

A member of the Senior Civil Service
Department of Health

FOA: Claire Dutton
Fax: (020) 7895 4360
Tel: (024) 7624 5635

NHS Security Management Service

8th Floor
Coventry Point
Market Way
COVENTRY
CV1 1EA

Information required for nomination of a Local Security Management Specialist

Name of LSMS Nominee/s: Where 2 or more LSMS's are nominated, please indicate who is to be the Lead LSMS	
Name of designating or nominating NHS Body:	
Address of NHS Body:	
Business address of LSMS nominee:	
Nominee's contact telephone and/or extension numbers:	
E-mail address:	
Title within the NHS Body:	

1. Is the Local Security Management Specialist an employee of the nominating NHS Body? Yes/No
2. If not, please give details of nominated person's employer and nominated person's current position:

Name of SMD (please print)

Signature _____

Date _____

Please fax the completed form to the number above. Thank you.

Security Management - Frequently Asked Questions

Why is this strategy important?

Protecting people and property in the NHS is essential if the highest possible standards of healthcare are to be delivered. Staff who work in a safe and secure environment - and who have the right tools to do their job - are more likely to stay working for the NHS and the NHS is more likely to recruit the very best in the future.

Security management will be professionally delivered locally to common high standards within a national framework with professional and specialist advice and support.

Money lost through staff off sick leave because of violence or from theft or damage to NHS property is money lost to patient care.

Is Counter Fraud and Security Management work the same?

These are two distinct and different strands of work but both have a common aim to protect NHS resources. They require a different knowledge base, skills set and expertise. However, the professional approach we have taken to NHS security management is similar to that applied to countering fraud in the NHS and which, over the past five years, has delivered a return on a £20m investment of nearly £300m.

Can a LSMS serve more than one health body?

Each health body must have at least one LSMS. The level of LSMS provision will be a matter for the health body itself. The Security Management Director should ensure the LSMS has the necessary time and resources to fulfil their responsibilities set out in these Directions and the Directions on Violence against Staff issued in November 2003.

What grade should be LSMS?

Again this is a matter for the health body. However, the person nominated should be able to carry out the functions that are required by Directions and as outlined in the strategy. Importantly, they should possess communication and influencing skills appropriate to dealing with a wide range of people at all levels both internally and externally of the health body.

What should I do until I have an LSMS trained and their nomination approved by the CFSMS?

You should continue to operate your current arrangements until you have a trained and accredited LSMS in place. This will include meeting the current Controls Assurance standard for this work. Once the LSMS is in place the new arrangement *must* apply and you will need to ensure compliance with the Security Management national framework. This will replace the current Controls Assurance standard for security management.

When do I make my nomination?

Where already designated the Security Management Director should have been invited to a seminar designed to give further information on the strategy, legal framework and implementation. Following attendance at one of these events the SMD should have sufficient information to nominate someone to act as an LSMS, within the timescales set out in these Directions. If the Security Management Director has not received an invitation they should contact the SMS on sms@cfsms.nhs.uk.

Is there any additional funding for this work?

NHS bodies should already be carrying out much of this work. The national framework is there to ensure that this is done to a common professional high standard throughout the NHS and that appropriate specialist support and guidance is there to achieve this.

Is this not another layer of bureaucracy from the centre?

Health bodies for sometime have been required to meet a security management standard. However, it is clear that this has been of limited success and that NHS bodies have lacked a strategic approach and consistent specialist advice and support to carry out this work to a high standard. This introduces a clear national framework for this work – locally delivered – but with professional and expert guidance from a small team based within the CFSMS.

NHS DORSET INTEGRATED CARE BOARD

ICB BOARD

GOVERNANCE HANDBOOK

Date of the meeting	01/07/2022
Author	N. Violet, Business Manager to the Chief Executive
Lead Director	J. Douglas-Todd, Chair
Purpose of Report	To seek formal approval of the Governance Handbook which contains practical procedural details for applying the Constitution including the Scheme of Reservation and Delegation, Standing Financial Instructions, Terms of Reference for committees and person specification and role description of members.
Recommendation	The ICB Board is asked to approve the Governance Handbook for adoption from 01 July 2022.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	The content of the handbook was developed through engagement and consultation with key leads within the organisation, system partners, and Brown Jacobson LLP. Documents in the handbook were also discussed at the ICB Shadow Board on 20 May 2022.
Equality, Diversity and Inclusion	As part of the ICS Delivery Programme equality impact assessments and privacy impact assessments were undertaken for the CCG Transfer Workstream.
Financial and Resource Implications	N/A
Legal/governance	The Handbook is not a legal requirement; however, it is an approach that will assist the ICB to build a consistent corporate approach and form part of the corporate memory. The handbook has been developed with support from Browne Jacobson LLP.
Risk description/rating	N/A

1.0 Introduction

- 1.1 The Governance Handbook for NHS Dorset Integrated Care Board (ICB) brings together key documents which support the Constitution and promote good governance.

2.0 Report

- 2.1 The Handbook contains practical procedural details for applying the Constitution including:

- a) Scheme of Reservation and Delegation (“SoRD”);
- b) Standing Financial Instructions (“SFI”);
- c) Terms of Reference for committees;
- d) Personal Specification and Role Description of Members.

- 2.2 The Terms of Reference for committees will be reviewed and discussed at each inaugural committee meeting. Should any amendments be required the committees will seek approval from the ICB Board. Following approval, the Handbook will be updated accordingly.

- 2.3 The Handbook is not a legal requirement; however, it is an approach that will assist the ICB to build a consistent corporate approach and form part of the corporate memory.

- 2.4 If there is any ambiguity between the Constitution and the Handbook, the interpretation in the Constitution will apply.

- 2.5 The Handbook will be updated and approved on an annual basis by the ICB Project Management Office and recommended for adoption by the ICB. Where there are changes to the documents referenced in the Constitution, an application, when necessary, will be made for approval to NHS England.

- 2.6 The Handbook will be published on the ICB’s public website <http://www.nhsdorset.nhs.uk/> on the same page as the Constitution.

3.0 Conclusion

- 3.1 The ICB Board is asked to approve the Governance Handbook for adoption from 01 July 2022.

Author’s name and title: Natalie Violet, Business Manager to the Chief Executive
Date: 17 June 2022

APPENDICES	
Appendix 1	NHS Dorset Integrated Care Board Governance Handbook



Dorset

NHS Dorset Integrated Care Board

Governance Handbook

Version	Effective Date	Changes
V1.0	1 July 2022	

Contents

1	Introduction	5
1.1	Purpose of the Handbook	5
Part 1: NHS Dorset Health and Care System.....		6
2	Integrated Care Systems.....	6
3	Overview of Dorset Integrated Care System.....	7
3.1	Integrated Care Board	7
3.2	Integrated Care Partnership.....	7
3.3	System, Places and Neighbourhoods	8
4	Dorset Integrated Care Board	9
4.1	Membership.....	9
5	Overview of Dorset Committees and Sub-committees	10
5.1	Committees	10
5.2	Sub-committees.....	11
6	Overview of Place-Based Partnerships.....	12
7	Overview of Provider Collaboratives	13
Part 2: Functions and Decision Making.....		14
8	Functions and Decision Map	14
9	Scheme of Reservation and Delegation.....	15
10	Standing Financial Instructions.....	16
Part 3: Appendices.....		17
Appendix 1	Integrated Care Partnership Terms of Reference	18
Appendix 2	List of Providers of Primary Medical Services	25
Appendix 3	Role Descriptions and Person Specification.....	26
A	Chair.....	27
B	Partner Members – NHS and Foundation Trusts	30
C	Partner Members – Primary Medical Services	32
D	Partner Members – Local Authorities.....	34
E	Independent Non-Executive Members and Associate Non-Executive Directors.....	36
Appendix 4	Nominations Protocol	38
Appendix 5	Terms of Reference.....	44
A	Ambulance Joint Commissioning Committee Terms of Reference.....	45

B	Clinical Commissioning Committee Terms of Reference	56
C	Finance and Performance Committee Terms of Reference	62
D	People and Culture Committee Terms of Reference.....	69
E	Primary Care Commissioning Committee Terms of Reference	75
F	Quality and Safety Terms of Reference	81
G	Remuneration Committee Terms of Reference.....	88
H	Risk and Audit Committee Terms of Reference	94
I	East of Dorset Place Terms of Reference.....	103
J	West of Dorset Place Terms of Reference.....	112
K	Provider Collaborative Terms of Reference	121
Appendix 6	Functions and Decision Making.....	128
A	Functions and Decisions Map.....	129
B	Scheme of Reservation and Delegation.....	130
C	Standing Financial Instructions and Detailed Delegation Limits	136
Appendix 7	Other Supporting Policies	155
A	Standard of Business Conduct Policy incorporating Conflicts of Interest Policy	156
B	Public Involvement and Engagement Policy	188

1 Introduction

1.1 Purpose of the Handbook

- 1.1.1 The Governance Handbook (“the Handbook”) for NHS Dorset Integrated Care Board (“the ICB”) brings together key documents which support the Constitution and promote good governance. This Handbook contains practical procedural details for applying the Constitution including:
- a) Scheme of Reservation and Delegation (“SoRD”);
 - b) Standing Financial Instructions (“SFI”);
 - c) Terms of Reference for committees;
 - d) Personal Specification and Role Description of Members.
- 1.1.2 This Handbook is not a legal requirement; however, it is an approach that will assist the ICB to build a consistent corporate approach and form part of the corporate memory.
- 1.1.3 If there is any ambiguity between the Constitution and this Handbook, the interpretation in the Constitution will apply.
- 1.1.4 This Handbook will be updated and approved on an annual basis by the ICB Project Management Office and recommended for adoption by the ICB. Where there are changes to the documents referenced in the Constitution, an application, when necessary, will be made for approval to NHS England.
- 1.1.5 This Handbook will be published on the ICB’s public website <http://www.nhsdorset.nhs.uk/> on the same page as the Constitution.

Part 1: NHS Dorset Health and Care System

2 Integrated Care Systems

- 2.1.1 Integrated Care Systems (ICS) are partnerships that bring together providers, commissioners, local authorities and other local partners within a geographical area to collectively plan health and care services to meet the needs of its local population.
- 2.1.2 [The NHS Long Term Plan](#) set the ambition that every part of England would have an ICS by 2021. Whilst ICSs have been operating since 2021, with some evolving from Sustainability and Transformation Partnerships, they became established on a statutory footing on 1 July 2022, following the passage of the Health and Care Act 2022 and the creation of Integrated Care Boards. The NHS Dorset CCG has now been abolished and replaced by the NHS Dorset Integrated Care Board.
- 2.1.3 The core purpose of an ICB is to:
- a) improve outcomes in population health and healthcare;
 - b) tackle inequalities in outcomes, experience, and access;
 - c) enhance productivity and value for money; and
 - d) help the NHS support broader social and economic development.
- 2.1.4 The ICS builds on the role of the ICB to bring greater collaboration and integration, which is set out in the following policies:

[Integrated Care Systems Design Framework](#)

[Thriving Places](#)

[Provider Collaboratives](#)

3 Overview of Dorset Integrated Care System

3.1 Integrated Care Board

3.1.1 The ICS is led by the ICB, which in some policies is sometimes referred to as the ICS NHS Body, and an Integrated Care Partnership (“ICP”).

3.1.2 The ICB will be responsible for specific functions that enable it to deliver against the core purposes, as follows:

- a) developing a plan to meet the health needs of the population within its area, having regard to the ICP’s strategy;
- b) allocating resources to deliver the plan across the system;
- c) establishing joint working arrangements with partners that embed collaboration as the basis for delivery of joint priorities within the plan;
- d) establishing governance arrangements to support collective accountability;
- e) arranging for the provision of health services;
- f) leading system-wide action on data and digital;
- g) understanding local priorities, tracking delivery plans, monitoring and addressing variation, and driving continuous improvement;
- h) investing in local community organisations and infrastructure;
- i) driving joint work on estates, procurement, supply chain and commercial strategies;
- j) planning for, responding to and leading recovery from incidents.

3.1.3 The ICB has taken on all of the CCG’s functions and duties, in addition to new ones. The functions of the ICB can be found at Appendix 6A.

3.1.4 The membership of the Board of the ICB is set out in section 4 of this Handbook.

3.2 Integrated Care Partnership

3.2.1 The Integrated Care Partnership (“ICP”) is a joint committee of the ICB with the local authorities whose areas fall wholly or partly within its, the ICB’s, area. The ICP is responsible for developing an integrated care strategy to address the health and social care needs within the whole area of the ICB, including determinants of health.

3.2.2 The Terms of Reference for the ICP can be found at Appendix 1 of this Handbook.

3.3 System, Places and Neighbourhoods

- 3.3.1 There are also three important levels where decisions are made: these are System, Places and Neighbourhoods, also known as Primary Care Networks (“PCNs”). A number of partnership and delivery structures will operate within these levels.
- 3.3.2 Systems cover a much larger population than Places and Primary Care Networks, serving a population of a million or more people across Dorset’s two Places. Provider Collaboratives work at system level and are responsible for delivering the core aims set out in section 7 of this Handbook.
- 3.3.3 Places are geographical areas which serve hundreds of thousands of people. Place Based Partnerships will operate at place level and are responsible for delivering the core aims set out in section 6 of this Handbook. The ICP will play an active role in collaborating with partners at Place Level.
- 3.3.4 PCNs bring together general practice and other primary care services, such as community pharmacy, to provide a wide range of services at neighbourhood level.
- 3.3.5 Further detail about the partnership and delivery structures that will operate within these levels can be found in sections 6 and 7 of this Handbook.

4 Dorset Integrated Care Board

4.1 Membership

4.1.1 Membership of the Board of the ICB comprises the following:

- The Chair
- The Chief Executive
- Two Partner Members drawn jointly from the following NHS Trusts and Foundation Trusts:
 - Dorset County Hospital NHS Foundation Trust
 - Dorset Healthcare University NHS Foundation Trust
 - South Western Ambulance Service NHS Foundation Trust
 - University Hospitals Dorset NHS Foundation Trust
- Two Partner Members drawn jointly from providers of Primary Medical Services. The list of relevant providers of primary medical services for this purpose can be found at Appendix 2
- Two Partner Members drawn jointly from the following local authorities:
 - Bournemouth, Christchurch and Poole Council
 - Dorset Council
- Six Independent Non-Executive Members
- Chief Finance Officer
- Chief Medical Officer
- Chief Nursing Officer
- Mental Health Member

4.1.2 The role description and person specification of the Members of the ICB can be found at Appendix 3 of this Handbook.

5 Overview of Dorset Committees and Sub-committees

5.1 Committees

- 5.1.1 The ICB has established a number of committees to assist it with the oversight, assurance and delivery of its functions. A summary of the committees can be found below and at Appendix 6A.
- 5.1.2 **Ambulance Joint Commissioning Committee:** The Ambulance Joint Commissioning Committee is responsible for commissioning emergency ambulance services and has oversight of performance including sanctions resulting from provider breach of contract. The Terms of Reference for the Clinical Commissioning Committee can be found at Appendix 5A of this Handbook.
- 5.1.3 **Clinical Commissioning Committee:** The Clinical Commissioning Committee is responsible for providing clinical leadership; supporting the development and implementation of the ICS clinical strategy; supporting partnership working and the commissioning of clinical pathways and policies. The Terms of Reference for the Clinical Commissioning Committee can be found at Appendix 5B of this Handbook.
- 5.1.4 **Finance and Performance Committee:** The Finance and Performance Committee is responsible for providing oversight and assurance on the financial and operational performance of the Integrated care Board and its partner constituents. The Terms of Reference for the Finance and Performance Committee can be found at Appendix 5C of this Handbook.
- 5.1.5 **People and Culture Committee:** The People and Culture Committee is responsible for providing oversight of the Integrated Care System People and Culture Strategy. The Terms of Reference for the Finance and Performance Committee can be found at Appendix 5D of this Handbook.
- 5.1.6 **Quality and Safety Committee:** The Quality and Safety Committee is responsible for providing assurance to the Integrated Care Board that it is delivering its functions in a way that secures continuous improvement in the quality of service against each of the dimensions of quality set out in the Shared Commitment to Quality. The Terms of Reference for the Finance and Performance Committee can be found at Appendix 5E of this Handbook.
- 5.1.7 **Remuneration Committee:** Chaired by a non-executive member, the Remuneration Committee is responsible for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB. The Terms of Reference for the Remuneration Committee can be found at Appendix 5F of this Handbook.
- 5.1.8 **Risk and Audit Committee:** Chaired by a non-executive member, the Risk and Audit Committee provides an independent and objective view of the ICB's compliance with its statutory responsibilities, and is responsible for arranging appropriate internal and external audit. The Terms of Reference for the Audit Committee can be found at Appendix 5G of this Handbook.
- 5.1.9 **Primary Care Commissioning Committee:** The Primary Care Commissioning Committee is responsible for the review, planning and procurement of primary care services and other direct commissioning. The Terms of Reference for the

Primary Care Commissioning Committee can be found at Appendix 5H of this Handbook.

5.2 Sub-committees

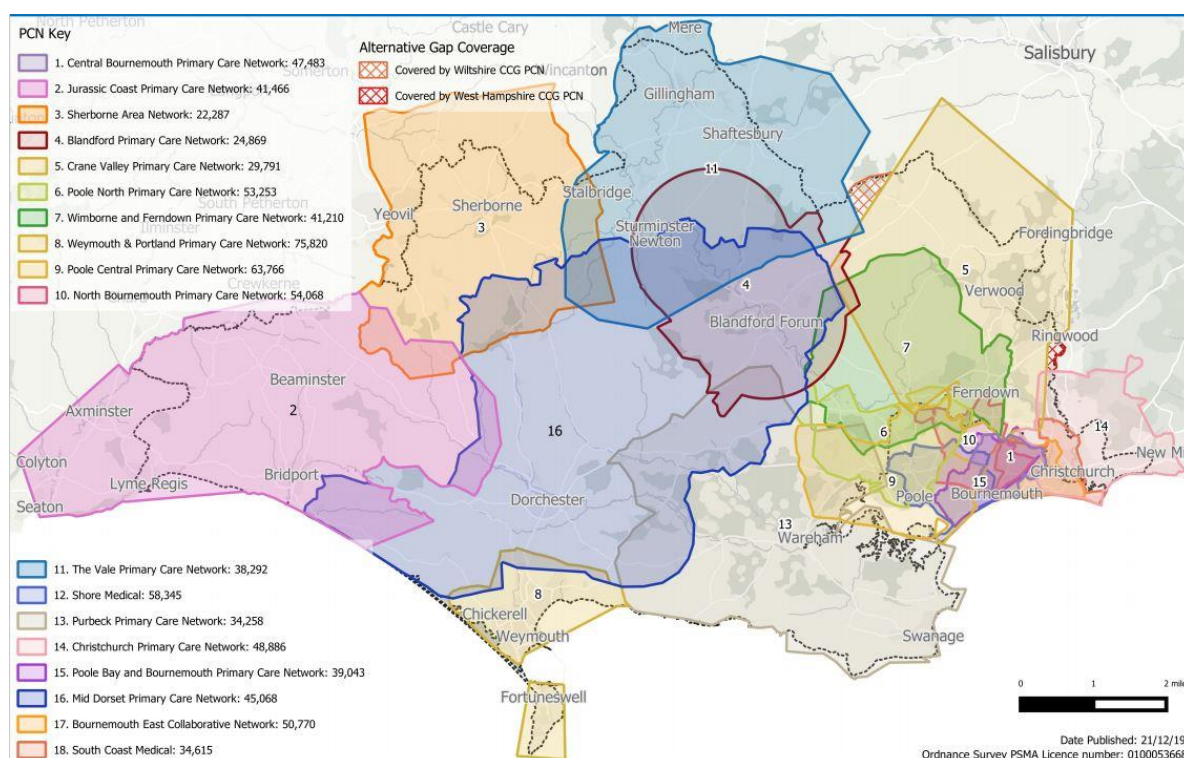
5.2.1 There are currently no formal sub-committees.

6 Overview of Place-Based Partnerships

6.1.1 *Thriving places* positions Places as the foundation for an ICS responsible for arranging and delivering health and care services in a locality or community. In general, each Place will comprise of a number of Primary Care Networks. Primary Care Networks bring together our general practices with a range of local providers, including primary care and community services, mental health, social care and the voluntary sector, delivering more personalised, coordinated health and social care to meet the needs of a particular Area.

6.1.2 The ICS is made up of two Places, which are coterminous with the administrative boundaries of: (1) Bournemouth, Christchurch and Poole Council (East) and (2) Dorset Council (West). There are eighteen Primary Care Networks within the two Places, with thirteen in the East and five in the West.

6.1.3 The Area described above is shown in the map below:



6.1.4 The core aims of Place are to:

- improve the health and wellbeing of the population and reduce inequalities;
- provide consistent, high-quality services that remove unwarranted variation in outcomes;
- consistently achieve national standards and targets across the sectors; and
- maximise the use of place-based financial allocation and resources.

6.1.5 The Terms of Reference can be found at Appendix 5I and Appendix 5J of this Handbook.

7 Overview of Provider Collaboratives

- 7.1.1 Provider Collaboratives are partnership arrangements between our NHS Providers and voluntary and independent sector providers, supporting Systems to deliver some of their strategic priorities.
- 7.1.2 The ICB has established a Provider Collaborative with the core aims of:
 - a) reducing unwarranted variation and inequality in health outcomes, access to services and experience;
 - b) improving resilience by, for example, providing mutual aid;
 - c) ensuring that specialisation and consolidation occur where this will provide better outcomes and values.
- 7.1.3 The Terms of Reference can be found at Appendix 5K of this Handbook.

Part 2: Functions and Decision Making

8 Functions and Decision Map

8.1.1 The Functions and Decisions map sets out:

- a) key functions reserved to the Board of the ICB;
- b) commissioning functions delegated to committees and individuals;
- c) commissioning functions delegated under section 65Z5 and 65Z6 of the NHS Act 2006 (as amended by the Health and Care Act 2022) 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.

8.1.2 Further information on the key functions reserved to the Board of the ICB and those delegated can be found in the SoRD at Appendix 6B of this Handbook.

8.1.3 The Functions and Decisions Map can be found at Appendix 6A and is also published on the ICB's public website <http://www.nhsdorset.nhs.uk/>.

9 Scheme of Reservation and Delegation

9.1.1 The SoRD sets out:

- a) those functions that are reserved to the Board of the ICB;
- 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 sections 65Z5, 65Z6 or 75 of the NHS Act 2006.

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

9.1.3 The SoRD can be found at Appendix 6B of this Handbook.

10 Standing Financial Instructions

- 10.1.1 The ICB has agreed a set of SFIs which include the delegated limits of financial authority set out in the SoRD.
- 10.1.2 The SFIs can be found at Appendix 6C.

Part 3: Appendices

Appendix 1 Integrated Care Partnership Terms of Reference

1 Introduction, Purpose and Aims

The Integrated Care Board (“ICB”), and the following local authorities in the ICB’s area have established the Integrated Care Partnership in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007:

1. Bournemouth Christchurch and Poole Council (“BCP Council”)
2. Dorset Council.

The members have agreed to work towards a common vision for the ICP and align its aims with the four strategic objectives set out for Integrated Care Systems as follows:

Common Vision

- Improving healthy life expectancy
- Supporting people to live fulfilling and independent lives for longer
- Improving people’s overall wellbeing
- Addressing health and wellbeing inequalities

Strategic Aims of Integrated Care Systems

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.

The core aims of the ICP are to:

- provide a forum for discussion and debate on key system issues;
- set the ICS priorities through the Integrated Care Strategy;
- focus on facilitating agreement between partners on key health and wellbeing issues and responses;
- identify key outcomes and ensure the experiences of service users and patients remain at the centre;
- set the culture and tone for the ICS through leading by example;
- openly discuss difficult issues, with a focus on what is best for the Dorset population;

- provide constructive challenge to the established ways of working; and
- ensure that the needs of people, places and communities are widely understood.

2 Principles

The members of the ICP agree to abide by the following principles:

- Come together under a distributed leadership model and commit to working together equally.
- 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 through difficult issues, where appropriate.
- Operate a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.
- Agree arrangements for transparency and local accountability, including meeting in public with minutes and papers available online.
- Focus on improving outcomes for people, including improved health and wellbeing, supporting people to live more independent lives, and reduced health inequalities.
- Champion co-production and inclusiveness throughout the ICS.
- Support the 'triple aim' (better health for everyone, better care for all and efficient use of NHS resources), the legal duties on statutory bodies to co-operate and the principle of subsidiarity (that decision-making should happen at the most local appropriate level).
- Ensure place-based partnership arrangements are respected and supported, and have appropriate resource, capacity and autonomy to address community priorities, in line with the principle of subsidiarity.
- Draw on the experience and expertise of professional, clinical, political and community leaders and promote strong clinical and professional system leadership.
- Create a learning system, sharing evidence and insight across and beyond the ICS, crossing organisational and professional boundaries.

3 Membership and Attendance

Membership

The membership of the ICP shall include members from the following organisations:

Bournemouth, Christchurch and Poole Council

- CEO
- Cabinet Leader

- H&WB Board Chair

Dorset Council

- CEO
- Cabinet Leader
- H&WB Board Chair

NHS Dorset Integrated Care Board

- Chair
- CEO
- Chief Medical Officer or Chief Nursing Officer
- Primary Care Representative

Dorset Public Health

- Director of Public Health

Primary Care

- 2 x representatives

Dorset Police

- Chief Constable
- Police and Crime Commissioner

Dorset and Wiltshire Fire Service

- Chief Fire Officer
- Fire Authority Chair

Dorset HealthCare University NHS Foundation Trust

- Chair
- CEO

Dorset County Hospital NHS Foundation Trust

- Chair
- CEO

University Hospitals Dorset NHS Foundation Trust

- Chair
- CEO

South Western Ambulance Service NHS Foundation Trust

- Executive representative

VCSE Engagement Group

- 4 x representatives

Wessex AHSN

- CEO or delegate

Higher Education Representative

- 1 x representative

Public and Community Engagement

- Chair of Our Dorset Public Participation Group
- Chair of Our Dorset Digital Public Engagement Group]

Dorset Local Enterprise Partnership

- 1 x Senior Representative

Healthwatch

- 1 x Senior Representative

Chair and Deputy Chair

Initially, the Chair of the ICP shall be the Chair of the System Partnership Board and the Integrated Care Board, so as to ensure continuity and coordination for up to six months whilst a Chair is identified and appointed.

The Chair of the ICP will have the following specific roles and responsibilities:

- The ability to build and foster strong relationships in the system;
- Collaborative leadership style;
- Commitment to innovation and transformation;
- Expertise in delivery of health and care outcomes; and
- The ability to influence and drive delivery and change.

The members may also appoint two Deputy Chairs.

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

Attendees

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend, subject to the Chair's consent they may arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

4 Meetings, Quoracy and Decision-Making

Scheduling Meetings

The ICP will meet on a quarterly basis and, as a minimum, shall meet twice a year. Notice for calling meetings is set out in the Standing Orders.

The ICP may decide to meet on an informal basis as frequently as agreed necessary by the members.

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

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate, a minimum of the Chair, one member from the ICB, one member from BCP Council and one member from Dorset Council are required.

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.

Decision-making and voting

Each member of the ICP shall have one vote. Other attendees do not have voting rights.

The Committee will aim to reach decisions by consensus. Voting shall not be used in the first instance, but where consensus is not possible, the Standing Order allows a vote should it not be possible for decisions to be reached by consensus.

5 Responsibilities

The ICP's functions and duties are to:

- a) prepare an "integrated care strategy" for its whole population, using best available evidence and data, covering health and social care (both children's and adults' social care) and addressing the wider determinants of health and wellbeing. When preparing an integrated care strategy, the ICP must have regard to:
 - the NHSEI Mandate and any guidance issued by DHSC;
 - the Joint Strategic Needs Assessment and Health and Wellbeing strategies;
 - a joint workforce plan including the NHS, local government, social care and VSCE;

- b) consider how NHS bodies and local authorities can work together to meet these needs using section 75 of the NHS Act 2006;
- c) revise the integrated care plan whenever it receives a new joint strategic needs assessment;
- d) support place and neighbourhood-level engagement, ensuring the system is connected to the needs of every community it includes.

In exercising its functions, the ICP is expected to highlight where coordination is needed on health and care issues and challenge partners to deliver the action required. These include, but are not limited to:

- helping people live more independent, healthier lives for longer
- taking a holistic view of people's interactions with services across the system and the different pathways within it
- addressing inequalities in health and wellbeing outcomes, experiences and access to health services
- improving the wider social determinants that drive these inequalities, including employment, housing, education environment, and reducing offending
- improving the life chances and health outcomes of babies, children and young people
- improving people's overall wellbeing and preventing ill-health.

6 Accountability and Reporting

The ICP shall be directly accountable to the statutory members, the ICB and both local authorities.

The ICP, through the Chair, will report to the ICB and the local government following each meeting, and copies of the [draft/approved] meeting minutes along with a summary report shall be shared for information and assurance.

7 Secretariat and Administration

The ICP shall be supported with a secretariat function which will be responsible for ensuring:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward is kept.

- Action points are taken forward between meetings and progress against those actions is monitored.
- Management of the Single Point of Contact for the ICP.

8 Review and Monitoring

The ICP is responsible for producing an annual plan and review addressing:

- the frequency of formal meetings and development sessions;
- a forward plan of items requiring consideration;
- how it will deliver each of the Aims in the year ahead;
- plans for cultural and organisational development to improve the ability of the ICP to meet its Aims;
- key priorities for the year ahead;
- Secretariat hosting and funding;
- a review of Membership; and
- a review of the previous year's activity and effectiveness, including whether its Aims and Purpose have been met.

Appendix 2 List of Providers of Primary Medical Services

J Code	Practice	Address	Postcode
J81067	Littledown Surgery	Harewood, Bournemouth, Dorset	BH7 7 BU
J81047	James Fisher Medical Centre	4 Tolpuddle Gardens, Bournemouth, Dorset	BH9 3 LQ
J81039	Moordown Medical Centre	2a Redhill Crescent, Bournemouth, Dorset	BH9 2 XF
J81062	St Albans Medical Centre	26-28 St Alban's Crescent, Bournemouth, Dorset	BH8 9 EW
J81621	The Barcellos Family Practice (formerly Corbin Avenue Surgery)	Trickett's Cross Health Centre, Corbin Avenue, Ferndown, Dorset	BH22 8AZ
81058	The Cranborne Practice	Penny's Lane, Cranborne, Wimborne, Dorset	BH21 5QE
J81035	Milton Abbas Surgery	Catherines Well, Milton Abbas, Blandford Forum, Dorset,	DT11 0AT
J81070	Banks & Bearwood Med Practice	Knights Road, Bearwood, Bournemouth, Dorset	BH11 9ST
J81045	Kinson Road Medical Centre	440, Kinson Road, Bournemouth, Dorset	BH10 5EY
J81042	Village Surgery	Gillett Road, Talbot Village, Poole, Dorset	BH12 5BF
J81014	Westbourne Medical Centre	Milburn Road, Bournemouth, Dorset	BH4 9 HJ
J81006	The Adam Practice	Hamworthy Surgery, 306 Blandford Road, Hamworthy, Poole, Dorset	BH15 4JQ
J81648	Family Medical Services (Dr Newman's Surgery)	36 Parkstone Road, Poole, Dorset	BH15 2PG
J81087	The Birchwood Medical Centre	Northmead Drive, Creekmoor, Poole, Dorset	BH17 7XW
J81612	Corfe Castle Surgery	Tom's Mead, West Street, Corfe Castle, Wareham, Dorset	BH20 5HH
J81631	Sandford Surgery	6A Tyneham Close, Sandford, Wareham, Dorset	BH20 7BQ
J81025	Wellbridge Practice	Meadow Lane, Wool, Wareham, Dorset	BH20 6DR
J81029	The Apples Medical Centre	East Mill Lane, Sherborne, Dorset	DT9 3DG
J81633	Woodlea House Surgery	2a Bradpole Road, Strouden Park, Bournemouth	BH8 9 NX
J81646	The Grove Surgery	Fairmile Road, Fairmile, Christchurch, Dorset	BH23 2FQ
J81634	Crescent Providence Surgery	12-14 Walpole Road, Bournemouth, Dorset	BH1 4 HA
J81081	Gillingham Medical Practice	The Barn Surgery, Newbury, Gillingham, Dorset	SP8 4XS
J81644	Old Dispensary	32 East Borough, Wimborne, Dorset	BH21 1PL

Appendix 3 Role Descriptions and Person Specification



INDEPENDENT CHAIR- DORSET INTEGRATED CARE SYSTEM	
Professional accountability to:	Dorset ICS (represented by the System Partnership Board) with 6 monthly review
Terms of appointment:	1.5 days per week deployed flexibly; £35,000 p.a.; 12 months initial appointment

Independent Chair Role

To ensure that the full potential of the Dorset ICS is achieved it is critical that excellent leadership is in place, that the governance is effective and legitimate, and the vision and strategy are clear, widely understood and supported and focussed on real transformation. The position of Chair for the ICS is therefore critical for ensuring the success of the partnership.

The Chair's main role will be to provide purposeful and determined leadership to the development and delivery of the ICS, and through executive/accountable officers, and working with chairs and cabinet leads, to hold the respective partner organisations to account in their commitment to deliver the Long Term Plan (ICS strategy). The Chair will have a track record of innovation in a challenging, changing and complex environment.

A strong personal commitment to the NHS, local government and wider public service is essential, as are the highest standards of integrity and probity. An ability to proactively communicate with and engage a wide range of organisations and individuals is vital.

Job specification

- Chair the System Partnership Board from an independent standpoint and ensure system decisions are in the best interests of the Dorset population as a whole.
- Promote the values and role model the behaviours for the system, ensuring that the Partnership Board leadership models the behaviours we expect throughout the system.
- Lead the process to set the direction and agree action on the longer-term issues that can only be tackled collectively to make the most of the public money invested in Dorset, Bournemouth and Poole.
- Lead the Partnership Board in agreeing the overall priorities (short, medium and long-term) and in defining where accountability lies for delivery.
- Provide leadership to ensure the ICS is able to agree the strategic financial and incentive framework against which short term decisions can be made by the SLT or Partnership Board.
- Establish effective arrangements and a positive culture so that the members of the Dorset ICS are able to hold each other to account and assure delivery of the key priority programmes: frail and elderly; urgent and emergency care; workforce; elective care; and digital.

- Ensure that the Partnership Board receives high quality, accurate, concise, objective, timely and clear information and explanation that is appropriate for their respective duties and relevant to the decisions they have to make; ensure good information flows in and between the Committee and other stakeholders as appropriate.
- Ensure that the Partnership Board operates independently of any of its constituent organisations, allowing partners to effectively discharge their individual statutory duties.
- Build relationships with all the system partners, establishing and maintaining effective partner relationships and ensuring all members may make an effective contribution.
- Ensure the Partnership Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved. Foster peer to peer accountability when behaviours or delivery do not match the agreed criteria or plan.
- Ensure the establishment of effective relationships with local authorities and third sector partners and representatives to ensure they are core to the partnership that is delivering the wider health and care system.
- Ensure that the Partnership Board creates an effective performance management environment that allows individual organisations to deliver against their agreed system objectives

The Person

Experience and Qualifications

- Strategic experience in a large/complex organisation bringing the ability to quickly gain the respect of other Board members
- Commitment to NHS, local government & public sector values & principles. Able to encompass the Nolan Principles - the seven principles of conduct underpinning the work of public authorities
- The ideal candidate will have strategic experience working at Board level in an NHS, local government or other public sector organisation. Candidates with significant experience in complex and regulated environments and the private sector would also be considered.

Skills – *strategy and governance*

- Leading and developing vision and strategy
- A strong understanding of and commitment to good governance
- Leading change and transformation programmes
- Identifying and managing risk
- Analysing and interpreting highly complex information and data

Skills- *engagement and communication*

- A history of strong partnership working across multiple stakeholders
- Exceptional communications skills, capable and influential and engaging public speaker & able to manage the media effectively
- Strong inter-personal skills. Manage board members as a team to meet common goals & ensure they utilise their skills & expertise for the good of the whole system. Experience of managing complex agendas & dealing with conflicts of interest

Skills- *leadership*

- Politically astute, able to grasp relevant issues & understand the relationships between parties. Be independent in judgement & think creatively
- Ability to hold self and others to account
- Evidence of an ability to create effective partnerships in a multi-agency environment to progress a challenging agenda
- Ability to resolve conflict through negotiating and influencing
- Values diversity, listens, respects and actively seeks to involve and include others.

B Partner Members – NHS and Foundation Trusts

Accountable to: The ICB Chair

Key accountabilities

Has a collective responsibility with the other members of NHS Dorset ICB to:

- Ensure the ICS vision and strategy informs clear organisational objectives
- Facilitate, coordinate and bring knowledge and the perspective of NHS Providers to the plans, aims and priorities of Dorset ICB
- **Bring the perspective of NHS Providers in the Dorset ICS to the discussions and decisions made by the Board and its sub-committees**
- Ensure that the views and perspectives of patients, carers and the public are heard and included in the Board decision-making process along with those from clinical and professional groups, under-represented communities, and Dorset's diverse geographical perspectives
- Have a strategic perspective to system-wide risks and inter-organisational means of assurance
- Advocate inclusion, diversity, health equality and social justice in the ambitions of the Board
- Ensure the Board holds itself accountable for its statutory duty to involve local people and communities
- Ensure that Dorset ICB is compliant with its constitution, contractual obligations, statutory duties and regulatory requirements
- Promote a healthy and inclusive organisational culture
- Have continuing regard to the potential existence and perception of conflicts of interest in the performance of the Board member role.
- Have continuing regard to the fiduciary and fidelity duties of being a Board member acting on behalf of the organisational interests

Person specification

Personal values

- Personal commitment to the values of the [NHS Long Term Plan](#), the [NHS People Plan](#), [Nolan Principles](#) and the [Fit and Proper Persons](#) regime
- Demonstrates a compassionate leadership style with a track record of improvements to equality, diversity, inclusion and social justice
- Lives the values of openness and integrity supporting the cultures where this thrives
- Committed to the Board's collective and individual development
- Displays the confidence to be organisationally independent and to act to the distinct benefit of the local population

Experience

- **Substantial board or equivalent leadership health care experience is essential**
- Substantial experience of board level or equivalent leadership within a statutory or regulatory environment
- Experience of building complex relationships with partners across organisational and sector health and care
- Experience of contributing to strategic development, enhanced finance awareness of complex systems, and working in multi-agency delivery

Knowledge

- Understanding of government policy, national priorities and local issues in relation to health and social care
- Understanding of the population health complexities of the ICS Dorset area in its place-based footprints
- Understanding of the spectrum of care provision across Dorset in primary care, acute hospital and community care, mental health, and social and domiciliary settings

Skills

- Exceptional communication skills which engender confidence, strong collaborations, and sustained partnership
- Strong critical thinking and strategic problem solving; the ability to contribute to a joint strategic plan and undertake problem resolution and action
- Highly developed leadership skills built on collaboration, influence and empowerment.
- Ability to articulate a balanced view on issues, engaging in constructive debate while maintaining respect for others' views
- Ability to take an objective view, seeing issues from all perspectives and, especially, external and user perspective

C Partner Members – Primary Medical Services

Accountable to: The ICB Chair

Key accountabilities

Has a collective responsibility with the other members of NHS Dorset ICB to:

- Ensure the ICS vision and strategy informs clear organisational objectives
- Facilitate, coordinate and bring knowledge and the perspective of NHS Providers to the plans, aims and priorities of Dorset ICB
- Provide expert advice on risks and mitigations
- **Bring the perspective of NHS Primary Care commissioning and provision in the Dorset ICS to the discussions and decisions made by the Board and its sub-committees**
- Ensure that the views and perspectives of patients, carers and the public are heard and included in the Board decision-making process along with those from clinical and professional groups, under-represented communities, and Dorset's diverse geographical perspectives
- Have a strategic perspective to system-wide risks and inter-organisational means of assurance
- Advocate inclusion, diversity, health equality and social justice in the ambitions of the Board
- Ensure the Board holds itself accountable for its statutory duty to involve local people and communities
- Ensure that Dorset ICB is compliant with its constitution, contractual obligations, statutory duties and regulatory requirements
- Promote a healthy and inclusive organisational culture
- Have continuing regard to the potential existence and perception of conflicts of interest in the performance of the Board member role
- Have continuing regard to the fiduciary and fidelity duties of being a Board member acting on behalf of the organisational interests

Person specification

Personal values

- Personal commitment to the values of the [NHS Long Term Plan](#), the [NHS People Plan](#), [Nolan Principles](#) and the [Fit and Proper Persons](#) regime
- Demonstrates a compassionate leadership style with a track record of improvements to equality, diversity, inclusion and social justice
- Lives the values of openness and integrity supporting the cultures where this thrives
- Committed to the Board's collective and individual development
- Displays the confidence to be organisationally independent and to act to the distinct benefit of the local population.

Experience

- **Substantial senior leadership within a primary care environment is essential**
- Substantial experience of board level or equivalent leadership within a statutory or regulatory environment
- Experience of building complex relationships with partners across organisational and sector health and care
- Experience of contributing to strategic development, enhanced finance awareness of complex systems, and working in multi-agency delivery

Knowledge

- Understanding of government policy, national priorities, and local issues in relation to health and social care
- Understanding of the population health complexities of the ICS Dorset area in its place-based footprints
- Understanding of the spectrum of care provision across Dorset in primary care, acute hospital and community care, mental health, and social and domiciliary settings

Skills

- Exceptional communication skills which engender confidence, strong collaborations, and sustained partnership
- Strong critical thinking and strategic problem solving; the ability to contribute to a joint strategic plan and undertake problem resolution and action
- Highly developed leadership skills built on collaboration, influence and empowerment
- Ability to articulate a balanced view on issues, engaging in constructive debate while maintaining respect for others' views
- Ability to take an objective view, seeing issues from all perspectives and especially external and user perspective

D Partner Members – Local Authorities

Accountable to: The ICB Chair

Key accountabilities

Has a collective responsibility with the other members of Dorset ICB to:

- Establish the vision, strategy and clear objectives
- Facilitate, coordinate and bring knowledge and the perspective of the public/population health agenda and advice to the plans, aims and priorities of Dorset ICB
- Be organisationally agnostic
- Provide expert advice on risks and mitigations in system recovery plans
- Provide expert advice on effective implementation of strategies and plans
- Provide expert advice on the translation of savings plans to cost reduction
- Bring support, direction and challenge to the system
- Promote open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population
- Advocate inclusion, diversity, health equality and social justice
- Ensure Dorset ICB is responsive to people and communities
- Foster a culture of research, innovation, learning and continuous improvement
- Ensure that Dorset ICB is compliant with its constitution, contractual obligations, statutory duties and regulatory requirements
- Promote a healthy and inclusive culture
- Adopt a 'one workforce' approach
- Encourage system thinking — make people think system first

Person specification

Personal values

- Personal commitment to the values of the [NHS Long Term Plan](#), the [NHS People Plan](#), [Nolan Principles](#) and the [Fit and Proper Persons](#) regime
- Demonstrates a compassionate leadership style with a track record of improvements to equality, diversity, inclusion, and social justice
- Lives by the values of openness and integrity and has created cultures where this thrives
- Committed to continuing professional development

- Ability to be organisationally agnostic and cede power from own organisation for the benefit of the system

Experience

- **Substantial leadership experience at a senior level/board role within public/population health is essential**
- Experience of building relationships with partners across organisational and sector boundaries
- Experience of commissioning, strategy and finance, as well as operational delivery

Knowledge

- Detailed understanding of government policy, national priorities and local issues in relation to health and social care
- Detailed knowledge of local public health advice based on understanding of local population health needs
- Understanding of areas such as people and digital agendas
- Understanding of the needs and complexities of the ICS Dorset footprint in its entirety
- Understanding of the full spectrum of care provision, e.g. primary, acute, mental health etc.

Skills

- Exceptional communication skills which engender confidence, strong collaborations and partnership
- Strong critical thinking and strategic problem solving; the ability to contribute to a joint strategic plan and undertake problem resolution and action
- Highly sophisticated leadership skills with an ability to lead other leaders through influence and empowerment, not hierarchy
- Ability to influence and persuade others, articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill
- Ability to take an objective view, seeing issues from all perspectives and, especially, external and user perspective

E Independent Non-Executive Members

Accountable to: The ICB Chair

The ICB in Dorset has six Non-Executive Directors and a further two Associate Non-Executive Directors. Associate Non-Executive Directors are not voting members and will not chair a Committee.

You will work alongside the Chair, other non-executives, executive directors and partner members, and as members of a unitary board, with the aim of bringing independent and respectful challenge to the plans, aims and priorities of the ICB and promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population.

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the Board. We are interested in your life experience and personal motivations that will add valuable personal insights such as: being a patient, carer or service user; experience of gender and women's issues; engaging with diverse social, economic and cultural groups and communities; experiences and challenges of younger people; and those with lived experience of mental health issues and/or living with physical chronic conditions or disability.

As an NHS leader, you will demonstrate a range of leadership competencies outlined below. Corporately, as members of a unitary board, you will contribute to a wide range of areas, including:

Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost control.
- Aligning partners in transforming the Long Term Plan and the People Plan into real progress

Partnerships and communities

- Promoting dialogue and consensus with local government and broader partners to ensure effective joint planning and delivery for system working and mutual accountability
- Supporting the establishment of the ICP, developing strong relationships between the ICB Board and the ICP
- Supporting the success of the ICP in establishing shared strategic priorities within the NHS, in partnership with local government, to tackle population health challenges and enhance services across health and social care

Social justice and health equalities

- Advocating diversity, health equality and social justice to close the gap on health inequalities and achieve the service changes that are needed to improve population health
- Ensuring the ICB is responsive to people and communities, and that public, patient and carer voices are embedded in all of the ICB's plans and activities
- Promoting the values of the NHS Constitution and modelling the behaviours embodied in Our People Promise and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system

Sustainable outcomes

- Oversight of purposeful arrangements for effective leadership of clinical and professional care throughout the ICB and the ICS
- Fostering a culture of research, innovation, learning and continuous improvement to support the delivery of high-quality services for all
- Ensuring the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment

Governance and assurance

- Collectively ensuring that the ICB is compliant with its constitution and contractual obligations, holding other members of the ICB and the ICS to account through constructive, independent and respectful challenge
- Maintaining oversight of the delivery of ICB plans, ensuring expected outcomes are delivered in a timely manner through the proportionate management of risks
- Ensuring that the ICB operates to deliver its functions in line with all of its statutory duties, and that compliance with the expected standards of the regulatory bodies is maintained

People and culture

- Supporting the development of other Board members to maximise their contribution
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working, and which is reflected and modelled in their own and the Board's behaviour and decision-making
- Ensuring the Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved

Appendix 4 Nominations Protocol

1 Context

- 1.1 The ICB will have a unitary board, which means that all Board members, including partner members, are collectively and corporately accountable for organisational performance. The purpose of the Board is to govern effectively and, in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. The Board will be responsible for:
- formulating a plan for the organisation
 - holding the organisation to account for the delivery of the plan; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour, and by seeking assurance that systems of control are robust and reliable
 - shaping a healthy culture for the organisation and the system through its interaction with system partners
- 1.2 The partner members to the ICB board are appointed by the ICB to bring the perspective of their sector to the discussions and decisions made by the ICB. They are not appointed as representatives of the interests of any particular organisation or sector.
- 1.3 The ICB will make appointments ensuring it meets the requirement of the legislation for the Board, when taken together, to have the skills, knowledge and experience necessary to carry out its functions effectively.

2 General

- 2.1 The nominations protocol shall be considered in reference to the Constitution. Nothing in these protocols shall replace the primary authority of the Constitution to determine matters of the ICB.
- 2.2 The NHS Dorset ICB Constitution requires the Board to appoint three (3) Ordinary “Partner” members as set out in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 which shall include:
- 2.2.1 two (2) members drawn from four (4) NHS trusts and foundation trusts who provide services within the ICB’s area;
- 2.2.2 two (2) members drawn from the (23) providers of primary medical services (general practice) within the area of the ICB;
- 2.2.3 two (2) members drawn from the local authorities which are responsible for providing social care and whose areas coincide with, or include, the whole or any part of the ICB’s area;
- 2.2.4 The ICB Board shall have at least one ordinary member with knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.

- 2.3 The appointment process for the partner members is set out in these Nomination Protocols. These nomination Protocols shall be reviewed annually by the ICB Chair.
- 2.4 Any joint or any subsequent individual nominee that is unable to demonstrate they meet the eligibility criteria for Board membership AND the additional eligibility criteria for the Partner membership OR is subject to disqualification criteria as set out in the Constitution, shall not be considered a valid nomination and the relevant constituency partners will be informed in writing by the Chief Executive.
- 2.5 The Nomination Protocol, forming part of the Governance Handbook and as amended from time to time, shall be deployed at the completion of each term of office of a Partner member.

3 Nominations Protocol: NHS and Foundation Trusts

Joint Nomination

- 3.1 When a vacancy arises, the Trusts listed at 4.1 in the Governance Handbook will be invited to make one nomination.
- 3.2 The eligible Trusts shall determine an officer as a **secretariat** to manage their nomination, normally someone in a relevant role for governance within the partners. That person will be accepted by each eligible Trust as being responsible for liaising with the ICB Chief Executive on behalf of the eligible organisations.
- 3.3 The Trusts may nominate an individual from their own organisation or another organisation to the secretariat. The secretariat shall determine the closing date for nominations and manage the joint nomination process.
- 3.4 Nominees will be asked to submit a prescribed **summary of candidacy**, setting out their ambitions for their board membership, how they meet the specification for the role (in reference to the role profile) and confirming they meet the required criteria for the role.
- 3.5 Following the closing date, the secretariat shall collate a list of nominees to send to the Trusts.
- 3.6 The Trusts will be requested to confirm in writing, within five working days whether they jointly agree the whole list of nominated individuals, to be submitted with the summary of candidacy.
- 3.7 If there is no agreement, the nomination process will re-run until a consensus is reached on the nominations put forward.

Assessment, Selection and Appointment (subject to approval of the Chair)

- 3.8 The full list of nominees will be considered by an Appointments Panel.
- 3.9 The Appointments Panel will assess the suitability of the nominees against the eligibility and disqualification criteria and the Role and Person Specification.
- 3.10 The Chief Executive may consult with the secretariat to seek assurance on the conduct of the nomination process.

- 3.11 Subject to the confirmation that all the criteria are met, the proposed appointment of the duly nominated candidate will be recommended by the Chief Executive to the Chair for approval.

Chair's approval

- 3.12 The Chair will determine whether to approve the appointment and report the appointment at the next public meeting of the ICB board.
- 3.13 Should the Chair not approve the appointment, they shall advise the Chief Executive and determine an appropriate course of action, which shall include notifying NHS England, and advise the ICB Board members accordingly.

4 Nominations Protocol: Primary Medical Services

Joint Nomination

- 4.1 When a vacancy arises, each provider of Primary Medical Services listed in at Appendix 2 of the Governance Handbook will be invited to make one joint nomination.
- 4.2 It is expected the partner member(s) nominated by providers of primary medical services bring an understanding of primary care in the area. This includes primary dental, community pharmacy and optometry providers, as well as primary care networks and general practice.
- 4.3 All primary medical services contract holders responsible for the provision of essential services to a list of registered patients within core hours within the ICB's area will be eligible to jointly nominate the primary care partner member(s) of the ICB Board.
- 4.4 Eligible nominators will therefore include individuals, partnerships or corporate bodies which hold a General Medical Services, Personal Medical Services or Alternative Provider Medical Services contract, where those contracts are for the provision of essential services to a list of registered patients within core hours within the ICB's area.
- 4.5 The nominators will be the contract holders, rather than the individual general practitioners or other employees of the contract holder.
- 4.6 **From 1 July 2022 to 31 March 2023**, and pending the development of the Dorset GP Alliance and the Nomination Protocol being effectively deployed across Dorset, it has been determined by the 18 Clinical Directors for the Primary Care Networks (PCN) who represent primary medical services contractors that the joint nominee will be a shared role between two PCN Clinical Directors until 31 March 2023 or until the establishment of the Dorset GP Alliance, whichever is earliest.
- 4.7 **With effect from the establishment of the Dorset GP Alliance**, the eligible nominators will determine that their joint nomination shall be the Chair of the Dorset GP Alliance.
- 4.8 The Providers of Primary Medical Services shall determine an officer as a **secretariat** to manage their joint nomination, normally someone in a relevant role for governance within the partners. That person will be accepted by each eligible

- Provider of Primary Medical Services for liaising with the ICB Chief Executive on behalf of the eligible organisations.
- 4.9 The Providers of Primary Medical Services may nominate an individual from their own organisation or another organisation to the secretariat. The secretariat shall determine the closing date for nominations and manage the joint nomination process.
- 4.10 Nominee will be asked to submit a prescribed **summary of candidacy**, setting out their ambitions for their board membership, how they meet the specification for the role (in reference to the role profile), and confirming they meet the required eligibility criteria for the role.
- 4.11 Following the closing date, the secretariat shall collate a list of nominees to send to the Providers of Primary Medical Services.
- 4.12 The Providers of Primary Medical Services will be requested to confirm in writing, within five working days whether they jointly agree the whole list of nominated individuals, to be submitted with the summary of candidacy.
- 4.13 If there is no agreement, the nomination process will re-run until a consensus is reached on the list of nominated individuals put forward.

Assessment, Selection and Appointment (subject to approval of the Chair)

- 4.14 The full list of nominees will be considered by an Appointments Panel.
- 4.15 The Appointments Panel will assess the suitability of the nominees against the eligibility and disqualification criteria and the Role and Person Specification.
- 4.16 The Chief Executive may consult with the secretariat to seek assurance on the conduct of the nomination process.
- 4.17 Subject to the confirmation that all the criteria are met, the proposed appointment of the duly nominated candidate will be recommended by the Chief Executive to the Chair for approval.

Chair's approval

- 4.18 The Chair will determine whether to approve the appointment and report the appointment at the next public meeting of the ICB Board.
- 4.19 Should the Chair not approve the appointment, they shall advise the Chief Executive and determine an appropriate course of action, which shall include notifying NHS England, and advise the ICB Board members accordingly.

Nominations Protocol: Local Authorities

Joint Nomination

- 4.20 When a vacancy arises, each eligible organisation described and listed at 4.1 in the Governance Handbook will be invited to make one joint nomination.
- 4.21 The local authorities shall determine an officer as a **secretariat** to manage their joint nomination, normally someone in a relevant role for governance within the partners. That person will be accepted by each eligible organisation as being

- responsible for liaising with the ICB Chief Executive on behalf of the eligible organisations.
- 4.22 The local authorities may nominate an individual from their own organisation or another organisation to the secretariat. The secretariat shall determine the closing date for nominations and manage the joint nomination process.
- 4.23 Nominees will be asked to submit a prescribed **summary of candidacy**, setting out their ambitions for their board membership, how they meet the specification for the role (in reference to the role profile), and confirming they meet the required eligibility criteria for the role.
- 4.24 Following the closing date, the secretariat shall collate a list of nominees to send to the local authorities.
- 4.25 The local authorities will be requested to confirm in writing, within five working days whether they jointly agree the whole list of nominated individuals, to be submitted with the summary of candidacy.
- 4.26 The local authorities will be requested to confirm in writing, within five working days whether they jointly agree the whole list of nominated individuals, to be submitted with the summary of candidacy.
- 4.27 If there is no agreement, the nomination process will re-run until consensus is reached on the list of nominated individuals put forward.

Assessment, Selection and Appointment (subject to approval of the Chair)

- 4.28 The full list of nominees will be considered by an Appointments Panel.
- 4.29 The Appointments Panel will assess the suitability of the nominees against the eligibility and disqualification criteria and the Role and Person Specification.
- 4.30 The Chief Executive may consult with the secretariat to seek assurance on the conduct of the nomination process.
- 4.31 Subject to the confirmation that all the criteria are met, the proposed appointment of the duly nominated candidate will be recommended by the Chief Executive to the Chair for approval.

Chair's approval

- 4.32 The Chair will determine whether to approve the appointment and report the appointment at the next public meeting of the ICB board.
- 4.33 Should the Chair not approve the appointment, they shall advise the Chief Executive and determine an appropriate course of action, which shall include notifying NHS England, and advise the ICB Board members accordingly.

5 ICB Board Appointments Panel

- 5.1 The appointment panel shall comprise no less than three members of the ICB Board. The panel will be chaired by the Independent Non-executive Member who chairs the People and Culture Committee. The panel will additionally comprise of the Chief Executive and at least one further independent non-executive director.

- 5.2 The appointment panel will undertake a selection process from the individual nominations put forward by the NHS and Foundation Trusts/Primary Care Providers/Local Authorities named in the Constitution (including assessment against the eligibility criteria). The selection process shall reference the relevant role description and person specification and may include a formal interview.
- 5.3 The Chief People Officer will arrange the administration of the appointment panel and provide professional advice and guidance as required but will not comprise the membership of the appointment panel.
- 5.4 The ICB Chair shall receive an appointment recommendation from the Chief Executive for its approval.
- 5.5 If the appointment panel is unable to make a recommendation, the ICB Chair shall write jointly to the relevant constituency leaders (NHS and Foundation Trust Chairs, the Clinical Directors of Dorset's Primary Care Networks and/or the Chair of the Primary Care Alliance, the Council cabinet leaders) and to the NHS England Regional Director to inform them and report the Board vacancy at the next meeting of the ICB Board.
- 5.6 Nothing shall preclude the reformation of the board appointments panel.

Appendix 5 Terms of Reference

A Ambulance Joint Commissioning Committee Terms of Reference

1 Constitution

The Ambulance Joint Commissioning Committee (the Committee) is established by the Seven Integrated Care Boards (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

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

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

2 Authority

The Ambulance Joint Commissioning Committee is authorised by the Board to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice, and secure the attendance of advisers 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.
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its enquiries.
- The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such sub-committees and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD"), but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

The Joint Committee has been established in accordance with the relevant statutory provision to enable it to make decisions on the review, planning and commissioning of

Emergency Ambulance Services under the delegated authority from Dorset ICB and partner ICBs.

In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between partners, set out within these Terms of Reference.

The terms of the delegations made to it by partnering ICBs and the financial limit on its delegated authority, which shall be the total budgeted resources that the ICBs have agreed to commit to the contract including any forecasted overspend. A copy of the delegation is attached at Appendix 1,. Where a decision needs to be taken in respect of any matter that may lead to the total budgeted resources being exceeded then the AJCC shall refer the matter back to the Governing Body of each constituent ICB for determination. The AJCC may decide to recommend a particular course of action to the constituent ICBs where appropriate.

The Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the Emergency Ambulance Service for the ICB and its partner constituents. It will do this by maintaining oversight of performance, scrutinising delivery of the Ambulance Transformation Plan, and provide assurance to the Board that risks to delivery of the Ambulance contract and transformation plan are being managed appropriately.

The committee will ensure that patient outcomes are at the heart of everything it does and will take action to reduce health inequalities across the system.

It will provide system leadership and ensure the Ambulance Service is an integral part of system planning and collaboration.

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

The Ambulance Joint Commissioning Committee has no executive powers, other than those delegated in the SoRD and specified in these Terms of Reference.

4 Membership and Attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- Joint Chair (Regional Director of Commissioning and Chief Executive Dorset ICB)
- One representative from each ICB, as nominated by the respective ICB; either the Chief Executive or their nominated deputy (executive director level):
 - Bath & North East Somerset, Swindon and Wiltshire
 - Bristol, North Somerset & South Gloucester
 - Devon
 - Dorset

- Gloucestershire
 - Kernow
 - Somerset
- Appropriate representation from the Ambulance provider for Part 2 of the meetings.

Members will possess, between them, knowledge, skills and experience in people, culture and performance, and/or 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.

Chair and Vice Chair

The Committee will be jointly chaired by the regional Director of Commissioning (NHSE/I) and the Chief Executive of the Coordinating Commissioner (Dorset ICB) for an interim period whilst performance challenges continue within the Ambulance Trust. This will commence from April 2022.

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, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including clinicians, procurement experts and others.

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.

Attendance

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

Attendance at meetings is essential. In exceptional circumstances, when an Executive Director member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The Ambulance Joint Commissioning Committee will meet bimonthly and notice for calling meetings is set out in the Standing Orders. 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, and members attending using electronic means will be counted towards the quorum.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

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.

Each member of the AJCC shall have one vote. Attendees do not have voting rights. The aim will be for decisions of the AJCC to be achieved by consensus decision-making, with voting reserved as a decision-making step of last resort and/or where it is helpful to measure the level of support for a proposal. Where consensus cannot be reached, a decision shall be reached by five of the seven members agreeing to approve the decision in question. Where agreement cannot be reached in this way or where one or more CCG(s) does not agree to abide by the decision of the AJCC, then the matter will be deferred for a period of seven working days, or for such period as agreed by the AJCC to be appropriate in the circumstances, in order to enable the dispute resolution procedure

Quorum for decision-making shall be five out of the seven representatives, including the Chair.

Decision-making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The Committee will assure the Board that the people and culture within the system are developing in accordance with agreed strategies, plans and trajectories. It will provide overview and scrutiny of any areas referred to it by the Board.

The Ambulance Joint Commissioning Committee will make collective decisions on the Delegated Functions:

- the commissioning of emergency ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;
- developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so, and ensuring that the vision supports alignment and integration of services;

- negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;
- performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;
- ensuring that the ambulance service is clear on and has plans to meet their contractual, performance, quality, transformational and financial objectives, and critical infrastructure resilience and interoperability; this includes but is not limited to all decision-making in relation to planned investments by the ambulance service;
- managing the ambulance service's performance against the plans referred to above and being assured of performance;
- supporting and challenging the ambulance service and holding it to account for planning guidance deliverables;
- being assured of the ambulance service's level of emergency preparedness;
- the award and entering into of contracts for the provision of emergency ambulance services, and all decision-making in respect of variations to the contract, in accordance with national policy, service user needs and clinical developments;
- all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;
- all decision-making relating to the termination of the contract or any part of it, in accordance with the terms of that contract
- if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;
- ensuring compliance with all relevant statutory duties as they apply to the ICBs, including, but not limited to those relating to equality (under the Equality Act 2010 and, specifically, including the public sector equality duty under s149 of that Act); health inequality (section 14T of the NHS Act); patient and public involvement (section 14Z2 of the NHS Act); improvement in quality of services (section 14R of the NHS Act); and integration (section 14Z1 of the NHS Act); and
- such other related commissioning functions as need to be exercised by the AJCC in order to lawfully complete the procurement and contracting process for emergency ambulance services, and for managing the services in accordance with the terms of that contract.

Risk

Consider all relevant risks within the Board Assurance Framework and Risk Register as they relate to the Committee, as part of the reporting requirements, and will report any significant concern to the Risk and Audit Committee or Board as appropriate.

Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the Board to consider.

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and Reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered.
- A year-end report of performance against the agreed objectives.

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

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

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records are maintained of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest, including ensuring correct handling of declarations.

- Minutes are taken in accordance with the Standing Orders and agreed with the Chair, and that a record of matters arising, action points and issues to be carried forward is kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

In addition to managing meetings of the AJCC, the Secretariat shall be responsible for maintaining the AJCC Handbook, which shall include the following:

- AJCC Delegation
- Terms of reference for the AJCC and any sub-committees and groups established by the AJCC
- AJCC scheme of delegation and reservation
- Collaborative Commissioning Agreement
- Any other relevant documents, as determined by the AJCC

10 Grounds for Removal from Office

Member representatives of the AJCC shall vacate their office if any of the following grounds apply:

- The individual ceases to hold an appropriately senior role within their ICB and/or is otherwise disqualified from holding the role in question
- An alternative individual is nominated by the ICB member in question
- The individual fails to attend three or more AJCC meetings without prior agreement of the Chair, in which case the member ICB will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked
- The individual needs to step down from their role due to illness or other incapacity, in which case an alternative individual will be nominated by the ICB member in question
- The AJCC agrees that continuation as a member representative is not in the interests of the AJCC, in which case the member ICB will be asked to nominate an alternative individual and/or the dispute resolution mechanisms set out below will be invoked

11 AJCC Sub-committees

In order to assist it with performing its role and responsibilities, the AJCC is authorised to establish sub-committees and to determine the membership, role and remit for each sub-committee. Any sub-committee established by the AJCC will report directly to it.

The AJCC may decide to delegate decision-making to any of its sub-committees duly established but, unless this is explicitly stated within the terms of reference for the relevant sub-committee, the default will be that no decision-making has been delegated. Where decision-making responsibilities are delegated to a subcommittee, these will be clearly recorded in the AJCC's scheme of reservation and delegation, which shall be maintained by the Secretariat to the AJCC.

Subject to above and as a guiding principle only, the AJCC will have overall responsibility for determining the strategy, vision and objectives for matters within its remit, with day-to-day operational matters being managed at sub-committee level or escalated to the AJCC as per the agreed escalation arrangements.

Details of any sub-committees established by the AJCC will be set out in the terms of reference for each sub-committee and the scheme of reservation and delegation for the AJCC, all of which shall form part of the AJCC Handbook. The sub-committees are as follow:

- **FICSC** (Finance Information Contracting Sub-committee)
- **QASC** (Quality Assurance Sub-committee)
- **TSC** (Transformation Sub-committee) — to be established

12 Dispute Resolution

As far as possible, any disputes relating to the AJCC and its operation will be resolved by the members with reference to the guiding principles for its operation as set out above.

Where it is not possible for a dispute to be resolved in this way, mediation will be provided through the regional NHSE/I offices.

Where a matter is suspended pursuant to the above, the members will seek to resolve it themselves within the specified time period. Where this is not possible, the issue will be promptly referred to the regional NHSE/I office for review, with the objective being to enable a decision to be made and/or implemented, as appropriate in the circumstances. The members agree that this will be an option of last resort and that every reasonable effort will be made to resolve disputes between the AJCC members.

13 Withdrawal from the AJCC

Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member ICBs can decide to withdraw from the arrangement but has to give six months' written notice to the other ICB members, with new arrangements starting from the beginning of the next new financial year or as otherwise agreed by the remaining members of the AJCC.

14 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

DELEGATION AGREEMENT

Classification: Official

Delegation

- 1 In accordance with its powers under section 14Z3 and 14Z4 of the National Health Service Act 2006 (as amended) ("NHS Act") NHS Dorset ICB ("the ICB") has approved the establishment of the Ambulance Joint Commissioning Committee ("AJCC") and has delegated the exercise of the functions specified in this Delegation to the AJCC.

Delegation Functions

- 2 The following commissioning functions are hereby delegated to the AJCC:
 - 2.1 all commissioning functions associated with the commissioning of ambulance services as an integral part of the urgent and emergency care system according to national requirements and standards;
 - 2.2 developing and agreeing a shared vision and understanding of emergency ambulance commissioning, working with colleagues within the urgent and emergency care system to do so, and ensuring that the vision supports alignment and integration of services;
 - 2.3 negotiating and agreeing a contract that delivers national performance, clinical and quality standards, incorporating any known challenges and improvement plans into the contract;
 - 2.4 the award and entering into of contracts for the provision of emergency ambulance services;
 - 2.5 performance managing the contract against agreed standards and key performance indicators, including agreed quality standards, observance of service specifications and monitoring of activity and finance;
 - 2.6 all decision-making in respect of variations to the contract in accordance with national policy, service user needs and clinical developments;
 - 2.7 all decision-making in respect of financial adjustments or sanctions resulting from provider breach of the contract;
 - 2.8 ensuring that the ambulance service is clear on and has plans to meet their contractual, performance, quality, transformational and financial objectives, and critical infrastructure resilience and interoperability; this includes but is not limited to all decision-making in relation to planned investments by the ambulance service;

- 2.9 managing the ambulance service's performance against the plans referred to in 2.8 above and being assured of performance;
 - 2.10 supporting and challenging the ambulance service and holding it to account for planning guidance deliverables;
 - 2.11 being assured of the ambulance service's level of emergency preparedness;
 - 2.12 all decision-making relating to the termination of the contract, or any part of it, in accordance with the terms of that contract;
 - 2.13 if necessary, responding to informal or formal legal challenges brought in connection with the commissioned services;
 - 2.14 ensuring compliance with all relevant statutory duties as they apply to the ICBs, including but not limited to those relating to equality (under the Equality Act 2010 and specifically including the public sector equality duty under s 149 of that Act); health inequality (section 14T of the NHS Act); patient and public involvement (section 14Z2 of the NHS Act); improvement in quality of services (section 14R of the NHS Act); and integration (section 14Z1 of the NHS Act); and
 - 2.15 such other related commissioning functions as need to be exercised by the AJCC in order to lawfully complete the procurement and contracting process for emergency ambulance services, and for managing and assuring the services in accordance with the terms of that contract.
- 3 Even though the exercise of the functions passes to the AJCC, the liability for the exercise of any of its functions remains with the ICB.
 - 4 In exercising its delegated functions, the AJCC must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State and must enable and assist the ICB to meet its corresponding duties.

Commencement

- 5 This Delegation, and any terms and conditions associated with the Delegation, including the terms of reference for the AJCC, a copy of which is set out in Appendix 1, take effect from 23 June 2020.

Exercise of Delegated Authority

- 6 The AJCC must exercise its delegated functions in accordance with its terms of reference.
- 7 The AJCC must exercise its delegated functions within the financial limit on its delegated authority, which shall be the total budgeted resources that the ICB has agreed to commit to the contract including any forecasted overspend. Decisions that will require the ICB to commit additional resources over and above the financial limit on the AJCC's delegated authority are reserved to the ICB.
- 8 The decisions of the AJCC shall be binding on the ICB.

Accountability

- 9 The ICB must continue to comply with its statutory duties, including those relating to finance under sections 223H and 223I of the NHS Act and those relating to equality/inequalities under the Equality Act 2010 and the NHS Act, in particular section 14T.
- 10 The ICB will comply with the reporting and audit requirements set out in the NHS Act.
- 11 The ICB may, at its discretion, waive non-compliance with the terms of the Delegation.
- 12 The ICB may, at its discretion, ratify any decision made by the AJCC that is outside the scope of this Delegation and which it is not authorised to make. Such ratification will take the form of the ICB considering the issue and decision made by the AJCC, and then making its own decision. This ratification process will then make the said decision one which the ICB has made. In any event, ratification shall not extend to those actions or decisions that are of themselves not capable of being delegated by the ICB to the AJCC.

Variation, Revocation and Termination

- 13 The ICB may vary this Delegation at any time, including by revoking the existing Delegation and reissuing by way of an amended Delegation.
- 14 This Delegation may be revoked by the ICB on giving six months' written notice to the other ICB members of the AJCC, with new arrangements starting from the beginning of the next new financial year.

Signed by

B Clinical Commissioning Committee Terms of Reference

1 Constitution

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

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

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

2 Authority

The Clinical Commissioning Committee is authorised by the Board to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit from any employee or member of the ICB (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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.
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its inquiries.
- The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such sub-committees and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD"), but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

The Committee has been established in accordance with the relevant statutory provision to enable it to make decisions on the review, planning and commissioning of clinical services

and policies (with exception of those undertaken through the Primary Care Commissioning Committee and Ambulance Joint Commissioning Committee) under the delegated authority from Dorset ICB.

It will provide clinical leadership to the system, informing the Clinical Strategy and supporting the Quality and Safety Committee in discharging its responsibility for clinical governance for commissioning services and oversight of the delivery of the Clinical Strategy.

It will support the system in delivering a comprehensive and equitable range of high-quality, efficient and responsive services within allocated resources, providing a clinical perspective to inform decision-making and determine reports and business cases received from RightCare, and cross-cutting programmes as part of this process.

The committee will ensure that patient outcomes are at the heart of everything it does and will take action to reduce health inequalities across the system.

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

The Clinical Commissioning Committee has no executive powers, other than those delegated in the SoRD and specified in these Terms of Reference.

4 Membership and Attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- 3 x Independent Non-Executive Members of the Board, one of which will be the Chair
- Chief Medical Officer
- Chief Executive Officer
- Chief Nursing Officer
- Chief Finance Officer
- Chief Commissioning Officer
- Two GP Alliance Leads (? Terminology)
- Director of Public Health
- Medical Director from each Trust
- Director of Nursing from each Trust
- Local Authority Leads

Members will possess between them knowledge, skills and experience in people, culture and performance and/or 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.

Chair and Vice Chair

The Committee will be jointly chaired by a Non-Executive Member of the Board.

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, other individuals may be invited to attend all or part of any meeting, as and when appropriate, to assist it with its discussions on any particular matter including other clinicians, procurement experts, patient representative and others.

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.

Attendance

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

Attendance at meetings is essential. In exceptional circumstances, when an Executive Director member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The Clinical Commissioning Committee will meet monthly, and notice for calling meetings is set out in the Standing Orders. 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, and members attending using electronic means will be counted towards the quorum.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Directors are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent or executive Directors who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The Committee will assure the Board that the people and culture within the system are developing in accordance with agreed strategies, plans and trajectories. It will provide overview and scrutiny of any areas referred to it by the Board.

The Committee's duties can be categorised as follows:

- Support the Board in developing and implementing its vision and strategic direction through:
 - Determining Clinical Commissioning standards to support evidence-based commissioning decisions
 - Recommend short-, medium- and long-term direction and vision
 - Provide clinical leadership to inform strategy
 - Interpret national and local policy to inform strategic direction and determine local implementation
 - Inform regional thinking and policy from a primary care perspective
 - Promote patient and public involvement and local community engagement and partnership working
 - Facilitate succession planning for wider clinical leadership in line with the Clinical and Care Professional Leadership Framework
- Support the Board in commissioning a comprehensive and equitable range of high-quality, efficient and responsive services within allocated resources by:
 - Providing a clinical perspective to inform decision-making and determine reports and business cases received from clinical and cross-cutting programmes as part of this process
 - Undertaking priority setting, working with the Finance and Performance and Quality and Safety Committee, making recommendation to the Board
 - Identifying opportunities for disinvestment to facilitate delivery of the ICBs strategic aims, e.g care closer to home
 - Acting as clinical champions and innovation leads for commissioning and service improvement
- Support the Board in delivery of clinical effectiveness and governance through:

- Support of the Quality and Safety Committee in discharging the ICB's responsibility for clinical governance for commissioned services, including the monitoring and enforcement of NICE guidance and other agreed standards
- Providing clinical oversight to contract management on specific RightCare/Model Hospital areas
- Providing clinical scrutiny of service quality, effectiveness and safety and advising the Board
- Providing clinical assessment of commissioning outcomes
- Support communication with partners and stakeholders through:
 - Supporting and promoting effective partnership working, including joint planning and commissioning, with other NHS organisations, local authorities and the voluntary and independent sectors
 - Resolving, through a clinical perspective, conflict with providers of service
 - Maintaining effective communications and engagement with front-line health care professionals.

Risk

Consider all relevant risks within the Board Assurance Framework and Risk Register as they relate to the Committee as part of the reporting requirements, and report any significant concern to the Risk and Audit Committee or Board as appropriate.

Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the Board to consider.

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and Reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered.
- A year-end report of performance against the agreed objectives.

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

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

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records are maintained of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward is kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

C Finance and Performance Committee Terms of Reference

1 Constitution

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

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

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

2 Authority

The Finance and Performance Committee is authorised by the Board to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit from any employee or member of the ICB (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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.
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR, and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its enquiries.
- The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such sub-committees and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD"), but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the financial and performance delivery of the ICB and its partner

constituents. It will do this by scrutinising and tracking the delivery of key financial and system strategic and operational priorities, ensuring appropriate policies and procedures are in place to support effective governance of financial and performance matters.

The Committee will also ensure the adoption and application of best practice governance and decision-making processes for making investments in line with the ICB Standing Orders.

It will also play a key role, through the provider assurance framework, in ensuring that NHS partner organisations meet expectations in terms of finance and performance as outlined in the provider accountability framework.

The Committee will be responsible for the scrutiny of risks identified within the Board Assurance Framework and Corporate Risk Register relating to finances and the use of resources, and will work collaboratively with the Quality and People and Culture Committees to ensure that the impact on quality and the workforce of financial decision-making is scrutinised.

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

The Committee has no executive powers other than those delegated in the SoRD and specified in these ToR.

4 Membership and attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- Three who are Independent Non-Executive Members of the Board
- Chief Finance Officer
- Chief Operating Officer
- Chief Strategy and Transformation Officer
- Chief Executive Officer
- One Provider Chief Executive
- Other members of the Committee need not be members of the Board, but they may be.

Members will possess between them knowledge, skills and experience in finance and performance; and/or 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.

Chair and Vice 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.

Committee members may also appoint a Vice Chair. In the absence of the appointed Committee Chair and where no Vice Chair has been appointed, members may elect another Non-Executive Member to chair the meeting.

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

Attendees

Only members of the Committee have the right to attend Committee meetings; however, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the Health and Wellbeing Board(s) and Partner Providers.

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.

Attendance

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

Attendance at meetings is essential. In exceptional circumstances, when an Executive Member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The Finance and Performance Committee will meet monthly and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Finance and Performance 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 and members attending using electronic means will be counted towards the quorum.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Directors (one of which must be the Chief Finance Officer or the Chief Operating Officer) are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent Non-Executive Members who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The Committee will assure the Board that the financial and operational performance is delivered in accordance with the agreed strategy, plans and trajectories. It will provide overview and scrutiny in any areas of financial and operational performance referred to it by the Board.

The Committee's duties can be categorised as follows.

Financial and Performance Management

- Assure the ICB's performance against its annual financial plan and budgets.
- Receive and monitor reports on financial performance, including forecasts, efficiency programmes and running costs, noting any trends, exceptions and variances against plans and reviewing in detail any major performance variations
- Assure the delivery of the ICB's efficiency and financial improvement programmes and the development of efficiency and productivity processes.
- Assure the adequacy of forecasting models used in relation to financial and operational performance.
- Assure the ICB's operational performance against its annual plan together with any necessary correcting planning and action.
- Assure the ICB's performance in light of the system oversight framework and assure plans are in place to improve the poorer performing areas identified, and ensure proactive action is taken to prevent deterioration and restore performance should it fall below acceptable levels aligned to the ICB risk appetite.
- Assure any investment and disinvestment decisions made and ensure decision-making are robust.

- Provide oversight of the Financial Strategy, including the medium-term financial plan (MTFP) and long-term financial model (LTFM).
- Provide oversight of the Digital Strategy and make recommendations related to funds budgeted for the advancement of the strategy.

Performance Reporting

- Assure that the measures incorporated in the Board report meet both internal requirements and those of external stakeholders, including partners.
- Assure that the underpinning systems and processes for data collection and management are robust and provide relevant, timely and accurate information to support the operational management of the organisation.

Capital Management

- Assure the strategic capital programme and the annual capital budgets and recommend as appropriate to the ICB.
- Consider proposals for investment in line with an agreed prioritisation process for the ICB and NHS partner organisations.
- Review recommendations from the capital prioritisation process and assure recommendation to the Board for approval.
- Oversee the development and approval of the Capital Resources Use Plan, required annually.
- Approve the system estates strategy and oversee implementation.

Risk

Consider all relevant risks within the Board Assurance Framework and Risk Register as they relate to the Committee, as part of the reporting requirements, and report any significant concern to the Risk and Audit Committee or Board as appropriate.

Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the Board to consider

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered.
- A year-end report of performance against the agreed objectives.

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

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

The Finance and Performance Committee will provide the Board with an Annual Report setting out how it has discharged its responsibilities as set out in these ToR.

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records are maintained of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the standing orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward is kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

D People and Culture Committee Terms of Reference

1 Constitution

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

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

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

2 Authority

The People and Culture Committee is authorised by the Board to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit from any employee or member of the ICB (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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.
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its enquiries. The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such sub-committee and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD"), but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on people and culture for the ICB and its partner constituents. It will do this by maintaining oversight of the ICS People and Culture Strategy; scrutinising delivery of the people objectives in order to provide assurance to the Risk and Audit Committee and

to the Board that risks to delivery of the People and Culture Strategy are being managed appropriately.

The Committee will also have responsibility for leadership development and talent management; workforce planning and forecasting; recruitment and retention; education and training; people policies, processes and systems; diversity and inclusion; and health and wellbeing; developing a culture that will deliver a workforce fit for the future.

The Committee will ensure that leadership style and supporting employment processes are in place to embed the values and behaviours of the system, in order to develop a culture that supports staff.

It will also play a key role, through the provider assurance framework, in ensuring that NHS partner organisations meet expectations in terms of people and culture as outlined in the provider accountability framework. The committee will also ensure compliance against any obligations outlined in the NHS People Plan.

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

The People and Culture Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

4 Membership and Attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- Three who are Independent Non-Executive Members of the Board
- Chief People Officer
- Chief Nursing Officer
- Chief Executive Officer
- One Provider Chief Executive
- Chair of the Primary Care Alliance
- Other members of the Committee need not be members of the Board, but they may be

Members will possess, between them, knowledge, skills and experience in people, culture and performance and/or 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.

Chair and Vice Chair

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.

Committee members may also appoint a Vice Chair. In the absence of the appointed Committee Chair and where no Vice Chair has been appointed, the members may elect another Non-Executive Member to chair the meeting.

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

Attendees

Only members of the Committee have the right to attend Committee meetings; however, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter, including representatives from the Health and Wellbeing Board(s) and Partner Providers.

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.

Attendance

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

Attendance at meetings is essential. In exceptional circumstances, when an Executive Director member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The People and Culture Committee will meet monthly and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the People and Culture 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 and members attending using electronic means will be counted towards the quorum.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate, a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Directors are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent or executive Directors who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The Committee will assure the Board that the people and culture within the system are developing in accordance with agreed strategies, plans and trajectories. It will provide overview and scrutiny of any areas referred to it by the Board.

The Committee's duties can be categorised as follows.

The People and Culture Committee will:

1. Assure the development and delivery of relevant Strategic Objectives, including the People and Culture Strategy, which will embed the ICB's values and develop a culture in line with those values.

The Committee may achieve this through assurance of the following people workstreams:

- supporting the health and wellbeing of all staff;
- growing the workforce for the future and ensuring adequate workforce supply;
- supporting inclusion and belonging for all and creating a great experience for staff;
- valuing and supporting leadership at all levels and lifelong learning;
- leading workforce transformation and new ways of working;
- educating, training and developing people and managing talent;
- driving and supporting broader social and economic development;
- transforming people services and supporting the people profession;
- leading coordinated workforce planning using analysis and intelligence;

- supporting system design and development.
2. Assure the development of an Integrated Workforce Plan.
 3. Assess responses to any people risks which appear on any Assurance Framework and on Corporate Risk Registers and report any significant concerns to the Risk and Audit Committee.
 4. Assure that workforce systems, practices and policies are in place to support safe working across the system.
 5. Approve policies which may fall under its remit as part of the governance arrangements for policy development.
 6. Assure Health and Safety arrangements within the ICB.
 7. Provide oversight of the Public Engagement Programme.

Risk

Consider all relevant risks within the Board Assurance Framework and Risk Register as they relate to the Committee, as part of the reporting requirements, and will report any significant concern to the Risk and Audit Committee or Board as appropriate.

Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the Board to consider.

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and Reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered.
- A year-end report of performance against the agreed objectives.

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

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

The People and Culture Committee will provide the Board with an Annual Report setting out how it has discharged its responsibilities as set out in these ToR.

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records are maintained of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward is kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

E Primary Care Commissioning Committee Terms of Reference

1 Constitution

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

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

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

2 Authority

The Primary Care Commissioning Committee is authorised by the Board to:

- Investigate any activity within its ToR.
- Seek any information it requires within its remit from any employee or member of the ICB (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR.
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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.
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its enquiries.
- The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such sub-committees and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD"), but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

The Committee has been established in accordance with the relevant statutory provisions to enable it to make decisions on the review, planning and procurement of primary care

services in Dorset and other direct commissioning under delegated authority from NHS England.

In performing its role, the Committee will exercise its management of the functions in accordance with the agreement(s) entered into between NHS England and Dorset ICB, which will sit alongside the delegation and terms of reference.

The Committee will take a health equity approach to ensure joint action and accountability to reduce health inequalities across the system.

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

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

4 Membership and attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- Three who are Independent Non-Executive Members of the Board
- Chief Commissioning Officer
- Chief Finance Officer
- Chief Nursing Officer
- Chief Executive Officer
- Chief Medical Officer
- Two GPs leading the GP Alliance
- Director of Public Health
- LMC Director
- Other members of the Committee need not be members of the Board, but they may be

Members will possess between them knowledge, skills and experience in Primary Care and/or 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.

Chair and Vice 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.

Committee members may also appoint a Vice Chair. In the absence of the appointed Committee Chair and where no Vice Chair has been appointed, another member may appoint a Non-Executive Member to chair the meeting.

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

Attendees

Only members of the Committee have the right to attend Committee meetings; however, other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s) and Partner Providers.

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.

Attendance

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

Attendance at meetings is essential. In exceptional circumstances, when an Executive Director member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The Primary Care Commissioning Committee will meet monthly and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

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

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

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Directors are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent non-executive Members who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act 2006, as amended, and other primary care services such as Pharmaceutical Services, Dental and General Ophthalmic Services in accordance with the agreement entered into for the delegation with NHSEI. This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Managing and monitoring of contracts for primary dental services and prescribed dental services, primary ophthalmic services and pharmaceutical services and local pharmaceutical services.
- Newly-designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”).
- Design of local incentive schemes as an alternative to the Quality Outcomes
- Framework (QOF).
- Decision making on whether to establish new GP practices in an area.
- Approving practice mergers.
- Making decisions on ‘discretionary’ payments’ (e.g., returner/retainer schemes).

The Committee will also carry out the following activities:

- To plan, including needs assessments of, primary medical care services in the Dorset area.
- To develop and oversee the implementation of strategies for all the Primary Care functions.
- To secure the provision of comprehensive and high quality primary medical services in Dorset.

- To coordinate a common approach to the commissioning of primary care services generally.
- To make decisions on investments in relation to the infrastructure of Primary Care Services, to ensure adequate and high-quality provisions as well as value for money for the public.
- To undertake reviews of primary care services in the Dorset area.
- To manage the budget for commissioning of primary care services in the Dorset area.

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

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

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered.
- A year-end report of performance against the agreed objectives.

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

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

The Quality and Safety Committee will provide the Board with an Annual Report setting out how it has discharged its responsibilities as set out in these ToR.

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records are maintained of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward is kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

F Quality and Safety Terms of Reference

1 Constitution

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

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

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

2 Authority

The Quality and Safety Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation.

The Quality and Safety Committee holds only those powers as delegated in these Terms of Reference.

The Quality Committee is authorised by the Board to:

- Investigate any activity within its ToR;
- Seek any information it requires within its remit from any employee or member of the ICB or system member (who are directed to cooperate with any request made by the Committee) within its remit as outlined in these ToR;
- Commission any reports it deems necessary to help fulfil its obligations.
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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;
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR, and to seek any information it requires from staff, who are requested to cooperate with the Committee in the conduct of its enquiries.
- The Committee is authorised to establish sub-committees and working groups to support its work. The Committee shall determine the membership and terms of reference of any such sub-committees or working groups in accordance with the ICB's constitution, Standing Orders and Schemed of Reservation and Delegation (SoRD), but shall not delegate any decisions without the express authorisation of the Board.

For the avoidance of doubt, the Committee will comply with the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation (SoRD).

3 Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the delivery of quality and safety by the ICB and its partner constituents. It will do this by maintaining oversight of the ICS Clinical Strategy, scrutinising delivery of quality care and strategy outcomes, in order to provide assurance to the Risk and Audit Committee and to the Board that risks to delivery of the Clinical Strategy are being managed appropriately. It will also play a key role, through the provider assurance framework, in ensuring that NHS partner organisations meet expectations in terms of quality and safety as outlined in the provider accountability framework.

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

The Committee will ensure that all aspects of quality governance, patient safety and experience are subject to scrutiny in order to provide assurance to the Board.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4 Membership and Attendance

Membership

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

The Board will appoint no fewer than five members of the Committee, including:

- Three who are Independent Non-Executive Members of the Board
- Chief Nursing Officer
- Chief Medical Officer
- Chief Executive Officer
- Other members of the Committee need not be members of the Board, but they may be

Members will possess between them the specific knowledge, skills and experience in assessing the quality of services delivered and/or 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.

Chair and Vice 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.

Committee members may also appoint a Vice Chair.

In the absence of the appointed Committee Chair and where no Vice Chair has been appointed, the members may elect another Non-Executive Member 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.

Only members of the Committee have the right to attend Committee meetings.

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

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

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.

Attendance at meetings is essential. In exceptional circumstances, when an Executive Member cannot attend, subject to the Chair's consent, they may arrange for a fully-briefed deputy of sufficient seniority to attend on their behalf.

5 Meetings Quoracy and Decisions

The Quality and Safety Committee will meet monthly and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

The Board, Chair or Chief Executive may ask the Quality and Safety 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 and members attending using electronic means will be counted towards the quorum.

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Members (one of which must be the Chief Nursing Officer or the Chief Medical Officer) are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent non-executive Members who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will aim to reach decisions 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.

6 Responsibilities of the Committee

The Quality and Safety Committee has the following primary duties and functions:

1. Be assured that there are robust processes in place for the effective management of quality.
2. Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern.
3. 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.
4. Oversee and monitor delivery of the ICB key statutory requirements.
5. Review and monitor those risks on the 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.
6. 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 gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
7. 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.
8. Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes.
9. Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.

10. 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.
11. 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 reports).
12. To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities.
13. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
14. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
15. 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.
16. Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
17. Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Groups, Infection Prevention and Control, Safeguarding Boards/Hubs, etc.).

General:

1. Review and monitor risks on the Board Assurance Framework and the Corporate Risk Register.
2. Assure action plans arising from all Serious Incidents are escalated to the Board where appropriate.
3. Assure compliance with Care Quality Commission Standards.
4. Assure compliance in relation to safeguarding standards for children and adults.

Clinical Governance:

1. Undertake in-depth reviews of Clinical Quality Indicators/areas of concern reported to it or at the request of the Board.

The Chair of the Committee will report in writing to the Board at the Board meeting that follows the Committee meeting via an Escalation Report.

Receive and monitor reports on quality and safety performance including forecasts, noting any trends, exceptions and variances against plans and reviewing in detail any major quality performance issues.

Risk

Consider all relevant risks within the Board Assurance Framework and Risk Register as they relate to the Committee as part of the reporting requirements, and will report any significant concern to the Risk and Audit Committee or Board as appropriate.

Recommend changes to the Board Assurance Framework relating to emerging risks and existing entries within its remit for the Board to consider.

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and reporting

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

The Committee is responsible for producing two key reports each year for Board approval:

- An annual work programme identifying the Committee's key objectives for the year, including a plan outlining the key agenda items to be covered; and
- A year-end report of performance against the agreed objectives.

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

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

The Quality and Safety Committee will provide the Board with an Annual Report setting out how it has discharged its responsibilities as set out in these ToR.

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders, having been agreed by the Chair with the support of the relevant executive lead.

- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates, and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest, including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair, and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

G Remuneration Committee Terms of Reference

1 Constitution

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

These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

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

2 Authority

The Remuneration Committee is authorised by the Board to:

- Investigate any activity within its ToR;
- 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 ToR. Obtain legal and/or other independent professional advice and secure the attendance of advisers 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;
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its enquiries;
- The Committee is authorised to establish Sub-committees and working groups to support its work. The Committee shall determine membership and terms of reference of any such Sub-committee and working groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegations ("SoRD") but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

The Committee will support the Board to exercise the functions of the ICB relating to paragraphs 18 to 20 of Schedule 1B to the NHS Act 2006. This will include confirming the ICB Pay Policy including adoption of any pay frameworks for all employees.

The purpose of the Committee is to make decisions in relation to the appointment of the Chief Executive, Executive Members and to review and make recommendations to the Board on its Executive composition, balance, and skill mix, considering the future challenges, risks and opportunities facing the system and the skills and expertise that are required within the Board to meet them.

The Committee is responsible for making decisions regarding the remuneration packages for the Chief Executive, the Executive Members, and other senior managers reporting directly to the Chief Executive and ensuring that adequate Executive succession planning arrangements are in place.

The Committee is also responsible for maintaining the oversight of special payment packages for the Chief Executive, Executive Members, and senior managers reporting to the Chief Executive, ensuring that these represent value for money, and for approving exceptional and non-contractual payments.

4 Membership and Attendance

Membership

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

The Board will appoint no fewer than five members of the Committee including:

- Three who are Independent Non-Executive Members of the Board;
- Chief Executive Officer;
- Chief People Officer.

All Non-Executive Members of the Board can be members of the Committee.

The Chair of the Board may be a member of the Committee, but may not be appointed as the Chair.

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

Chair and Vice 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.

Committee members may also appoint a Vice Chair. In the absence of the appointed Committee Chair, and where no Vice Chair has been appointed, the remaining members shall elect another Non-Executive Member to chair the meeting.

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

Attendees

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

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.

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.

5 Meetings Quoracy and Decisions

The Committee will meet in private.

The Committee will meet at least twice each year and arrangements and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

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

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

Quorum

For a meeting to be quorate a minimum of three independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Members are required.

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

In the event of difficulty in relation to achievement of the quorum, independent Non-Executive Members who are not members of the Committee may be co-opted as members for individual meetings.

Decision making and voting

Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

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.

6 Responsibilities of the Committee

The Committee's duties are as follows:

- Undertaking an annual review of the of the composition of the Board and make recommendations thereon.
- Ensuring that appraisals are undertaken for Executive members of the Board in their capacity as Board members.
- Ensuring that a robust appropriate process is in place for the appointment of the Chief Executive, and Executive Directors.
- Approving a description of the role and capabilities required for the appointment of Executive Directors and considering the views of the Board of Directors on the qualifications, skills, and experience required for each position.
- Ensuring that the remuneration of the Chief Executive, Executive Directors, and senior managers reporting to the Chief Executive are sufficient to attract, retain and motivate high calibre individuals whilst ensuring that it is not more than necessary for this purpose.
- For the Chief Executive, Directors, and other 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 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.

7 Behaviours and Conduct

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.

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and Reporting

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

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

The Remuneration Committee will submit copies of its minutes and a report to the Board following each of its meetings. Where minutes and reports identify individuals, they will not be made public and will be presented at part B of the Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

9 Secretariat and Administration

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

- the agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- management of conflicts of interest including ensuring correct handling of declarations;
- minutes are taken in accordance with the Standing Orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- the Chair is supported to prepare and deliver reports to the Board;
- the Committee is updated on pertinent issues/areas of interest/policy developments;
- action points are taken forward between meetings and progress against those actions is monitored;
- a standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

H Risk and Audit Committee Terms of Reference

1 Constitution

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

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

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

2 Authority

The Risk and Audit Committee is authorised by the Board to:

- Investigate any activity within its ToR;
- 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 ToR;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal and/or other independent professional advice and secure the attendance of advisers 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;
- The Committee is invested with the delegated authority to act on behalf of the Board of Directors. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee. The Committee is empowered to investigate any activity within its ToR, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its enquiries;
- The Committee is authorised to establish Sub-committees and working groups to support its work. The Committee shall determine the membership and ToR of any such Sub-committee and working groups in accordance with the ICB's constitution, Standing Order and Scheme of Reservation and Delegations ("SoRD") but may not delegate any decisions without the express authorisation of the Board.

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

3 Purpose

To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal

control processes within the ICB. It will do this by ensuring there are effective systems of financial and corporate governance, risk management and internal controls in place and to provide assurance to the Board on the same.

The Committee is also responsible for the oversight of the delivery of internal and external audit programme.

To this end, the Committee will seek assurances from Board Committees regarding the scrutiny and oversight of the strategy and risks to achievement of the Strategic Objectives within the Board Assurance Framework and Corporate Risk Register, escalating these to the Board as necessary.

The Committee will ensure that all aspects of quality governance, patient safety and experience are subject to scrutiny in order to provide assurance to the Board.

The Committee has no executive powers other than those delegated in the SoRD and specified in these ToR.

4 Membership and attendance

Membership

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

The Board will appoint no fewer than four members of the Committee, including:

- three who are Independent Non-Executive Members of the Board;
- Finance and Performance Committee Chair or Vice Chair;
- Quality and Safety Committee Chair or Vice Chair;
- Primary Care Commissioning Committee Chair or Vice Chair;
- Chief Finance Officer;
- Chief Nursing Officer;
- Chief Medical Officer;
- Chief Operating Officer.

Neither the Chair of the Board, nor the Chief Executive Officer of the ICB, will be members of the Committee.

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.

Chair and Vice 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.

Committee members may also appoint a Vice Chair. In the absence of the appointed Committee Chair and where no Vice Chair has been appointed, the remaining may elect another Non-Executive Member to chair the meeting.

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

Attendees

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

- Representatives of both internal and external audit
- Individuals who lead on risk management and counter fraud matters
- Chief Executive Officer will be invited twice a year

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

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s) and Partner Providers.

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

Attendance

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

Attendance at meetings is essential. In exceptional circumstances when an Executive Member cannot attend, subject to the Chair's consent they may arrange for a fully briefed deputy of sufficient seniority to attend on their behalf.

Access

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

5 Meetings Quoracy and Decisions

The Risk and Audit Committee will normally meet bi-monthly and arrangements and notice for calling meetings is set out in the Standing Orders. Additional meetings may take place as required.

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

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

The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity 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.

Quorum

For a meeting to be quorate, a minimum of two independent non-Executive Members (including the Chair or Vice Chair of the Committee) and two Executive Directors (one of which must be the Chief Nursing Officer or the Chief Medical Officer) are required.

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.

In the event of difficulty in relation to achievement of the quorum, independent Non-Executive Members who are not members of the Committee may be co-opted as members for individual meetings.

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.

6 Responsibilities of the Committee

The Committee's duties can be categorised as follows.

Integrated governance, risk management, and internal control

- To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- To ensure that financial systems and governance are established which facilitate compliance with 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 Her Majesty's Treasury (HMT) 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 major findings of internal audit work, including the Head of Internal Audit Opinion (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
 - ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation;
 - monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

- To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:
 - considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
 - 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 Risk and Audit Committee's own areas of responsibility.
- To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.
- To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:
 - reviews and reports issued by arm's length bodies or regulators and inspectors, e.g. National Audit Office, Select Committees, NHS Resolution, CQC;
 - reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter fraud

- To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and 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; Fraud, Bribery and Corruption.
- To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up

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

Information Governance (IG)

- To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.
- To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

Financial reporting

- To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
 - the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
 - changes in accounting policies, practices and estimation techniques;
 - unadjusted misstatements 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.

7 Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives.

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

Equality, diversity and inclusion

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

8 Accountability and reporting

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

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

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

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

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

9 Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates, and the Board is prompted to renew membership and identify new members where necessary.
- Management of conflicts of interest including ensuring correct handling of declarations.
- Minutes are taken in accordance with the Standing Orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/areas of interest/policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- A standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

10 Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

I East of Dorset Place Terms of Reference

Introduction

These terms of reference will be duplicated to reflect two Place Based Partnerships (PBPs) being established in Dorset: the West of Dorset Place and the East of Dorset Place (both names subject to change). This document is in an initial state and is expected to evolve, particularly over the course of the next year.

The two Places will be charged to consider matters of wider scope than the ICB delegated responsibilities, and recognises that these may differ across each Place within Dorset. Therefore, insofar as possible, the two Places will be tied intrinsically and have a common agenda and papers format with any variation of content driven by identified population needs and priorities.

The East of Dorset Place of Dorset

Status of the Committee

- 1 The East of Dorset Place has been formally established as a committee of Dorset ICB in accordance with ICB's Constitution.
- 2 The East of Dorset Place will commence its operation on 1 July 2022.
- 3 These terms of reference should be read alongside the terms of reference for the Dorset Integrated Care Board (ICB), which define a number of the terms used in these terms of reference.

Geographical coverage

- 4 The geographical area covered by the East of Dorset Place will be coterminous with the administrative boundaries of Bournemouth, Christchurch and Poole Council.

Role of the Committee

- 5 The East of Dorset Place has been established as a committee of the ICB in order to:
 - a) enable the ICB to exercise the Delegated Functions at Place in a simple and efficient way, to the extent permitted by the Constitution, as part of the wider collaborative arrangements which form the Place governance structure;
 - b) support the development of collaborative arrangements at Place as part of its development.
- 6 The East of Dorset Place, through its members set out at paragraph 16, is authorised by the ICB to take decisions in relation to the Delegated Functions. Further functions may be delegated to the East of Dorset Place over time, in which case they will be agreed with the approval of the Board of the ICB.
- 7 The Delegated Functions shall be exercised with particular regard to the priorities and objectives identified by East of Dorset Place, which have been agreed with

the Board of ICB and members of the PBP. These will be updated on an annual basis.

- 8 When exercising any Delegated Functions, the East of Dorset Place will also ensure that it acts in accordance with the policies of the ICB and has particular regard to the statutory obligations that the ICB is subject to, including, but not limited to, the following statutory duties set out in the NHS Act 2006:
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 - Section 14Z33 – Duty to exercise functions effectively, efficiently and economically
 - Section 14Z34 – Duty as to improvement in quality of services
 - Section 14Z35 – Duty as to reducing inequalities (and the separate legal duty under section 149 of the Equality Act 2010, the Public Sector Equality Duty)
 - Section 14Z36 – Duty to promote involvement of each patient
 - Section 14Z37 – Duty as to patient choice
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- 9 In addition, the East of Dorset Place will support the ICB to achieve its agreed deliverables.
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 - d) University Hospital Dorset
 - e) Bournemouth, Christchurch and Poole Council
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 - i) Secondary Care representative(s)
 - j) Voluntary Sector representative(s)
 - k) Patient representative(s)
 - l) BCP Council Health and Wellbeing Board representative(s)

Participants

- 18 Additional members across the ICS, who are not also members of the East of Dorset Place, will have a standing invitation to attend meetings of the East of Dorset Place. The list of those nominated to receive a standing invitation shall be determined as the East of Dorset Place evolves.
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- 25 The ICB's expectations for the role of Chair of The East of Dorset Place are contained in the ICB Governance Handbook.

Meetings

- 26 The East of Dorset Place will operate in accordance with the ICB's governance framework, as set out in its Constitution and ICB Governance Handbook and wider ICB policies and procedures, except as otherwise provided below:

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- 27 The quoracy for the East of Dorset Place will be 50% of the membership and must include the following of which one must be a care or clinical professional:
- a) [two] of the members from the ICB;
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Papers and notice

- 29 A minimum of seven clear days' notice and dispatch of meeting papers is required. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers.

Virtual attendance

- 30 It is for the Chair to decide whether or not the East of Dorset Place will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.

Admission of the public

- 31 In accordance with Public Bodies (Admission to Meetings) Act 1960 as amended, meetings at which public functions are exercised will be open to the public.
- 32 The East of Dorset Place 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.
- 33 The person presiding over the meeting of the East of Dorset Place shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the business shall be conducted without interruption and disruption.
- 34 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 East of Dorset Place.

Minutes

- 35 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.

Governance support

- 36 Secretariat support will be provided to the East of Dorset Place by nominated organisation(s) within its membership initially.

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- 41 Where confidential information is presented to the East of Dorset Place, all members will ensure that they comply with any confidentiality requirements.
- 42 In addition to the Seven Principles of Public Life, members of the Place ICB Committee will adhere to the Code of Conduct contained in the ICB Governance Handbook, which applies to all members of ICB committees whilst conducting ICB business.

Conflicts of interest

- 43 Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the ICB Governance Handbook and shall be consistent with the statutory duties contained in the NHS Act 2006 and any statutory guidance issued by NHS England.

Disputes

- 44 Where there is any uncertainty about whether a matter relating to a Delegated Function is within the remit of the East of Dorset Place in its capacity as a decision-making body within the ICB's governance structure, including uncertainty about whether the matter relates to:
- a) a matter for wider determination within the ICS; or
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then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

Referral to the Board of the ICB

- 45 Where any decision before the East of Dorset Place is novel, contentious or repercussive across the ICB area and/or is a decision which would have an impact across the ICB area, then the East of Dorset Place shall give due consideration to whether the decision should be referred to the Board of the ICB.
- 46 With regard to determining whether a decision falling within paragraph 44 shall be referred to the Board of the ICB for consideration then the following applies:

- a) the Chair of the East of Dorset Place, at his or her discretion, may determine that such a referral should be made;
 - b) two or more members of the East of Dorset Place, acting together, may request that a matter for determination should be considered by the Board of the ICB.
- 47 Where a matter is referred to the Board of the ICB under paragraph 44, the Board (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the Board may decide to refer the matter to another of its committees or subcommittees for determination.
- 48 In addition to the East of Dorset Place's ability to refer a matter to the Board of the ICB, the Chair and Chief Executive of the ICB acting together, and/or the Board of the ICB, may determine that any decision falling with paragraph 44 should be referred to the Board of the ICB for determination.

Authority

- 49 The East of Dorset Place is authorised by the ICB to investigate any activity within these terms of reference. It is authorised to seek any information it requires in this regard from any employee or member within the ICB and all such individuals are directed to cooperate with any request made by the East of Dorset Place. If any dispute arises as to what information should be provided, then the matter shall be referred to the Director who is responsible for governance within the ICB for determination.

Accountability, reporting, and shared learning

- 50 The East of Dorset Place shall be directly accountable to the Board of the ICB and will report to:
- a) the Board of the ICB, following each meeting of the East of Dorset Place. A copy of the meeting minutes along with a summary report shall be shared with the ICB for information, the contents of which shall be agreed between the Chair of the East of Dorset Place and the Chair of the ICB Board.
- 51 Where the East of Dorset Place considers an issue, or its learning from or experience of a matter, to be of importance or value to the Dorset ICS as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the Board of the ICB, the Chair or Chief Executive of the ICB, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees as appropriate.
- 52 In the event that the Chair of the ICB, its Chief Executive or the Board of the ICB requests information from the Place ICB Committee, the East of Dorset Place will ensure that it responds promptly to such a request.

Review and Monitoring Effectiveness and Compliance with Terms of Reference

- 53 The East of Dorset Place will carry out an annual review of its functioning and provide an annual report to the Board of the ICB on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the East of Dorset Place will review its terms of reference and

recommend any changes it considers necessary to the Board of the ICB for approval.

2022/2023 Review

- 54 It is recognised that the East of Dorset Place and its terms of reference may need to evolve as the partner organisations become accustomed to the new health and care landscape beyond 1 July 2022, when the Health and Care Bill 2022 comes into force, and as secondary legislation and policy around health and social care integration are developed.
- 55 Accordingly, the East of Dorset Place shall, in its first year of operation and after its third meeting, review its own performance and terms of reference to ensure it is operating at maximum effectiveness. Any changes it considers necessary should be referred to the Board of the ICB for approval.

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- then the matter will be referred to the Director who is responsible for governance within the ICB for consideration about where the matter should be determined.

Referral to the Board of the ICB

- 45 Where any decision before the West of Dorset Place is novel, contentious or repercussive across the ICB area and/or is a decision which would have an impact across the ICB area, then the West of Dorset Place shall give due consideration to whether the decision should be referred to the Board of the ICB.

- 46 With regard to determining whether a decision falling within paragraph 44 shall be referred to the Board of the ICB for consideration then the following applies:
- a) the Chair of the West of Dorset Place, at his or her discretion, may determine that such a referral should be made;
 - b) two or more members of the West of Dorset Place, acting together, may request that a matter for determination should be considered by the Board of the ICB.
- 47 Where a matter is referred to the Board of the ICB under paragraph 44, the Board (at an appropriate meeting) shall consider and determine whether to accept the referral and make a decision on the matter. Alternatively, the Board may decide to refer the matter to another of its committees or subcommittees for determination.
- 48 In addition to the West of Dorset Place's ability to refer a matter to the Board of the ICB, the Chair and Chief Executive of the ICB acting together, and/or the Board of the ICB, may determine that any decision falling with paragraph 44 should be referred to the Board of the ICB for determination.

Authority

- 49 The West of Dorset Place is authorised by the ICB to investigate any activity within these terms of reference. It is authorised to seek any information it requires in this regard from any employee or member within the ICB and all such individuals are directed to cooperate with any request made by the West of Dorset Place. If any dispute arises as to what information should be provided, then the matter shall be referred to the Director who is responsible for governance within the ICB for determination.

Accountability, reporting, and shared learning

- 50 The West of Dorset Place shall be directly accountable to the Board of the ICB and will report to:
- a) the Board of the ICB, following each meeting of the West of Dorset Place. A copy of the meeting minutes, along with a summary report, shall be shared with the ICB for information, the contents of which shall be agreed between the Chair of the West of Dorset Place and the Chair of the ICB Board.
- 51 Where the West of Dorset Place considers an issue, or its learning from or experience of a matter, to be of importance or value to the Dorset ICS as a whole, or part of it, it may bring that matter to the attention of the Director who is responsible for governance within the ICB for onward referral to the Board of the ICB, the Chair or Chief Executive of the ICB, the Integrated Care Partnership or to one or more of ICB's committees or subcommittees as appropriate.
- 52 In the event that the Chair of the ICB, its Chief Executive or the Board of the ICB requests information from the Place ICB Committee, the West of Dorset Place will ensure that it responds promptly to such a request.

Review and Monitoring Effectiveness and Compliance with Terms of Reference

- 53 The West of Dorset Place will carry out an annual review of its functioning and provide an annual report to the Board of the ICB on its work in discharging its

responsibilities, delivering its objectives and complying with its terms of reference. As part of this, the West of Dorset Place will review its terms of reference and recommend any changes it considers necessary to the Board of the ICB for approval.

2022/2023 Review

- 54 It is recognised that the West of Dorset Place and its terms of reference may need to evolve as the partner organisations become accustomed to the new health and care landscape beyond 1 July 2022, when the Health and Care Bill 2022 comes into force, and as secondary legislation and policy around health and social care integration are developed.
- 55 Accordingly, the West of Dorset Place shall, in its first year of operation and after its third meeting, review its own performance and terms of reference to ensure it is operating at maximum effectiveness. Any changes it considers necessary should be referred to the Board of the ICB for approval.

K Provider Collaborative Terms of Reference

Introduction

- 1 The Dorset County Hospital NHS Foundation Trust ("DCH FT"), Dorset Healthcare University NHS Foundation Trust ("DHU FT"), University Hospitals Dorset NHS Foundation Trust ("UHD FT"), South Western Ambulance Service NHS Foundation Trust ("SWAST"), Primary Care General Practice (GP) Alliance ("GPA"), have come together to form the Provider Leadership Board.
- 2 SWAST is a key provider with the Dorset System, but it is recognised that they will be required in a range of Provider Collaboratives and Place Based Partnerships across the southwest and therefore to attend as required.
- 3 Membership for initial establishment include only core NHS providers but aims to evolve over time and to include other members such as "Bournemouth, Christchurch and Poole Council ("BCP"), Dorset Council ("DC"), representation from Voluntary Community Social Enterprise ("VCSE") and Independent Sector Providers ("ISP").
- 4 For the purpose of these terms of reference, DCH FT, DHC FT, UHD FT, SWAST, and GP providers shall be known as the 'NHS Partner Organisations'.

Purpose

- 5 The Provider Leadership Board, whose governance arrangements are described in these terms of reference, is the collective governance vehicle for joint working and, to such extent as is agreed, decision-making by the NHS Partner organisations enabling them to work collaboratively, with a shared purpose at scale in Dorset to:
 - a) reduce inequalities in health outcomes, access and experience.
 - b) improve resilience (e.g., by mutual aid);
 - c) ensure that specialisation and consolidation can occur where this will provide better outcomes and value; and
 - d) to undertake the three minimal required actions (see 7 below)
- 6 The SPC reports to the ICB but operates using co-production principles with health and care providers to develop and oversee the implementation of long-term provider strategy supported by system-wide transformation plans and agreed capital plans.

Role and Duties of the Provider Leadership Board

- 7 To facilitate this purpose Our Dorset Provider Collaborative will initially focus on two activities:
 - a) agree provider strategies at ICS level;
 - b) agree a capital plan.

- 8 The Provider Leadership Board has been established in order to enable the Members to collaborate, make common decisions and will:
- develop and design of the system provider strategy, ensuring that the proposed solutions are coherent, aligned and contribute to a system-wide plan for clinically and financially sustainable services;
 - take responsibility for delivering the agreed system transformation priorities ensuring project design, development and delivery reflects the agreed outcomes and timescales;
 - provide leadership and direction to the supporting system transformation working groups (to be defined) to drive delivery of the agreed system priorities, actively managing risks and removing barriers to delivering within the agreed timescales;
 - ensure the portfolio of projects supports the mitigation of system risks;
 - identify opportunities from horizon scanning, international, national and local examples of best practice and link into relevant project working groups;
 - provide challenge on the ambition and scope of the plans presented and exploit digital innovation and solutions;
 - monitor progress and the outcomes of transformation investments;
 - provide challenge to the enabling programmes and workstreams on the ambition and scope of plans presented, and provider leadership to support the development of solutions to secure a sustainable integrated system;
 - support system-wide thinking and mitigate risk of silo thinking between projects, objectively reviewing how the individual project plans will work together as a system solution, identifying synergies, risks, duplications, and interdependencies;
 - co-ordinate the system enabler requirements (Workforce, Estates and Information Technology etc) to ensure the proposed enabling solutions support the aggregate requirements of the transformation work programme;
 - seek assurance from system-wide health and care professionals re quality assurance and equality impact assessments of proposed solutions;
 - create culture of collaboration and cooperation to ensure system wide change and ensure staff and the public are being engaged in working towards the new care models;
 - ensure a population view of health services needs by ensuring a balanced focus across the system of the challenges and opportunities in all care settings using a rolling programme to ensure sufficient focus on Primary and Community, Acute and Specialist Mental Health services.

NB Operational and performance management are out of scope for this group

- 9 The Members of the Provider Leadership Board will take decisions on matters set out in the Collaborative Agreement.

Authority

- 10 The Provider Leadership Board has no formal powers initially delegated to it by the NHS Partner Organisations. When the new Health and Care legislation comes into force then the NHS Partner Organisations will consider new options available to them to share decision-making.
- 11 On establishment the Provider Leadership Board will operate through authority delegated by the NHS Partner Organisations to the Members of the Provider Leadership Board, acting jointly as a group meeting in common.
- 12 The members of the Provider Leadership Board are authorised to decide any matters within the remit from their respective organisations and to consider in common on a collaborative basis those matters within their remit.

Membership

- 13 DCH FT:
 - a) Chief Executive
 - b) one other executive
- 14 UHD FT:
 - a) Chief Executive
 - b) one other executive
- 15 DHC FT:
 - a) Chief Executive
 - b) one other executive
- 16 Primary Care:
 - a) Dorset GP Alliance – BCP Lead
 - b) Dorset GP Alliance – Dorset Lead
- 17 A nominated representative from each of the following cross system groups:
 - a) Chief Medical Officers
 - b) Chief Nursing Officers
 - c) Chief Information Officers

Deputies

- 18 Individual Members may, subject to their organisation's delegation to them, nominate a deputy to attend a meeting of the Board that they are unable to attend. This nomination must be conveyed to the Chair of the Provider Leadership Board at least 7 days before the next meeting.

- 19 Such a deputy must be executive level or have the ability to make decisions for their organisation and sufficient seniority and understanding of the issues to be considered.
- 20 The deputy may speak and indicate their decision on behalf of the member organisation.

Participants

- 21 The following organisations will have a standing invitation to attend meetings of the Provider Leadership Board, aside from in rare circumstances when the Chair determines that it is appropriate for only members of the Provider Leadership Board to be present. Those receiving a standing invitation shall include:
- a) South Western Ambulance Service NHS Foundation Trust ("SWAST")
 - b) Integrated Care Board (ICB) Representative

Over time, or for specific items, the wider group of health and social care providers may attend or join the Board (see list at item paragraph 3).

Chairing Arrangements

- 22 The Chair of the Provider Leadership Board shall be chosen from its members.
- 23 The initial Deputy Chair of the Provider Leadership Board will be appointed by the PLB members.
- 24 The chair will then be on an annual rotation basis drawn from the provider organisations (at CEO level)
- 25 The Chair will be chosen from its members. Where a member does not have a formal vote on the ICB this Member will be the preferential Chair for the NHS PC in the first instance.

Conduct of Business

Quoracy

- 26 The NHS Dorset Provider Collaborative Leadership Board will be quorate if each Member with delegated authority from the NHS Partner Organisations, including the Chair or Deputy if present. Where a Member has been precluded from taking part in a meeting due to a conflict or potential conflict of interest, they shall not count towards the quorum.

Scheduling Meetings

- 27 The Members of the Provider Leadership Board will aim to meet at least once a month and, as a minimum, shall meet on [five] occasions each year.

Papers and Notice

- 28 The Chair of the Provider Leadership Board shall set the agenda of each meeting.

- 29 A minimum of [five clear days' notice] and dispatch of meeting papers is required. Notice of all meetings shall comprise the venue, time and date of the meeting, together with an agenda of items to be discussed and supporting papers.
- 30 On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances, the Chair of the Provider Leadership Board will give as much notice as possible to Members.

Virtual Attendance

- 31 It is for the Chair of the Provider Leadership Board to decide whether or not the Provider Leadership Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting.

Admission of Public

- 32 Not relevant to an informal body but may be relevant should the PLB become a joint committee with decision-making functions.

Recording of meetings and publication

- 33 Except with the permission of the [Chair], no person admitted to a meeting of Our Dorset Provider Collaborative Board shall be permitted to:
- a) record the proceedings in any manner whatsoever, other than in writing;
 - b) make any oral report of the proceedings as they take place.

Minutes

- 34 The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be signed by the Chair of the Provider Leadership Board.

Secretariat Function

- 35 The Collaborative shall be supported with a secretariat function provide by the ICS Transformation Team Portfolio Management Office, which will include ensuring that:
- a) the agenda and papers are prepared and distributed in accordance with these ToRs;
 - b) attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - c) records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
 - d) management of conflicts of interest including ensuring correct handling of declarations;
 - e) minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;

- f) the Chair is supported to prepare and deliver reports to the Board;
- g) the Committee is updated on pertinent issues/areas of interest/policy developments;
- h) action points are taken forward between meetings and progress against those actions is monitored;
- i) a standard report template will be used for received reports to highlight any significant risk issues for information, discussion or escalation.

Decision Making

- 36 The Provider Leadership Board will act only as a programme board and have no decision-making functions.
- 37 Each member of the Provider Leadership Board will send a representative to each meeting with the power to make decisions for their organisation.
- 38 The members will seek to reach agreement by a consensus approach, but it will be for each separate member to make their own decision, based on underlying principles of subsidiarity and collaboration.

The definition of a consensus approach is "Everyone can live with and will support this decision." This allows everyone to acknowledge that while the decision they're making may not be perfect, it is acceptable.
- 39 Members of the Provider Leadership Board will be ready to move programmes of work forwards by holding discussions in their own organisation as required.

Conflicts of Interest

- 40 The Members of the Provider Leadership Board must refrain from actions that are likely to create any actual or perceived conflicts of interests.
- 41 The Members of the Provider Leadership Board must disclose all potential and actual conflicts of interest and ensure that such conflicts are managed in adherence with the Conflict-of-Interest Policy, statutory duties contained in the NHS Act 2006 and any statutory guidance issued by NHS England.
- 42 If there is any conflict between these Terms of Reference and the Collaborative Agreement, the latter will prevail.

Disputes

- 43 Members will attempt to resolve in good faith any dispute between them in respect of the Provider Leadership Board decisions. The Provider Leadership Board will apply the dispute resolution procedure contained in the Provider Collaborative Agreement to resolve any issues which cannot otherwise be agreed.
- 44 Where there is any uncertainty about whether a matter relating to a delegated function is within the remit of the Members of the Provider Leadership Board, then the matter will be referred to the NHS Partner Organisations own Boards who shall use best endeavours to resolve the matter.

- 45 Where the uncertainty cannot be resolved by the NHS Partner Organisations the matter shall be referred to the Board of the ICB for determination.

Accountability and Reporting

- 46 The Provider Leadership Board shall be directly accountable to the ICB and the Boards of the NHS Partner Organisations.
- 47 The Provider Leadership Board will report to the ICB and the Boards of the NHS Partner Organisations, following each meeting and copies of the [draft/approved] meeting minutes along with a summary report shall be shared for information and assurance

Confidentiality

- 48 Where confidential information is presented to the Provider Leadership Board, all Members will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles.

Variations

- 49 The Terms of Reference may only be varied by written agreement of all the Members of the Provider Leadership Board.

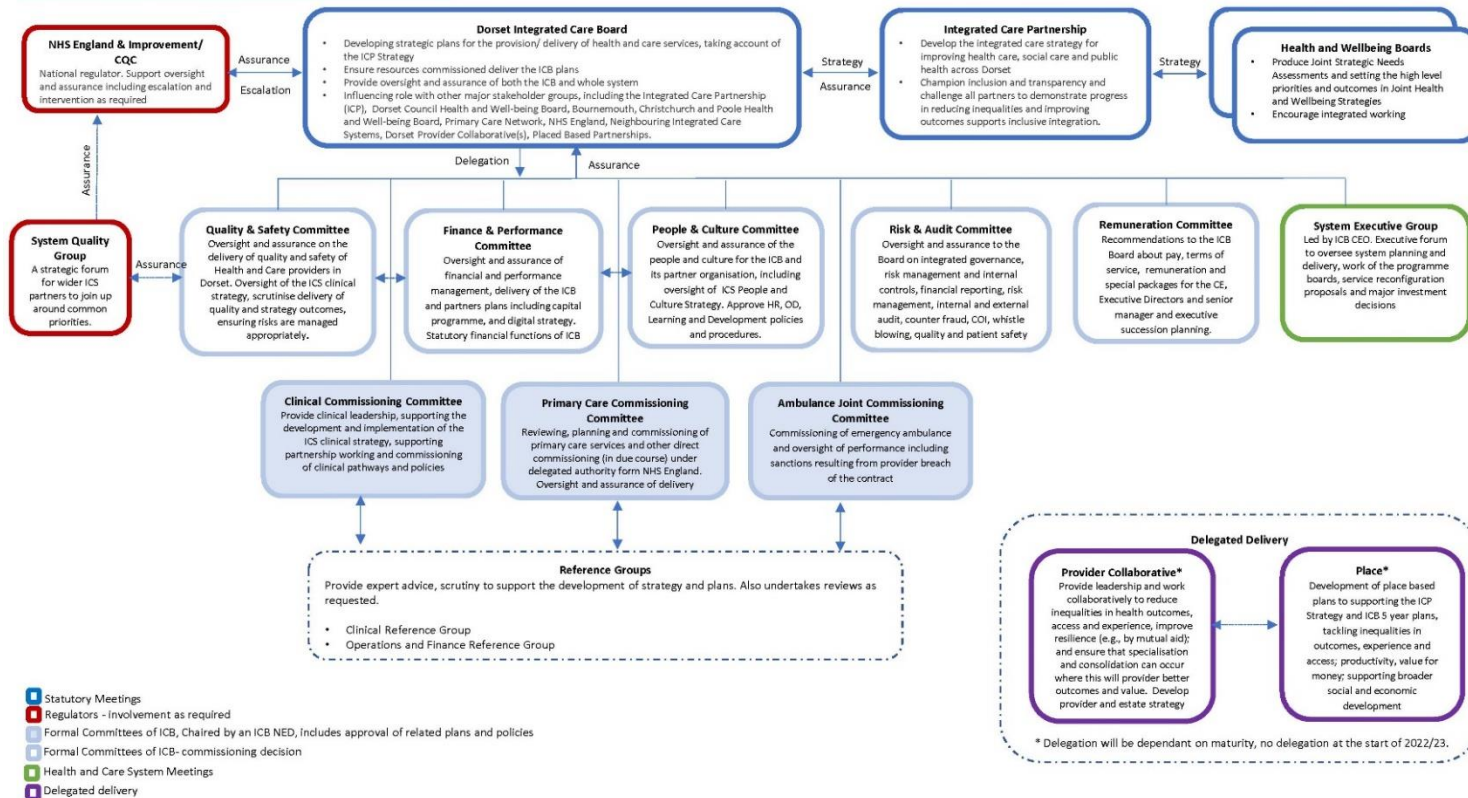
Review and Monitoring Effectiveness Compliance with Terms of Reference

- 50 The Provider Leadership Board will carry out an annual review of its functioning and provide an annual report to the ICB and Boards of the NHS Partner Organisations on its work in discharging its responsibilities, delivering its objectives, and complying with its terms of reference.

Appendix 6 Functions and Decision Making

A Functions and Decisions Map

Dorset Functions and Decision Map DRAFT V1.2 May 2022



B Scheme of Reservation and Delegation

Category	ICB Decision	ICB Decision Route
Regulation and Control	Consideration and approval of applications to NHS England on any matter concerning material changes to the ICB Constitution	Board
	Exercising any other functions of the ICB which have not been retained as reserved by the ICB	Board
	Approval of the ICB's overarching Scheme of Reservation and Delegation	Board
	Approval of the ICB's operational scheme of delegation that underpins the ICB's 'overarching Scheme of Reservation and Delegation' as set out in its Constitution	Board
	Approve amendments to the Standing Orders	Board
	Reviewing the ICB's governance arrangements to ensure that the ICB continues to reflect the principles of good governance	Board
	Approve amendments to the terms of reference of committees and sub-committees of the ICB	Board
	Approve detailed financial policies	Finance and Performance Committee
	Approve amendments to prime financial policies	Finance and Performance Committee
	Approve arrangements for managing exceptional funding requests	Finance and Performance Committee
	Approve any changes to the provision or delivery of assurance services to the ICB	Risk and Audit Committee
	Prepare the ICB's overarching Scheme of Reservation and Delegation and sets out those decisions of the Board <u>reserved</u> to the Board and those <u>delegated</u> to the: <ul style="list-style-type: none"> Board committees and sub-committees; members of the Board; an individual who is member of the ICP but not the Board or a specified person, for inclusion in the ICB's Governance Handbook.	ICB Chief Executive
	Prepare the ICB's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICB, not for inclusion in the ICB's Constitution.	ICB Chief Executive

Category	ICB Decision	ICB Decision Route
	Exercise the powers that the ICB has reserved to itself in an emergency or for an urgent decision.	ICB Chief Executive and Chair
	Prepare detailed financial policies that underpin the ICB's prime financial policies.	Chief Finance Officer
	Set out who can execute a document by signature.	Chief Finance Officer
Members of the ICB Board	<p>Approve the arrangements for:</p> <ul style="list-style-type: none"> identifying a primary care member to represent practices in matters concerning the work of the ICB; and appointing a clinical leader to represent primary care on the ICB, for example through election in line with arrangements set out in the constitution. 	Board
	<p>Approve the arrangements for:</p> <ul style="list-style-type: none"> identifying an NHS Trust member to represent Trusts in matters concerning the work of the ICB; and appointing a member to represent Trusts on the ICB Board, for example through election in line with arrangements set out in the constitution. 	Board
	<p>Approve the arrangements for:</p> <ul style="list-style-type: none"> identifying a Local Authority member to represent Local Authority matters concerning the work of the ICB; and appointing a member to represent local authorities on the ICB Board, for example through election in line with arrangements set out in the constitution. 	Board
	Approve the appointment of ICB board members, the process for recruiting and removing non-executive members to ICB (subject to any regulatory requirements) and succession planning	Board
	Approve arrangements for identifying the ICB's proposed Chief Executive	Board
Strategic Planning	Agree the vision, values and overall strategic direction of the ICB	Board
	Approval of the ICB's operating plan	Board
	Approval of the ICB's corporate budgets that meet the financial duties	Board

Category	ICB Decision	ICB Decision Route
	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic aims	Board
	Approve consultation arrangements for the ICB's commissioning plan	Board
	Approve the annual capital plan and any outline and financial business cases for capital investment	Board
	Monitoring performance of the ICB against plans	Finance and Performance Committee
	Developing and recommending clinical priorities to the ICB informed by place and provider collaboratives and aligned with the ICB's Plan and ICP's Strategy	Clinical Commissioning Committee
	Receive assurance of strategic risk	Risk and Audit Committee
	Approval of the ICB's operating structure	Chief Executive
Primary Care Services including GMS/PMS, Dental, Pharmacy, Ophthalmic	Developing and/or recommending clinical priorities and strategy relating to primary care services (dependent on financial authority)	Primary Care Commissioning Committee
	Monitoring and managing primary care outcomes as particularly set out in the Terms of Reference for the Committee	Primary Care Commissioning Committee
Annual Report and Accounts	Approval of the ICB's annual report and annual accounts	Board
	Approval of the arrangements for discharging the ICB's statutory financial duties	Board
	Approving a timetable for producing the annual report and account	Risk and Audit Committee
Human Resources	Approve the terms and conditions, remuneration and travelling or other allowances for ICB members and VSM, including pensions and gratuities	Remuneration Committee
	Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the ICB	Remuneration Committee
	Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the ICB	Remuneration Committee
	Approve terms and conditions of employment for all employees of the ICB including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the ICB	Remuneration Committee

Category	ICB Decision	ICB Decision Route
	Approve any other terms and conditions of services for the ICB's employees	People Committee
	Determine the terms and conditions of employment for all employees of the ICB	People Committee
	Approve disciplinary arrangements for employees, including the Accountable Officer and for other persons working on behalf of the ICB	People Committee
	Review disciplinary arrangements where the chief executive is an employee or member of another ICB	People Committee
	Approval of the arrangements for discharging the ICB's statutory duties as an employer	People Committee
	Approve human resources policies for employees and for other persons working on behalf of the ICB	People Committee
Quality and Safety	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes	Appropriate Committee of the Board
	Approve arrangements for supporting the NHS England in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services (General dental services, ophthalmic services and community pharmacy once delegated)	Quality and Safety Committee
Operational and Risk Management	Approve an operational scheme of delegation that sets out who has responsibility for operational decisions within the ICB	Board
	Approve the ICB's arrangements for business continuity and emergency planning	Board
	Ensuring that the Registers of Interest are reviewed regularly and updated as necessary	Board
	Approving the level of non-pay expenditure	Board
	Approve proposals for action on litigation against or on behalf of the ICB	Finance and Performance Committee
	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006)	Finance and Performance
	Approve the ICB's counter fraud and security management arrangements	Risk and Audit Committee
	Approval of the ICB's risk management arrangements	Risk and Audit Committee

Category	ICB Decision	ICB Decision Route
	Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the ICB	Risk and Audit Committee
	Approve the ICB's banking arrangements	Chief Finance Officer
	Approve the level of all fees and charges other than those determined by the NHS England or by statute	Chief Finance Officer
	Responsibility for overseeing conflicts of interest	Corporate Office
Information Governance	Approve the ICB's arrangements for handling complaints	Quality and Safety Committee
	Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data	Risk and Audit Committee
Tendering and Contracting	Approval of the ICB's contracts for any commissioning support, securing Board approval if needed in line with scheme of delegation	Finance and Performance Committee
	Approval of the ICB's contracts for corporate support (for example finance provision), securing Board approval if needed in line with scheme of delegation	Finance and Performance Committee
	Approval of the CCGs contracts and procurement exercises, securing Board approval if needed in line with the scheme of delegation	Finance and Performance Committee
	Negotiate contracts on behalf of the ICB	Appropriate Chief Officer
Partnership Working	Approve decisions that individual members or employees of the group participating in joint arrangements on behalf of the group can make. Such delegated decisions must be disclosed in this Scheme of Reservation and Delegation	Board
	Approve decisions delegated to joint committees established under section 75 of the 2006 Act	Board
Commissioning and Contracting for Clinical Services	Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation	Board
	Approve arrangements for co-ordinating the commissioning of services with other Groups and or with the local authority(ies), where appropriate	Board
	Approval of the ICB's procurement strategy	Finance and Performance Committee

Category	ICB Decision	ICB Decision Route
Communications	Approving arrangements for handling Freedom of Information requests	Risk and Audit Committee
	Determining arrangements for handling Freedom of Information requests	Chief Executive

C Standing Financial Instructions and Detailed Delegation Limits

1 Purpose and statutory framework

- 1.1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the integrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.
- 1.1.2 In accordance with the Act as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.
- 1.1.3 The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.
- 1.1.4 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.
- 1.1.5 The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.
- 1.1.6 Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the constitution of the ICB.
- 1.1.7 All members of the ICB (its board) and all other Officers should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.
- 1.1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the chief finance officer must be sought before acting.
- 1.1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

2 Scope

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

- 2.1.2 Within this document, words imparting any gender include any other gender. Words in the singular include the plural and words in the plural include the singular.
- 2.1.3 Any reference to an enactment is a reference to that enactment as amended.
- 2.1.4 Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

3 Roles and Responsibilities

3.1 Staff

- 3.1.1 All ICB Officers are severally and collectively, responsible to their respective employer(s) for:
- abiding by all conditions of any delegated authority;
 - the security of the statutory organisations property and avoiding all forms of loss;
 - ensuring integrity, accuracy, probity and value for money in the use of resources; and
 - conforming to the requirements of these SFIs.
- 3.2 Accountable Officer
- 3.2.1 The ICB constitution provides for the appointment of the chief executive by the ICB chair. The chief executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.
- 3.2.2 The chief finance officer reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director.
- 3.2.3 The chief executive will delegate to the chief finance 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 finance 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.

3.3 Risk and Audit Committee

3.3.1 The board and accountable officer is supported by a Risk and Audit Committee which provide proactive support to the board in advising on:

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

4 Management accounting and business management

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

- 4.1.2 The chief finance officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.
- 4.1.3 The chief finance officer will ensure:
- the promotion of compliance to the SFIs through an assurance certification process;
 - the promotion of long-term financial health for the NHS system (including ICS);
 - budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for;
 - the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
 - that the budget holders are supported in proportion to the operational risk; and
 - the implementation of financial and resources plans that support the NHS Long term plan objectives.
- 4.1.4 In addition, the chief finance 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 and to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
 - the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.
- 4.1.5 The chief finance 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.

5 Income, banking arrangements and debt recovery

5.1 Income

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

- 5.1.2 The chief finance 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.

5.2 Banking

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

5.2.2 The chief finance 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.

5.3 Debt management

5.3.1 The chief finance officer is responsible for the ICB debt management strategy.

5.3.2 This includes:

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

6 Financial systems and processes

6.1 Provision of finance systems

6.1.1 The chief finance 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.

- 6.1.2 The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.
- 6.1.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Integrated Single Financial Environment ("ISFE"). This is the required accounting system for use by ICBs, Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.
- 6.1.4 The Chief Finance 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 finance officer shall periodically seek assurances that adequate controls are in operation.

7 Procurement and purchasing

7.1 Principles

- 7.1.1 The chief finance 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.
- 7.1.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.
- 7.1.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.
- 7.1.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.
- 7.1.5 All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.
- 7.1.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.
- 7.1.7 Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.
- 7.1.8 The ICB must undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.
- 7.1.9 Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit and assurance committee.

8 Staff costs and staff related non pay expenditure

- 8.1 Chief People Officer
- 8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.
- 8.1.2 Operationally the CPO will be responsible for:
- defining and delivering the organisation's overall human resources strategy and objectives; and
 - overseeing delivery of human resource services to ICB employees
- 8.1.3 The CPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.
- 8.1.4 Where a third-party payroll provider is engaged, the CPO shall closely manage this supplier through effective contract management.

- 8.1.5 The CPO will further ensure proper arrangements for and controls over expenses and allowances linked to employment.
- 8.1.6 The CPO is responsible for management and governance frameworks that support the ICB employees' life cycle.
- 8.1.7 In relation to temporary staff, the CPO is responsible for ensuring that policy and procedures provide:
 - appropriate control over the employment of, and expenditure on, agency staff
 - protection for the ICB against HMRC claims for non-compliance with IR35

9 Annual reporting and Accounts

- 9.1.1 The chief finance 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, as part of the setup of the new organisation; and
 - the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year.

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

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
 - review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
 - review any steps that the board has taken to implement any joint local health and wellbeing strategy.
- 9.1.2 NHS England may give directions to the ICB as to the form and content of an annual report.
 - 9.1.3 The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

9.2 Internal audit

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

- all internal audit services provided under arrangements proposed by the chief finance officer are approved by the Audit and Risk Committee, on behalf of the ICB board;
- the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);

- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, audit committee and board;
- the head of internal audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
- the head of internal audit should attend audit committee meetings and have a right of access to all audit committee members, the Chair and chief executive of the ICB;
- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

9.3 External Audit

The chief finance officer is responsible for:

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

9.4 Prepayments

9.4.1 The ICB is prohibited by HM Treasury from drawing down cash in advance of need and, therefore, prepayments are effectively forbidden.

9.4.2 The only exceptions are where there is specific Department of Health and Social Care or NHS England guidance enabling payments in advance of need for specific circumstances or where a value for money case can be proven to HM Treasury. The latter scenario must be referred to the Chief Finance Officer in the first instance.

10 Losses and special payments

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

- 10.1.2 The Chief Finance 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.
- 10.1.3 NHS England has the statutory power to require an integrated care board to provide NHS England with information. The information is not limited to losses and special payments, and must be provided in such form, and at such time or within such period, as NHS England may require.
- 10.1.4 As part of the new compliance and control procedures, ICBs must submit an annual assurance statement confirming the following:
- details of all exit packages (including special severance payments) that have been agreed and/or made during the year;
 - that NHS England and HMT approvals have been obtained before any offers, whether verbally or in writing, are made; and
 - adherence to the special severance payments guidance as published by NHS England.
- 10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Risk and Audit Assurance Committee and NHS England, noting that ICBs do not have a delegated limit to approve losses or special payments.
- 10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide which will be added as an Appendix to this document when published by NHS England.

Fraud, bribery and corruption (Economic crime)

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

11 Capital Investments & security of assets and Grants

- 11.1.1 The Chief Finance 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 finance officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

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

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

11.1.3 Advice should be sought from the Chief Finance Officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

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

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

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

11.2 Grants

11.2.1 The Chief Finance 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.

11.2.2 All revenue grant applications should be regarded as competed as a default position unless there are justifiable reasons why the classification should be amended to non-competed. (Competed in this context means that applications are invited and assessed against a pre-published set of criteria, with awards made based on the outcome of the application assessment).

12 Legal and insurance

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

- engagement of solicitors/legal advisers;
- 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.

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

Detailed Delegation Limits

1 Introduction

- 1.1.1 The Detailed Delegation Limits outlined below represents the lowest level to which authority within the ICB is delegated. All items must be carried out in accordance with the Constitution and other Governance documents. One off delegation to lower levels or to other officers requires the specific authority of the Chief Executive or Chief Finance Officer. The table below provides a headline guide of delegation.

Ref	Expenditure Limits within Budgets			ICB
	Outside NHS and Local Authority	Local Authority (BCP & DC Council)	Within NHS	
A1	>£2,000,000	> £4,000,000	> £6,000,000	ICB Board
A2	<£2,000,000	< £4,000,000	< £6,000,000	Clinical Commissioning Committee Primary Care Commissioning Committee Finance and Performance Committee (tenders/contract etc)
A3			Delegated authority for up to the financial value of existing contract	Ambulance Joint Commissioning Committee- The AJCC must exercise its delegated functions within the financial limit on its delegated authority which shall be the total budgeted resources that the ICB has agreed to commit to the contract including any forecasted overspend. Decisions that will require the ICB to commit additional resources over and above the financial limit on the AJCC's delegated authority are reserved to the ICB.
B	<£500,000	< £1,000,000	< £2,000,000	Chief Executive/ Director on Call
C	<£250,000	< £500,000	< £1,000,000	Chief Finance Officer/Deputy & Assistant Chief Finance Officer
D			<£225,000	Chief Commissioning Officer (Personal Medical Service (PMS)/General Medical Service (GMS) payment schedule only)
E			< £75,000	Chief Officers (Non-Chief Finance Officer and non-Digital expenditure)
F			< £75,000	Chief Digital Information Officer (For Digital Expenditure)
G			< £75,000	Personal Health Commissioning Lead
H			< £30,000	Deputy Director (Non-Finance)
I			< £20,000	Senior Manager (Band 8a and above)
J			< £10,000	Senior Delegated Authoriser

K			< £1,000	Delegated Authoriser
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1.1.2 These limits apply to the total cumulative spend for a commitment. A commitment must not be disaggregated to circumvent these limits.

1.1.3 Officers at each level have delegated authority for all lower levels of delegation.

1.1.4 In the absence of the relevant manager, authority should be delegated up to the next level.

1.1.5 The Detailed Scheme of Delegation is as follows:

	Area of Delegation			Delegated Limit	Authority Delegated to:	Ref.
1	REVENUE EXPENDITURE Approval of revenue budget				ICB Board	
2	CAPITAL EXPENDITURE Approval of capital plan				ICB Board	
3	Responsibility to keep expenditure within budget Overall Financial Plan All other areas Directorate level Individual budget level				Chief Executive Chief Finance Officer Chief Officers Senior Delegated Authoriser	B C D J
4	Budgets Adjustment	Outside NHS and ICS > £2,000,000 < £2,000,000 <£500,000 <£250,000	Local Authority (BCP & DC Council) > £4,000,000 < £4,000,000 < £1,000,000 < £500,000	Within NHS > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000	ICB Board Finance & Performance Committee Chief Executive Chief Finance Officer	A1 A2 B C
5	TENDERS Purchases not covered by compliant framework arrangements as set out in Section 7 of SFIs Authority to waive above requirements (e.g. single source tenders)			> £15,000 > £250,000 > £6,000,000	2 quotations Formal tenders ICB Board	N/A N/A A1

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
	Authority to accept other than lowest tender/ quotation	< £6,000,000 < £2,000,000 < £1,000,000	Finance and Performance Committee Chief Executive Chief Finance Officer	A2 B C
	Acceptance of a tender	> £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000 > £6,000,000 < £6,000,000 < £2,000,000 < £1,000,000	ICB Board Finance and Performance Committee Chief Executive Chief Finance Officer ICB Board Finance and Performance Committee Chief Executive Chief Finance Officer	A1 A2 B C A1 A2 B C
6	NON-PAY AND CAPITAL EXPENDITURE WITHIN BUDGETS (These limits apply to the total cumulative spend for a commitment. A commitment must not be disaggregated to circumvent these limits). (Personal Health Commissioning see section 6.1)	>£75,000 >£75,000 <£225,000 < £75,000 < £75,000	Chief Executive Chief Finance Officer / Deputy or Assistant Chief Commissioning Officer (GMS/PMS payments only) Chief Officers (non-finance & non digital) Chief Digital Officer (For digital expenditure)	B C D E F

	Area of Delegation			Delegated Limit	Authority Delegated to:	Ref.
				< £75,000	Personal Health	G
				< £30,000	Commissioning Lead	H
				< £20,000	Responsible Deputy Director (non-finance)	I
				< £10,000	Senior Manager (Band 8A and above)	J
				< £1,000	Senior Delegated Authoriser	K
6.1	Personal Health Commissioning – packages of care – learning disability patients			Weekly costs of package of care > £5,500	Chief Finance Officer together with Chief Nursing Officer	
				<£5,500	Chief Nursing Officer, Deputy Director of Personal Health Commissioning	
				<£3,500	Head of PHC Operations	
				<£3,000	Band 8B except Head of PHC Operations	
				<£2,350	Band 8A	
				<£1,350	Band 7	
				<£1,000	Band 6	
6.2	LOSSES AND COMPENSATION Ex Gratia Payments + all other losses, write-off, compensation payments etc.			All	Chief Finance Officer	C
6.3	PETTY CASH PAYMENTS			> £150	Chief Finance Officer	
				<£150	Senior Manager (Band 8a and above)	
				<£50	Senior Delegated Authoriser	
6.4	WRITING OFF EXPENDITURE & CREDIT NOTES	Outside NHS and ICS > £2,000,000	Local Authority (BCP & DC Council)	Within NHS > £6,000,000	ICB Board	A1

	Area of Delegation			Delegated Limit	Authority Delegated to:	Ref.
		< £2,000,000 <£500,000 <£250,000	> £4,000,000 < £4,000,000 < £1,000,000 < £500,000	< £6,000,000 < £2,000,000 < £1,000,000	Finance & Performance Committee Chief Executive Chief Finance Officer	A2 B C
7	Signing of all Contracts, Leases, Agreements etc, (except see 8 below regarding signing of Digital contracts, leases and agreements)			All	Chief Executive Chief Finance Officer	B C
8	Signing of Digital / IT contracts, leases and agreements			>£250,000 <£250,000 total value where already budgeted in Digital Directorate	Chief Executive Chief Financial Officer Chief Digital Information Officer	B C F
9	Commissioning i) Agreement and sign-off of Contracts Agreements and variations (see also above ref Digital / IT contracts and agreements ii) Agreement of contract variations (note – variations only)			ALL <£75k	Chief Executive Chief Finance Officer Deputy or Assistant Chief Finance Officer	B C C
10	PERSONNEL AND PAY					
10.1	Appointment of Staff Funded post (i.e. within existing budgets + agreed with the Chief Executive) New posts Sign off of booking Bank/ Agency staff				Senior Managers (Band 8a and above) Chief Executive Chief People Officer	I C E
10.2	Pay and Expenses Re-grading Overtime			All All	Chief People Officer Deputy Director	E H

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
10.3	Time/ attendance records	All	Senior Delegated Authoriser	J
	Travel and Subsistence Claims	All	Line manager of employee (as set up in automated Easy Expenses system)	
	Redundancy	All	Chief Finance Officer & Chief People Officer	C&E
	Ill Health Retirement	All	Chief Finance Officer & Chief People Officer	C&E
10.5	Dismissal	All	Chief People Officer & Chief Officers	E
10.6	Leave/ Absences			
	Approval	All	Line Manager	
	Approval of carry forward	All	Chief Officers	
10.7	Special Leave arrangements	> 5 days	Chief Officers	E
	Study Leave/ Training Course:	All		E
	- Funded from Central Budget		Chief People Officer	
	- Funded from Delegated Budgets	< £10,000	Chief Finance Officer	E
10.8	Removal Expenses	> £10,000		C
	Mobile telephone user within policy criteria	All	Chief People Officer	E
11	MAINTENANCE OF BANK ACCOUNTS	All	Chief Officers	E
12	HOSPITALITY RECEIVED	> £50	Nominated Senior Manager – Finance	I
13	RELATIONSHIPS WITH MEDIA		To be registered with the Corporate Office	N/A
	Outside hours	All	Director on Call + Communication Team	
			Chief Officers +	B

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
	Within hours	All	Communications Team	E
14	SEALING OF DOCUMENTS	All	Chief Officer + Senior Manager (8A and above)	E & I

Appendix 7 Other Supporting Policies

A Standard of Business Conduct Policy incorporating Conflicts of Interest Policy

DOCUMENT TRAIL AND VERSION CONTROL SHEET	
Name of document	Standards of Business Conduct
Date of document	11/05/2022
Review date	xxx
Author	
Approved by	Dorset Integrated Care Board
Date approved	
Status	Working document
Version	Version

Previous Version	Reviewed by	Approved by	Amendment History
0.1	Charles Summers		
0.2	Alison LeClercq & Charles Summers		V0.2 @ 10/05/2022

Contents

1. Introduction
2. Scope of policy
3. Prevention of corruption
4. Raising concerns
5. Counter fraud measures
6. Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Delegation (SD)
7. Declaration of interests
8. Personal conduct
9. Gifts and hospitality
10. Outside employment and private practice
11. Political activities
12. Commercial sponsorship
13. Suppliers and contractors
14. Initiatives
15. Confidentiality
16. Management arrangements
17. Complaints
18. Further information

Appendix A: The seven principles of public life set out by the Committee on standards in public life (the Nolan principles)

Appendix B: Examples of conflicts of interest for ICB staff (excluding ICBB members)

Appendix C: ICB declaration of interests for ICB members, employees and associates

Appendix D: Declaration of Gifts, Hospitality and Sponsorship Form

Appendix E: Declaration of Secondary Employment Form

Appendix F: Application to seek Permission to Accept Commercial Sponsorship

Appendix G: The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics

Appendix H: Non-disclosure agreement

Appendix I: Template Declarations of Interest checklist

Appendix J: Template for recording minutes

Appendix K: Template Procurement decisions and contracts awarded

Appendix L: Template register of procurement decisions and contracts awarded

1 Introduction

- 1.1 This policy describes the public service values, which underpin the work of the NHS and to reflect current guidance and best practice to which all individuals within NHS Dorset Integrated Care Board (ICB) must have regard in their work for the ICB.
- 1.2 The ICB aspires to the highest standards of corporate behaviour and responsibility. All ICB staff are required to comply with this policy.
- 1.3 The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following three public service values which are central to the work of the ICB:
- Accountability - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
 - Probity - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties.
 - Openness - there should be sufficient transparency about NHS activities to promote confidence between the ICB and its staff, patients and the public.
- 1.4 In addition, all individuals within the ICB must abide by the Seven Principles of Public Life as set out by the Committee on Standards in Public Life and set out at Appendix A of this Policy:
- The Good Governance Standards of Public Services;
 - The Seven Key Principles of the NHS Constitution; and
 - The Equality Act 2010.

2 Scope of policy

- 2.1 This policy applies to:
- ICB Board (ICBB) Members;
 - ICB employees;
 - ICB Committee Members (who may be participants at the Board);
 - Third parties acting on behalf of the ICB under any contract arrangement;
 - Agency staff engaged by the ICB; and secondees and other associates and honorary appointees,
- all referred to collectively in this policy as Regulated Persons.

3 Prevention of corruption

- 3.1 The ICB has a responsibility to ensure that all ICB Regulated Persons are made aware of their duties and responsibilities arising from the Bribery Act 2010. Under this Act there are four offences:

- offering, promising or giving a bribe to another person (section 1);
- requesting, agreeing to receive, or accepting a bribe (section 2);
- bribing, or offering to bribe, a foreign public official (section 6);
- failing to prevent bribery (section 7).

3.2 All Regulated Persons must be aware of the Bribery Act 2010 and should also refer below for further guidance in relation to this.

4 Raising concerns

4.1 It is the duty of every Regulated Person to speak up about genuine concerns in relation to criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), failure to declare conflicts of interest, miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace. The ICB has developed a Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for the NHS setting out the arrangements for raising and handling staff concerns. The procedure for reporting specific concerns relating to fraud bribery or corruption are described in paragraph five.

5 Counter fraud measures

5.1 All Regulated Persons must not use their position to gain financial advantage.

5.2 The ICB encourages Regulated Persons with concerns or reasonably held suspicions about potentially fraudulent activity or practice (including conflicts of interest), bribery and corruption to report these. Regulated Persons should immediately inform the Local Counter Fraud Specialist who will inform the Chief Finance Officer, unless the Chief Finance Officer is implicated. If that is the case, they will report it to the Chair or Accountable Officer, who will decide on the action to be taken.

5.3 Regulated Persons can also call the NHS Fraud and Corruption Reporting Line on free phone 0800 028 40 60. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

5.4 Anonymous letters, telephone calls, etc. are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and should always be taken seriously. The Local Counter Fraud Specialist or Chief Finance Officer will make appropriate enquiries to establish any foundation to the suspicion that has been raised.

5.5 Regulated Persons should not ignore their suspicions, nor investigate themselves.

6 Standing Orders (SOs), Standing Financial Instructions (SFIs) and Scheme of Reservation and Delegation (SoRD)

6.1 All Regulated Persons must carry out their duties in accordance with the ICB's Constitution, SOs, SFIs and SoRD (collectively referred to as the Governance Documents). The Governance Documents set out the statutory and governance framework in which the ICB operates and there is considerable overlap between the contents of this policy and the provisions of the Governance Documents. ICB staff must at all times refer to, and act in accordance with, the Governance Documents to ensure current ICB process is followed. In the event of doubt, ICB staff should seek advice from their line manager. In the event of any

conflict arising between the details of this policy and the Governance Documents, the provisions of the Governance Documents shall prevail.

7 Declaration of interests

- 7.1 The ICB has in place principles and procedures for managing potential conflicts of interests which could be deemed or assumed to affect the decisions made by those involved in the ICB. These decisions could include awarding contracts, procurement, policy, employment and other decisions.
- 7.2 Regulated Persons should not allow their judgement or integrity to be compromised.
- They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment or engagement, duties and responsibilities.
- 7.3 This section describes the ICB policy in relation to the identification and management of conflicts of interest for Regulated Persons. Adherence to these provisions is mandatory in order to identify and manage current, perceived or potential conflicts which may arise between the interests of the ICB and the personal interests, associations and relationships of its Regulated Persons or their family and associates.
- 7.4 Failure to adhere to these provisions relating to the declaration of interests may constitute a criminal offence, as an individual could gain an unfair advantage or financial reward for themselves or a family member/friend or associate. Any suspicion or knowledge that a relevant personal interest may not have been declared should be reported to the Corporate Office, who may refer the matter to the Local Counter Fraud Office.
- 7.4.1 The Local Counter Fraud Officer shall report (through the Chief Finance Officer where the matter may constitute a criminal offence and through the Chief People Officer where the matter relates to a disciplinary issue) to the Risk and Audit Committee his findings together with a recommendation regarding any further action.
- 7.4.2 Without prejudging the issue, the Regulated Person concerned will not be able to participate in any decision-making meeting pending consideration of the Local Counter Fraud Officer's report and recommendation, by the Risk and Audit Committee.
- 7.4.3 Where a contract has been entered into following one or more episodes of non-compliance with policy and procedure relating to conflicts of interest, the ICB will, where appropriate, seek independent legal counsel upon the proper course to redress any unfairness that may have occurred.
- 7.4.4 For the avoidance of doubt, every instance relating to a breach of policy or procedure relating to conflicts of interest shall be considered by the Risk and Audit Committee which will make a determination regarding any action to address or redress the situation.
- 7.4.5 A breach of policy (including a failure to declare) by a Regulated Person will be subject to investigation and, if appropriate, disciplinary action. Any statutorily regulated individuals may also be subject to Fitness to Practice proceedings.
- 7.4.6 Anonymised details of any breach of policy including a failure to declare by a Regulated Person will be recorded in the ICB's register for breaches of the Standards of Business Conduct incorporating the Conflicts of Interest Policy.

- 7.4.7 A breach of policy (including a failure to declare) by a Regulated Person will be published by the ICB on its website for learning and development purposes by Corporate Services, who will brief the Communications Department regarding potential media interest.
- 7.4.8 Any breach of policy (including a failure to declare) by a Regulated Person will be reported to NHS England – South West (ICB Link Person).
- 7.5 Concerns can also be raised or reported under the Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy for the NHS or the anti-Fraud, Bribery and Corruption Policy, both available from the ICB website.
- 7.6 Concerns raised or reported under either of the policies referred to in 7.5. above, that amount to a breach of this policy will be dealt with as set out in paragraphs 7.4.1 - 7.4.8.
- 7.7 All Regulated Persons staff must declare any interest, on appointment, when the interest is acquired, or on a change of role or responsibility and at any meeting if that interest may directly or indirectly give rise to an actual or potential conflict of interest or duty. Examples of interests are given in Appendix B. Such interests, and potential conflicts of interest, include personal and indirect interests, and may arise through:
- financial interests (for example, where someone involved has significant shareholdings or voting rights in a company or partnership);
 - decisions affecting individuals who share the interests of organisation staff – for example, family members or members of societies, clubs or other organisations, and close friends;
 - acceptance of hospitality from current or prospective business contacts; and acceptance of gifts.
- 7.8 A family member may include:
- a partner (someone who is married to, a civil partner or someone with whom the Regulated Person lives in a similar capacity);
 - a parent or parent in law;
 - a son or daughter or stepson or step daughter;
 - the child of a partner;
 - a brother or sister;
 - a brother or sister of the staff member's partner;
 - a grandparent and/ or a grandchild;
 - an uncle or aunt;
 - a nephew or niece;
 - and the partners of the above.

- 7.9 A definition of an interest and further examples of relevant interests are set out in Appendix B. If in doubt Regulated Persons should take advice from Corporate Services.
- 7.10 The ICB is required to maintain registers of interests to formally record declarations of interest. The declaration form set out at Appendix C should be completed by all Regulated Persons and sent to the Corporate Office. Further guidance on the declaration of interests is set out in the Constitution available from the Corporate Office.
- 7.11 The ICB will maintain a record of how conflicts, actual, perceived or potential have been managed, particularly in the context of specific procurement decisions.
- 7.12 In the event of any dispute relating to Conflicts of Interests and/or Declarations thereof, the matter may be referred by the ICB Chair to the Risk and Audit Committee. The Risk and Audit Committee shall hear representations from all concerned parties and make a determination which shall be binding upon all parties.
- 7.13 All Declarations of Interest made by Regulated Persons will be reviewed by the Corporate Office every year and reported to the Risk and Audit Committee quarterly and annually to the ICBB.
- 7.14 As required by this Policy, prior to any final offer of employment or engagement being made by the ICB, the ICB will assess the materiality of any interests declared as part of the appointment process for prospective ICBB, Committee members and members of staff where the individual (or a family member, business partner or close friend) could benefit from any decision of the ICB.
- The ICB shall determine the extent of any declared interest and determine whether it is significant enough that the individual concerned would not be able to make a full and proper contribution to the ICBB, Committee or other role and whether that individual should therefore not become a member of the ICBB, Committee or should not take up the position being considered.
 - The ICB shall prohibit the appointment of someone who 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.
- 7.15 Where all of the Partner Members on a decision-making body could have a material interest in a decision, the matter in question shall be referred to the ICBB but excluding all Partner Members with an interest, from the decision-making process.
- where a matter has been referred to the ICBB as in 7.15 above, or where the decision has through other governance means been sent to the ICBB for determination, the ICBB shall follow the requirements of paragraph 8.4.8 to 8.4.12 of the ICB's Constitution to ensure that a valid decision can be made.
- 7.16 Further guidance on the management of conflicts of interest is provided in the Constitution
- 7.17 A copy of all registers of Interests declared by Regulated Persons together with a register of Procurement Decisions will be publicly available in a prominent place on the ICB's website and may be inspected upon request at the ICB's Headquarters.

8 Personal conduct

- 8.1 Lending or borrowing

- 8.1.1 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 8.1.2 It is a serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.
- 8.2 Gambling
- No member of staff may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.
- 8.3 Trading on official premises
- Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.
- 8.4 Collection of money
- Charitable collections must be authorised by an appropriate executive board member. Other flag day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.
- 8.5 Bankrupt or insolvent staff
- Any member of staff who becomes bankrupt or insolvent must inform their line manager and the Workforce team as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.
- 8.6 Arrest or conviction
- 8.6.1 A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line manager and Workforce.

9 Gifts and hospitality

The over-arching principle that ICB staff should not accept gifts that may affect, or be seen to affect, their professional judgement should apply in all circumstances.

9.1 Gifts from Suppliers or Contractors:

Gifts of low value (up to £10), such as promotional items, can be accepted and do not need to be declared, but all other gifts from suppliers or contractors must be declined and declared.

9.2 Gifts from Other Sources:

Modest gifts under £50 can be accepted from non-suppliers and non-contractors and do not need to be declared. Gifts with a value over £50 should be treated with caution but can be accepted on behalf of the ICB but not in a personal capacity and must be declared to the Corporate Office. Multiple gifts from the same source over a 12-month period with a cumulative value exceeding £50 should be treated in the same way as single gifts over £50 value.

9.3 Any personal gift of cash or cash equivalents (e.g., tokens) must be declined whatever its value and the offer declined must be declared to the Corporate Office.

9.4 Regulated Persons should:

- report all declarable gifts to the Corporate Office; and
- promptly return any gifts which need to be declined, with a letter politely explaining the terms of this policy and stating that you are not allowed to accept them.

9.5 Hospitality

The over-arching principles which should apply in all circumstances are that ICB staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

9.6 Regulated Persons should exercise discretion in accepting offers of hospitality from actual or potential suppliers/contractors, other organisations or individuals concerned with the supply of goods or services. It can be accepted if modest and reasonable, but senior approval should be obtained, and such hospitality declared to the Corporate Office.

- Modest hospitality (meals/refreshments) (under £25) provided in normal and reasonable circumstances during the course of working visits may be accepted and need not be declared, although it should be on a similar scale to that which the ICB might offer in similar circumstances, e.g. hospitality provided at meetings, events, seminars. In cases of doubt, advice should be sought from your line manager.
- Hospitality (meals/refreshments) between £25 and £75 can be accepted but must be declared to the Corporate Office.
- Hospitality (meals/refreshments) of a value in excess of £75 must be declared and should be refused unless (in exceptional circumstances) senior approval is given.
- Modest offers to pay some or all travel and accommodation costs related to attendance at events may be accepted and must be declared to the Corporate Office.
- Offers which go beyond modest or are of a type that the ICB itself might not usually offer, should be declined unless (in exceptional circumstances) senior approval is given. A non-exhaustive list of examples includes business class/first class travel and accommodation and foreign travel. These should be declared to the Corporate Office with a clear reason for acceptance and a copy of any senior approval.

9.7 All declarable hospitality or gifts must be reported to the Corporate Office and recorded in the Gifts, Hospitality and Sponsorship Register held by the Corporate Office (example attached at Appendix D) as soon as is reasonably practicable. It is not necessary to report refreshments such as tea, coffee etc., or for course participants to record meals provided during a training event or seminar. The Gifts, Hospitality and Sponsorship register will be published on the ICB website.

- 9.8 Regulated Persons should be cautious of accepting small items of value, or hospitality over that afforded in a normal meeting environment (i.e. beverages) during a procurement process or from bidders/potential bidders. This avoids any potential claim of unfair influence, collusion or canvassing.
- 9.9 Care should be taken when providing hospitality. Avoid providing hospitality at non- business locations unless there is a clear need to do so – this should be agreed in advance by a director. Any hospitality provided should be modest.
- 10 Outside employment and private practice**
- 10.1 Employees of the ICB (depending on the details of their contract as regards outside employment and private practice) are required to inform the ICB if they are engaged in or wish to engage in outside employment in addition to their work with the ICB (using the form at Appendix E). The purpose of this is to ensure that the ICB is aware of any potential conflict of interest with their ICB employment. Examples of work which might conflict with the business of the ICB include:
- employment with another NHS body;
 - employment with another organisation which might be in a position to supply goods/services to the ICB; and
 - self-employment, including private practice, in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB.
- 10.2 The Workforce team of the ICB will send an annual reminder to all ICB staff about this requirement.
- 10.3 Permission to engage in outside employment/private practice will be required and the ICB reserves the right to refuse permission where it believes a conflict will arise.
- 11 Political activities**
- 11.1 Any political activity should not identify an individual as an employee of ICB. Conferences or functions run by a party-political organisation should not be attended in an official capacity, except with prior written permission from a National director.
- 12 Commercial sponsorship/Sponsored events**
- 12.1 Sponsorship of NHS events by external parties is valued. Offers to meet part of the cost of running an event secures their ability to take place, benefitting NHS staff and patients. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there should be proper safeguards in place to prevent conflicts occurring.
- 12.2 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 a clear benefit for the ICB or 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 interests of transparency.
- The ICB will make it clear that sponsorship does not equate to endorsement of a sponsor or its products and this needs to be made visibly clear on any promotional or other materials relating to the event.

- 12.3 Regulated persons may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and in accordance with the principles set out in this policy. In cases of doubt, regulated persons should declare their involvement with arranging sponsored events to their line manager (with details of the proposed sponsorship) and permission must be obtained from the relevant director in writing in advance and a copy of this permission must be sent to the Corporate Office. (See Appendix F - "Application to seek permission to accept commercial sponsorship").
- 12.4 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.
- 12.5 Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.
- 12.6 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.
- 12.7 During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection legislation.
- 12.8 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.

13 Suppliers and contractors

- 13.1 All ICB staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply (Appendix G).
- 13.2 All ICB staff must treat prospective contractors or suppliers of services to the ICB equally and in a non-discriminatory way and act in a transparent manner.
- 13.3 Regulated Persons involved in the awarding of contracts and tender processes must take no part in a selection process if a personal interest or conflict of interest is known. Such an interest must be declared to the Corporate Office using the form at Appendix C as soon as it

becomes apparent. Regulated Persons should not at any time seek to give unfair advantage to any private business or other interests in the course of their duties.

- 13.4 The ICB has duties under UK procurement law and ICB staff must comply with Standing Financial Instructions (SFIs) in relation to all contract opportunities with the ICB.
- 13.5 Regulated Persons must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the ICB. This does not apply to officers' and members' benefit schemes offered by the NHS or trade unions.
- 13.6 ICB staff invited to visit organisations to inspect equipment (e.g. software or training aids) for the purpose of advising on its purchase will be reimbursed for their travelling expenses in accordance with the travel expenses policy laid down by the ICB. Such expenses should not be claimed from other organisations to avoid compromising the purchasing decisions of the ICB.
- 13.7 Every invitation to tender to a prospective bidder for ICB business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the ICB, its employees or officers concerning the contract opportunity tendered.
- 13.8 Offers of pro bono work from prospective bidders for ICB business should be politely refused.

14 Initiatives

- 14.1 As a general principle any financial gain resulting from external work where use of ICB time or title is involved (e.g., speaking at training events/conferences, writing articles etc) and/or which is connected with ICB business must be forwarded to the Corporate Office.
- 14.2 Any patents, designs, trademarks or copyright resulting from the work (e.g., research) of an employee of the ICB carried out as part of their employment by the ICB shall be the Intellectual Property of the ICB.
- 14.3 Approval from the appropriate line manager should be sought prior to entering into an obligation to undertake external work connected with the business of the ICB, e.g. writing articles for publication, speaking at conferences.
- 14.4 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances the ICB's reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

15 Confidentiality

- 15.1 Information concerning the ICB that is not in the public domain must not at any time be divulged to any unauthorised person. Similarly, patient data or personal data concerning staff must not be divulged. This duty of confidence remains after termination of employment and applies to all individuals working within ICB.
- 15.2 Care should be taken that neither the duty of confidentiality nor the Data Protection Act 2018 and UK GDPR is breached inadvertently by, for instance discussing confidential matters in public places, e.g. whilst travelling by train, or by leaving portable IT equipment containing confidential information where it might easily be stolen, e.g. on full view in a parked car. Data should only be distributed using mechanisms with an appropriate level of security.

15.3 ICB staff must maintain confidentiality of information at all times, both commercial data and personal data, as defined by the Data Protection Act 2018 and UK GDPR.

15.4 Regulated Persons should guard against providing information on the operations of the ICB which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the ICB. For particularly sensitive procurements/contracts, ICB staff may be asked to sign a non-disclosure agreement.

16 Management arrangements

16.1 Regulated Persons should be aware that a breach of this policy could render them liable to prosecution, as well as leading to the termination of their employment or position with the ICB.

16.2 Regulated Persons who fail to disclose any relevant interests, outside employment or receipt of gifts or hospitality as required by this policy or the ICB's Governance Documents may be subject to disciplinary action which could, ultimately, result in the termination of their employment or position with the ICB.

16.3 The Corporate Office will be responsible for maintaining the register of interests, holding the Gifts and Hospitality Register and reviewing the implementation of this policy.

16.4 An identified target group of Regulated Persons will be required to undergo annual mandatory on-line training in Conflicts of Interest.

17 Complaints

17.1 Regulated Persons who wish to report suspected or known breaches of this policy should inform the Corporate Office. All such notifications will be held in the strictest confidence and the person notifying the Corporate Office can expect a full explanation of any decisions taken as a result of any investigation.

18 Further information

This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the ICB's Governance Handbook and associated documents including Standing Orders, matters reserved to the ICB in the SoRD. Regulated Persons should refer to:

- the National Health Service Act 2006 & the Health and Social Care Act 2008;
- the Code of Conduct for NHS Managers 2002;
- the Nolan Principles on Conduct in Public Life;
- the NHS Codes of Conduct and Accountability; (NHS Appointments Commission & Department of Health – amended July 2004)
- the Code of Practice on Openness in the NHS; and
- any additional or successor guidance published by the Department of Health and Social Care or NHS England.

Copies of these documents will be available from Corporate Services.

This policy will be reviewed regularly, and in accordance with the following on an as and when required basis:

- legislative changes; good practice guidance; case law;
- significant incidents reported; new vulnerabilities; and
- changes to organisational infrastructure.

The seven principles of public life set out by the Committee on Standards in Public Life (the Nolan Principles)

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards or benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

Examples of conflicts of interest for ICB staff (excluding ICBB members)³

Scenario	Declaration of Interest Required (Y/N)	Disqualification from involvement in matter of interest appropriate?
ICB staff member (or a family member) is a director, shareholder, employee or partner of an entity which has an interest in bidding for a contract for services which is being put out to tender by the ICB.	Yes.	Yes, depending on circumstances this should be considered.
ICB staff member (or a family member) is an existing director or partner in one or more potential providers of services to the ICB	Yes - on appointment.	Yes
ICB staff member (or a family member) holds a contract with or is a director/ shareholder/ employee of a company or party to a partnership which holds a contract with the ICB.	Yes – on appointment.	Yes

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 his or her 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. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.

³ ICBB members should refer to the Constitution for further guidance.

DECLARATIONS OF INTEREST FORM FOR ICB MEMBERS, EMPLOYEES AND ASSOCIATES

Name:
Position within, or
relationship with, the
ICB:

Details of interests held (complete all that are applicable):

Type of Interest* (*See reverse of form for details)	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 (this column will be completed by the Corporate Office)
		From	To	

NHS Dorset Integrated Care Board (ICB) must demonstrate that conflicts of interest are managed in a way that does not undermine the probity and accountability of the ICB. It is crucial to provide confidence that decisions taken by NHS Dorset ICB are robust, fair, transparent and offer value for money.

Section 140 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest. All regulated person are required to complete a Declaration of Interests. All conflicts, or perceived conflicts of interest, will be recorded on a Register that will be available on the ICB website.

Anyone who is included in the declaration of interest regime can contact the Corporate Office corporate.office@dorsetccg.nhs.uk or corporate.office@dorset.nhs.uk for further information.

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.

Signed:

Date:

On receipt, reviewed by the Corporate Office

Signed:

Date:

Please return your completed form to Steph Lower, Corporate Office Manager, Corporate Office, telephone (01305) 368017 or e-mail stephanie.lower@dorsetccg.nhs.uk

TYPES OF INTEREST

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:-</p> <ul style="list-style-type: none"> • 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); • 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	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:-</p> <ul style="list-style-type: none"> • 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	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:-</p> <ul style="list-style-type: none"> • 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	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:-</p> <ul style="list-style-type: none"> • spouse/partner; • close relative e.g., parent, grandparent, child, grandchild or sibling; • close friend; • business partner.

Appendix D

Dorset Integrated Care Board Declaration of Gifts, Hospitality and Sponsorship Form

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift/Hospitality/ Sponsorship	Estimated Value	Supplier/ Offeror name and nature of business	Details of previous offers or acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted	Reason for Accepting or Declining	Other Comments

NHS Dorset Integrated Care Board (ICB) must demonstrate that conflicts of interest are managed in a way that does not undermine the probity and accountability of the ICB. It is crucial to provide confidence that decisions taken by NHS Dorset ICB are robust, fair, transparent and offer value for money.

Section 140 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the Act") sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest. All regulated persons are required to complete a Declaration of Interests. All conflicts, or perceived conflicts of interest, will be recorded on a Register that will be available on the ICB website.

Anyone who is included in the declaration of interest regime can contact the Corporate Office corporate.office@dorsetccg.nhs.uk corporate.office@dorset.nhs.uk for further information.

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.

Signed:

Date:

On receipt, reviewed by the Corporate Office

Signed:

Date:

Please return to Stephanie Lower, Corporate Office Manager, Corporate Office, telephone (01305) 368017 or e-mail stephanie.lower@dorsetccg.nhs.uk stephanie.lower@dorset.nhs.uk

Declaration of Secondary Employment Form

Personal Details and Position

Full Name:

Job Title:

Department:

Directorate:

Hours of work per week:

Pattern of hours (e.g. 24/7 shifts, 8.30am – 5.00pm):

Days worked:

Other Employment/Work Details

I have other employment/work or I am considering other employment/work including Bank/Locum Agency, the details of which are below:

Organisation/Company/Agency:

Job Title:

Description of work undertaken:

.....

Type of work: (Circle as appropriate): Paid Unpaid Voluntary Casual

Hours per week:Pattern of hours:
(e.g. 24/7 shifts, 8.30am – 5.00pm)

Annual Leave Entitlement: days/ hours Date commenced:
(if already in secondary employment)

Declaration

'I declare that the above information is correct and that Secondary Employment in this instance will not have a detrimental effect on my work with the ICB. I will inform my Line Manager if there are any changes to the above. I understand that false information given with regard to this form could be treated as Gross Misconduct or fraudulent and dealt with accordingly under the Conduct and Capability Policy. To prevent and detect fraud I consent to the disclosure of relevant information from this form to and by the NHS Counter Fraud Service'.

(Employee) Signed: Date:

(Manager) Approved by: Date:

Print Name:

Application to Seek Permission to Accept Commercial Sponsorship

Please complete the form below and then pass to the relevant Director for approval. If approval is given, send a copy of the form, once signed by the Director, to the Corporate Office.

- 1 Detail of staff Name

 Title E-mail

 Tel-No

- 2 Details of proposed sponsorship, including details of proposed sponsor

Approval by relevant Director

Name Title

Signature Date

Any comments

Please return this form to the Corporate Office, Dorset ICB

The Chartered Institute of Purchasing and Supply (CIPS) Code of Ethics**Use of the code**

Members of CIPS are required to uphold this code and to seek commitment to it by all those with whom they engage in their professional practice. Members are expected to encourage their organisation to adopt an ethical purchasing policy based on the principles of this code and to raise any matter of concern relating to business ethics at an appropriate level. The Institute's Royal Charter sets out a disciplinary procedure which enables the CIPS Council to investigate complaints against any of our members and, if it is found that they have breached the code, to take appropriate action. Advice on any aspect of the code is available from the CIPS.

This code was approved by the CIPS Council on 11 March 2009.

As a member of The Chartered Institute of Purchasing & Supply, I will:

- maintain the highest standard of integrity in all my business relationships;
- reject any business practice which might reasonably be deemed improper; never use my authority or position for my own personal gain;
- enhance the proficiency and stature of the profession by acquiring and applying knowledge in the most appropriate way;
- foster the highest standards of professional competence amongst those for whom I am responsible;
- optimise the use of resources which I have influence over for the benefit of my organisation; and
- comply with both the letter and the intent of:
 - the law of countries in which I practice;
 - agreed contractual obligations; and
 - CIPS guidance on professional practice.

Non-disclosure agreement

NHS Dorset Integrated Care Board (ICB) - express requirement for confidentiality

You have been requested to be involved in [INSERT DETAILS] (the "Project").

The ICB or other parties participating in the Project may provide you with, as part of your role in respect of the Project, access to certain confidential information relating the Project (whether before or after the date of this letter), in writing, by email, orally or by other means (including from or pursuant to discussions with any other party or which is obtained through attendance at meetings related to the Project) and trade secrets including, without limitation, technical data and know-how relating to the Project, including in particular (by way of illustration only and without limitation) [EXAMPLES] and including (but not limited to) information that you may create, develop, receive or obtain in connection with your engagement on the Project, whether or not such information (if in anything other than oral form) is marked confidential (the "Confidential Information").

Accordingly, we draw to your attention that as part of your role for the ICB you are required to:

- maintain the Confidential Information in the strictest confidence and not divulge any of the Confidential Information to any third party without the prior written permission of the ICB; and
- not make use of, reproduce, copy, discuss, disclose or distribute the Confidential Information other than for use as part of your role in the Project.

The above obligations in respect of this Confidential Information are supplemental to any prior representation, understanding and commitment (whether oral or written) between us. The terms of this Letter can only be changed by a written document, agreed upon by both of us and signed by duly authorised persons. These provisions shall be governed and construed by English law.

Yours faithfully

For and on behalf of the
NHS Dorset Integrated Care Board

By signing this letter you agree to comply with these terms.

Signed:	
Date:	
Print Name:	

Annex E: Template declarations of interest checklist

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all ICB ICBB, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting.	Meeting Chair and secretariat
	2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients.	Meeting Chair and secretariat
	3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered.	Meeting Chair and secretariat
	4. Members should contact the Chair as soon as an actual or potential conflict is identified.	Meeting members
	5. Chair to review a summary report from preceding meetings i.e., subcommittee, working group, etc., detailing any conflicts of interest declared and how this was managed.	Meeting Chair
	A template for a summary report to present discussions at preceding meetings is detailed below.	
	6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting.	Meeting Chair

During the meeting	<p>7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting.</p> <p>8. Chair requests members to declare any interests in agenda items- which have not already been declared, including the nature of the conflict.</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether/to what extent the individual member should continue to participate in the meeting, on a case-by-case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair's decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared. <p>Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner.</p> <p>A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p> <p>Secretariat</p>
Following the meeting	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Appendix J

Template for recording minutes

XXX Integrated Care Board
Primary Care Commissioning Committee Meeting

Date: 16 June 2022
Time: 2pm to 4pm
Location: Room B, XXXX ICB

Attendees:

Name

Sarah Kent	SK	XXX ICB Lay Member (Chair)
Andy Booth	AB	XXX ICB Audit Chair Lay Member
Julie Hollings	JH	XXX ICB PPI Lay Member
Carl Hodd	CH	Assistant Head of Finance
Mina Patel	MP	Interim Head of Localities
Dr Myra Nara	MN	Secondary Care Doctor
Dr Maria Stewart	MS	Chief Clinical Officer
Jon Rhodes	JR	Chief Executive – Local Healthwatch

In attendance from 2.35pm

Neil Ford NF Primary Care Development Director

Item No	Agenda Item	Actions
1	Chairs welcome	
2	Apologies for absence <apologies to be noted>	
3	Declarations of interest <i>SK reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of XXX ICB.</i> <i>Declarations made by members of the Primary Care Commissioning Committee are listed in the ICB's Register of Interests. The Register is available either via the secretary to the ICBB or the ICB's website at the following link:</i> http://www.nhsdorset.nhs.uk/ Declarations of interest from sub committees. <i>None declared</i> Declarations of interest from today's meeting	

	Public Name:	NHS Dorset
	Domain Name:	nhsdorset.nhs.uk
	Web Site Address:	www.nhsdorset.nhs.uk
	Email Address:	firstname.lastname@nhsdorset.nhs.uk

	<p><i>The following update was received at the meeting:</i></p> <ul style="list-style-type: none"> ✓ <i>With reference to business to be discussed at this meeting, MS declared that he is a shareholder in XXX Care Ltd.</i> <p><i>SK declared that the meeting is quorate and that MS would not be included in any discussions on agenda item X due to a direct conflict of interest which could potentially lead to financial gain for MS.</i></p> <p><i>SK and MS discussed the conflict of interest, which is recorded on the register of interest, before the meeting and MS agreed to remove himself from the table and not be involved in the discussion around agenda item X.</i></p>	
4	Minutes of the last meeting <date to be inserted> and matters arising	
5	<p>Agenda Item <Note the agenda item></p> <p><i>MS left the meeting, excluding himself from the discussion regarding xx.</i></p> <p><conclude decision has been made></p> <p><Note the agenda item xx></p> <p><i>MS was brought back into the meeting.</i></p>	
6	Any other business	
7	Date and time of the next meeting	

Template: Procurement decisions and contracts awarded

Ref No	Contract/Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – ICB procurement, collaborative procurement with partners	ICB clinical lead (name)	ICB contract manager (name)	Decision making process and name of decision-making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (total) and value to ICB	Comments to note

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

Please return to <insert name/contact details for team or individual in ICB nominated for procurement management and administrative processes>

Appendix L

Annex H: Template Register of procurement decisions and contracts awarded

Ref No	Contract/Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – ICB procurement, collaborative procurement with partners	ICB clinical lead	ICB contract manager	Decision making process and name of decision-making committee	Summary of conflicts of interest declared and how these were managed	Contract awarded (supplier name & registered address)	Contract value (£) (total)	Contract value (£) to ICB

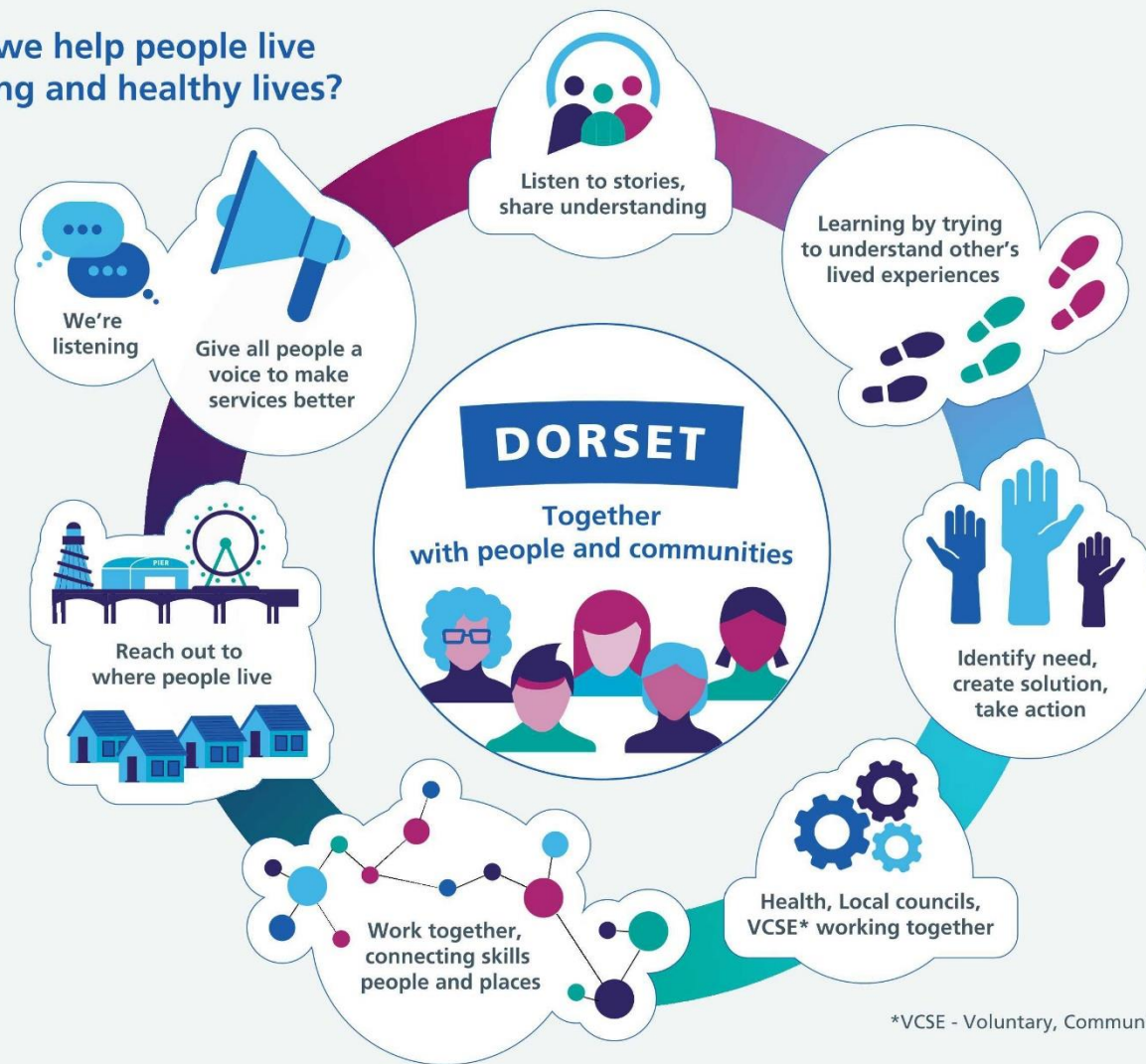
B Public Involvement and Engagement Policy



**Together, working with
people and communities.**

Version 2.2
May 2022

How can we help people live happy, long and healthy lives?



*VCSE - Voluntary, Community and Social Enterprise

Contents

04	Your stories, your lives, your communities
05	Working with people and communities
06	About us
07	How are things now?
08	Involving people
09	What local people have told us
12	Meeting our legal duty & doing things differently
13	Working with people and communities
14	Improve services with people and communities
17	Working with people and communities to reduce health inequalities
20	Working with Healthwatch Dorset
22	Working in partnership with voluntary and community sector
25	Involving people and communities in decision making
27	How are we going to make this happen?



“We need to listen, to learn by trying to understand other’s lived experiences, and we need to codesign the services that people and communities in Dorset need going forward. We need to work with others to help people not just live long, healthy lives, but long lives that add quality and that’s about personal happiness.”

Patricia Miller OBE
Chief Executive Designate
NHS Dorset



Your stories, your lives, your communities

We want to be inspired by people, empower, and listen to help us to improve health and care services for the better. We want to help all people, to live longer, happier, and healthier lives. And this work starts with people and communities in Dorset. But it extends across everything that we do and where we live – putting patients, carers, and people in the driving seat. Together, we can make things better.

Seven ways we are thinking differently:

1. **Where we are now.** Dorset is a great place to live, work and grow up. But across Dorset where you live can affect how long you live, and how healthy you are. In some parts of Dorset, people live shorter lives, and struggle to get access to health and care services. We would like to give everyone the chance to have a happy, long, and healthy life – wherever they live in Dorset.
2. **Listening, caring, doing better.** We want to change things from the ground up to make health and social care better in Dorset. Some people are frustrated because we have not done enough in the past to really listen to them, see things as they do, and make things better.

3. **Working together.** There are lots of different organisations in Dorset that can help in keeping you in good health and help when you are ill or need support. This can be different NHS services, the council, or the community and voluntary sector. We believe that all the organisations involved in health and caring for people in Dorset should work together more than they have in the past.

4. **What we will do.** We want to make use of the skills of people, groups, and organisations. We have looked at what local people have been telling us over the last five years and have used this to describe how we can work better with people and communities. We have listened to what you have told us. And we will:

- keep listening to the voices of people and communities so that we find out what matters to people
- work to make sure all communities have a voice and have their needs understood
- ensure all local people's views are at the centre of decision making

5. **Your stories will help us to make better decisions.** We want to listen, hear, and tell your stories about your everyday lives so that we can make better decisions every day and get the big decisions right.
6. **Seeing if we are making a difference.** We will work to see if we are making a difference, not only by looking at facts and figures, but also asking people how well we are doing. We want to hear from you.
7. **Use plain language.** We will use plain language to make what we do clear. Let us know if we are not doing this well or could do better.



Working with people and communities



About us

NHS Dorset is the public name of NHS Dorset Integrated Care Board (ICB). NHS Dorset will undertake the statutory responsibilities of the current Clinical Commissioning Group (CCG) and will also be responsible for planning to meet the healthcare needs of people and communities in Dorset.

NHS Dorset will listen to people and communities across Dorset, see things from their perspective, and co-design the services that people really need going forward, so that we can support people to live healthy and happy lives from cradle to old age.

We will work more closely together across the NHS, local authorities, and many others in what is called the Dorset 'integrated care system'. We are going to try to avoid using this phrase, and instead use 'working together locally'.



How are things now?

Dorset is a great place to live, grow up and work. But when you look at some of the facts and figures, and what local people tell us, it shows us how things really are – and the challenges we face here in Dorset that local people and communities will understand the most.

11 year
difference in
life expectancy

There is an 11-year difference in life expectancy between the most well off and the most deprived part of Dorset. This means that someone living in the most deprived part of Dorset could live more than a decade less – although overall Dorset has an above national average life expectancy for men and women.

1 in 4
65+



Dorset has an older population than the national average, with one in four people over 65

1 in 3
85+



More than one in three people aged 85 plus are at risk of social isolation

1 in 4



One in four people in Dorset have at least one long term health condition

1 in 5



Among those aged between 16-64, depression is the most common long term condition, with one in 5 people having had a diagnosis of depression at some point in their lives

24%

vs

13%

Being a smoker or ex-smoker is more common for those in the most deprived parts of Dorset, 24 per cent compared with 13 per cent of people generally



Depression is much higher in deprived parts of Dorset

Involving people

Why is it important to involve people more closely in planning and delivering health and care services?

In some parts of Dorset, people who are diagnosed with some illnesses have a better chance of getting the treatment they need than in other parts of where we live.

The benefits of working together:

- Understanding more
- Improving services, safety, and help people to be more healthy
- Go far beyond our duty to involve
- Reduce health inequalities
- Make things are fairer for everyone

Case study – Community Voices (100 conversations)

We are working with others across Dorset to speak to at least 100 people from all walks of life to listen and hear what they have to say about their lives. We want to hear from those who haven't until now had a voice and the chance to speak up. Our leaders are going to be trained up to do this well, so that they can hear for themselves first hand how people feel about their lives and how things could be made better.



'If not now when? We're at a critical point in time – we all need to continue to pull together and work as equal partners with our communities ... as everyone deserves to live well.'

Karen Loftus,
Chief Executive
Community Action Network



What local people have told us

We have looked at what local people have said to us across twenty surveys and reports over the last four years – by the NHS, local councils, voluntary and community sector, and Healthwatch Dorset. And we have recently held dozens of meetings and conversations during 2022 to help us to understand what local people would like. Thank you to everyone who has allowed us to listen to you.

You have made it clear that you would like us to:

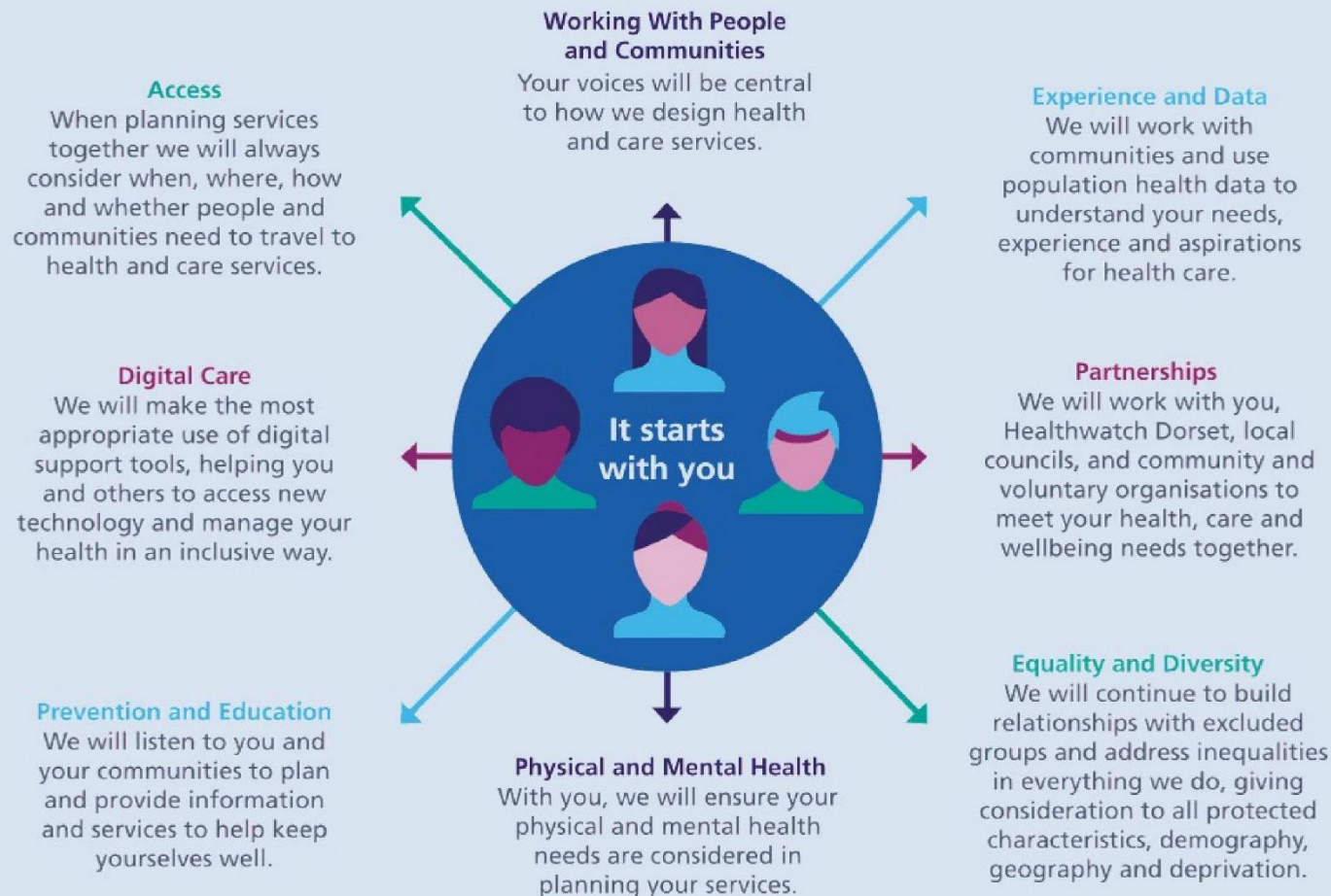
- Listen more
- Work more with local people to improve health and care services
- Work closer together

We have worked with a group that is called the Dorset Public Engagement Group to create a diagram to show that it starts with you. The group is made up of 25 people from across Dorset with a wide range of experiences. We would like to thank the group for their work on this with us.

Full diagram shown on the following page.



It's your health and wellbeing – we're listening.



What local people have said to us











This word cloud shows what people have told us is important to them in their own words.



Meeting our legal duty

NHS Dorset has a very clear legal 'duty to involve' the public, carers and representatives in the planning and development of services and in decisions which would affect services. We will work with people and communities, and staff to ensure that we meet our legal duties. We will follow the ten principles in our work set out by NHS England.

For more on legal duties please see our website.

	1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.		6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
	2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.		7. Use community development approaches that empower people and communities, making connections to social action.
	3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.		8. Use co-production, insight and engagement to achieve accountable health and care services.
	4. Build relationships with excluded groups, especially those affected by inequalities.		9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
	5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.		10. Learn from what works and build on the assets of all ICS partners - networks, relationships, activity in local places.

Doing things differently

NHS Dorset would like to do things differently than how we have done things in the past – we've tried to set out how we are going to start going about that. However, this is only the start of us working with local people, and in the coming months and years, we would like to work with people more to really create our plans together.



Working with people and communities



Improve services with
people and communities



Improve services with people and communities

You have said:

We need to listen more.

In response to what people and communities have been telling us, NHS Dorset will:

1. work together with people and communities
2. listen more so that we can learn by trying to understand other's lived experiences
3. improve training so that people at every part of our organisation can listen, have conversations with people, and make things better with them
4. work on the creation of a new 'citizens panel' – which will give people a better voice
5. continue to work with others, local councils, the voluntary and community sector, Healthwatch Dorset, and many others – from education to employers
6. seek out those whose people who we do not reach, give them the chance share what they think, and work with us
7. make sure we carry out what are called 'equality impact assessments' – these make sure that we are thinking about everyone in Dorset
8. make sure we do not forget those who do not have access to the internet and communicate with them, and also offer training to those who would like to go digital
9. share what we are doing, and continue to learn from others, and keep a plan to make sure that we meet what is called our legal duty to involve
10. share how we have used what people have said so that they know what is going on

Improve services with people and communities

We will work to improve services with people and communities in a variety of ways:



"We must listen to people at the earliest stage of service design, development, and evaluation. Only through this approach can you truly understand what matters to people."

Ian Gall
Our Dorset Public Engagement Group Chair

Case study – Citizens' panel

We are working together on creating a new citizens' panel for Dorset- made up of local people. The panel will regularly share what they think about health and social care and help us to work out what is important to local people, the voluntary and community sector, Healthwatch Dorset, and many others – from education to employers.

Working with people
and communities to
reduce health inequalities



Working with people and communities to reduce health inequalities

You have said:

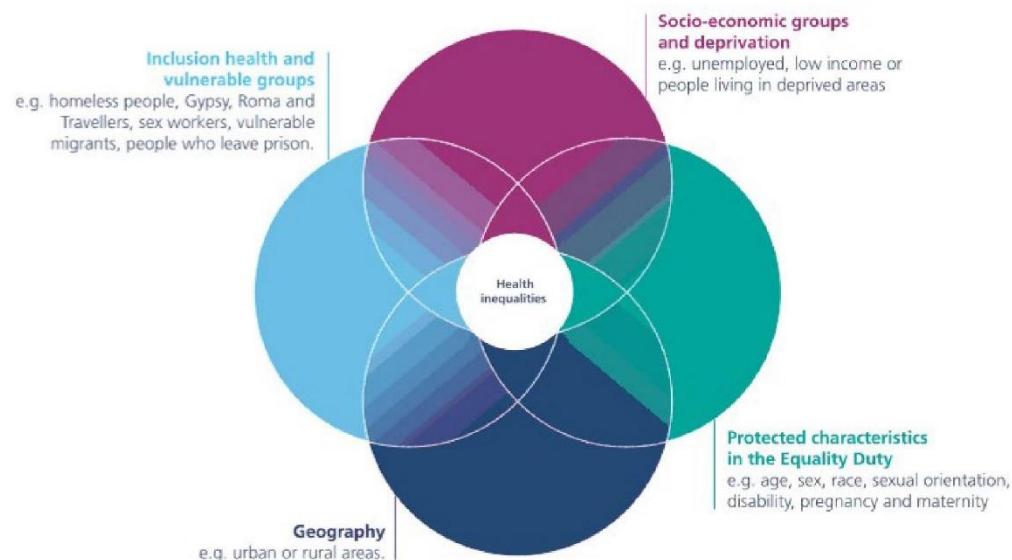
We need to do better to make health and care services better for **all** people and **all** communities.

In response to what people and communities have been telling us, NHS Dorset will:

1. as well as looking at facts and figures, we will ask people what they think about why some people and groups do not benefit from the same health and care services as others
2. work to have a better relationship with people and communities in Dorset who experience this in their everyday lives
3. do more to get involved more in local communities across Dorset
4. speak, listen, and work with people to agree targets for reducing inequalities
5. work together with what is called the Dorset health inequalities group – where organisations like public health, the NHS, local authorities, and others are working together on this, rather than just by ourselves
6. continue and extend work with community leaders, reaching out to those affected by inequalities
7. be a much stronger voice in shouting about how important it is to work with people and communities in reducing health inequalities
8. promote greater understanding of cultural events and festivities, celebrating different cultures and ways of living
9. host regular training for staff on inequalities and encourage our staff to take part in a new virtual academy to benefit from free training, ideas and ways of doing things
10. continue to explore the use of ways to see how we are doing in making a difference

Working with people and communities to reduce health inequalities

Did you know? Only about 20 per cent of our health and wellbeing is affected by our health services.



Source: UK Government 'Place-based approaches for reducing health inequalities: main report' (2021) <https://bit.ly/reducing-health-inequalities>



"NHS Dorset is a great opportunity to come together as equal partners to put an end to the inflexibility that has created the existing inequalities for many of Dorset residents. These are exciting times that we all need to embrace to create a positive change for all and for the future."

Nathalie Sherring
Chief Executive
Dorset Race Equality Council

Working with Healthwatch Dorset



Working with Healthwatch Dorset



We are very grateful to have the opportunity to work with Healthwatch Dorset and build on our work together.

Healthwatch Dorset is the independent health and social care champion for Dorset and aims to ensure that people are at the heart of care. Healthwatch Dorset believes that health and social care providers can best improve services by listening to people's experiences.

Healthwatch has said:

We are really pleased to be working with NHS Dorset to develop a strategic approach to working with people and communities that puts local people's views and experiences at the heart of decision-making.

Plans for future working with Healthwatch Dorset

We will...

1. NHS Dorset will work closely with Healthwatch Dorset, having monthly meetings about working with people and communities
2. Healthwatch Dorset will continue to be a key partner in the engagement leaders' network, supported by NHS Dorset
3. Healthwatch Dorset will continue to provide independent scrutiny and challenge where appropriate.
4. Healthwatch Dorset will share insights and public feedback with NHS Dorset
5. NHS Dorset will ensure that Healthwatch Dorset reports and insights are shared with the right people in order to make the most impact
6. Healthwatch Dorset will have a pivotal role in relation to involvement and co-production with local people to inform future plans
7. Healthwatch Dorset will provide advice, guidance and expertise in community engagement and involvement
8. NHS Dorset will explore opportunities to commission Healthwatch Dorset to undertake dedicated work with people and communities to inform service development

**Working in partnership
with the voluntary and
community sector**



Working in partnership with the voluntary and community sector

We would like to thank all the voluntary and community sector and people within this community in Dorset for continuing to work with us as equals within our health and social care community.

What local people have told us:

Local people have told us that the voluntary and community sector have a range of skills, experience, and bring a way of looking at things that often leads to quick and creative change. They also feel that these groups have not always been part of decisions. They feel that voluntary and community sector need to be recognised as equals, and that their expertise needs to be better acknowledged and valued. These groups have a great deal of expertise that will help us to reach more people who we have not been able to hear before. People feel that there is an opportunity to include these groups in improving services.

In response to what people and communities have been telling us, together we will:

1. work closely to enable the voluntary and community sector to have a voice and influence at all levels
2. work in line with the ten principles for working with people and communities
3. ensure that when we are making decisions, we support closer working with the voluntary and community sector as equals
4. work with representatives to work up new and good ways of working
5. work together to better understand people and community's needs, experiences and aspirations for health, care, and wellbeing
6. continue to work closely with Dorset Race Equality Council community health ambassadors to listen to the voices of the more than forty communities in Dorset that they represent and better understand their needs, beliefs, and aspirations
7. continue and extend work with community leaders, reaching out to those affected by inequalities - strengthening relationships, build trust, and allowing the voice of people and communities to be heard
8. Look at ways to enable those who we work with to reach and engage with communities who have poorer experiences and outcomes
9. continue to play a central role in the Building Health Partnerships programme, building relationships between the NHS, local authorities and the community and voluntary sector
10. support the creation of ways to measure quality and evidence to see what difference our work together is making

Working in partnership with the voluntary and community sector



"NHS Dorset, working together locally, offers us a huge opportunity to develop great partnerships and teamwork between support providers of all kinds in a whole range of different places. Creating better connections and integration with the huge contribution of the voluntary and community sector will support smarter working between all partners. Better integration will facilitate even more practical, grass-roots support that will improve the quality of life, health, and care of all Dorset's residents."

Jon Sloper
CEO
#HelpAndKindness



"To build a truly collaborative approach with NHS Dorset and all the partners is so important and vital to make a difference to people's lives, working together makes what we do so much sense, means we are stronger and better."

Alex Picot
CEO
Dorset Community Action

For other comments from our partners, please see our website.



Involving people and communities in decision making



Involving people and communities in decision making

Putting the views of local people and communities at the centre of decision making of NHS Dorset is very important to us.

You have told us:

We need to put people and communities at the start, during and when decisions are made.



Understanding what really matters to people, and genuinely listening and responding to that, is at the heart of high-quality care, and improving people's health and wellbeing.

Sam Crowe
Director for Public Health

NHS Dorset will...

1. work in line with the national NHS England principles and what we have set out in the new constitution for NHS Dorset
2. endorse the 'It's your health and wellbeing – we're listening' way of working created by the public engagement group
3. Adopt clear and transparent mechanisms for developing integrated health plans with people and communities
4. work with the Chief People Officer and the non-executive directors of the new board of NHS Dorset to put people and communities at the centre of when decisions are made
5. create a clear way for the chair of the public engagement group and the digital public engagement group to share updates with the NHS Dorset senior leadership team and board
6. provide new training for the leadership team at NHS Dorset, both the board and senior leaders in listening and hearing the voices of people and communities
7. make decision making meetings open and the language we use understandable, for example by writing reports like this one in plain language
8. provide induction and training and ongoing development to support all NHS Dorset public representatives
9. work to ensure the NHS Dorset System Quality Group and the Quality and Safety Committee have at least two lay members
10. work in line with what is called the Dorset framework for Strategic Involvement of Patients and Services Users in organisations – basically making sure patients are involved
11. ensure clear ways are in place to give weight to the voice of people and communities and to have their say in our decisions – "You said – we did"

How are we going to make this happen?

We are going to make this happen in five ways:

1. working with people and communities will be part of everyone's role at NHS Dorset
2. specialist advice on how to do this will be the job of a central team who will support staff at NHS Dorset and work with others across Dorset
3. we are going to have clear roles and responsibilities on who does what, for example, how the Chief People Officer will report about how we are doing
4. we will have a budget that will allow us to support what we want to do
5. we will bring to life the way we are going to do things – this is the start of us listening

How are we going to see what difference we're making?

We really do want to make sure we see what difference we are making, to see what we are doing well, but also to do things even better in the future and learn from our mistakes.

We have not got all the answers for this now, but we want to continue our conversation about it. We are going to work with others in Dorset to work out the best way of seeing how we are making a difference and with NHS England. We do not want this to be a tick box exercise. While we are doing this, we will also keep track of how we are doing against the ten principles set out by NHS England.







Thank you

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If you would like to have a copy of this in alternative formats, please visit our website.

**Appendix – Engagement and co-creation activity to inform the
NHS Dorset Strategic Approach to Working with People & Communities**

No.	Engagement and co-creation activity	Date
1	In 2021 the Our Dorset ICS commissioned an independent analysis of 20 different pieces of insight/engagement work undertaken over the last 4 years by the NHS, local councils, the VCSE sector and Healthwatch Dorset (see list at the end of the table). The aim was to review the views of people and communities to inform our future approach to working with them.	Autumn 2021
2	National Implementation Guidance on Working with People and Communities received and shared with the Our Dorset Public Engagement Leads Network.	02.09.2021
3	National Content Guide received for ICB People and Communities Strategy and shared with Our Dorset Public Engagement Leads Network. Guide used to inform proposed approach to developing the NHS Dorset Strategic Approach to Working with People and Communities.	11.11.2021
4	NHSE&I Workshop with Our Dorset ICS Engagement Leaders from Dorset's ICS on the national guidance for working with people and communities. Discussions used to inform local approach.	22.11.2021
5	Meeting with NHS Dorset CCG Director of Engagement and Development to explore emerging contents and approach to developing the ICB Strategic Approach to Working with People and Communities.	22.11.2021
6	NHS Dorset CCG Public Engagement Team Planning Meetings	Weekly
7	ICS Programme Delivery Group. Meetings with Programme Directors for each ICS Development Workstream.	Fortnightly
8	South West Engagement Network – regular discussions about the people and communities work	Fortnightly
9	ICS Communication Leads Network – standing agenda item	Monthly

No.	Engagement and co-creation activity	Date
10	Our Dorset Public Engagement Leads Network. People and communities strategic approach made a standing agenda item. Attendees include engagement leaders from across the NHS, local councils, the VCSE sector, Public Health Dorset, Southwest Ambulance and Healthwatch Dorset.	Monthly
11	Meetings with NHS Dorset CCG Lay Representative for Public Involvement.	Monthly
12	Meeting with Healthwatch Dorset to co-create the narrative	Monthly
13	Our Dorset ICS C1 (Partnerships and Engagement) Partners Group Meetings. With representatives from across the NHS, local councils, the VCSE sector, Public Health and Healthwatch Dorset.	Bi-monthly
14	NHSE&I Share and Learn Sessions: People and Communities Engagement Strategies	Bi-monthly
15	BCP Council Transformation Workshop on How We Work with Communities and Partners. Outcomes used to inform the ICB Strategic Approach to Working with People and Communities.	10.12.21
16	Meeting with NHS Dorset ICB CEO Designate to explore emerging contents and approach to developing the ICB Strategic Approach to Working with People and Communities.	13.12.21
17	Proposal for using existing insight, co-creating narrative and involving public and community groups to develop the draft Strategic Approach to Working with People and Communities presented for approval to the to the System Leadership Team. Approach approved.	16.12.2021
18	Public Engagement Group (PEG) standing agenda item. The PEG co-designed their 'It starts with the person' diagram to make public facing.	19.1.2022
19	Dorset Youth Representative Group - update presented to the group, discussion had and views collected.	20.1.2022
20	Carers Pan-Dorset steering group - regular updates brought to the group and opportunity shared to feed into the strategic approach.	24.1.2022

No.	Engagement and co-creation activity	Date
21	Local LD & Learning Disability Partnership Boards - Easy read presentation shared to update people on the work we are doing. Opportunity to share feedback for the strategic approach and commitment to producing the final document in Easy Read format.	10.2.2022
22	Patient Participation Group (PPG) Webinar. Slide deck presented and opportunity for attendees to share any feedback/questions.	10.2.2022
23	Digital Public Engagement Group (DPEG) - invited to attend PPG webinar as above.	10.2.2022
24	VCSE section taken specifically to the VCSE ICS alliance co-design group for members to share their feedback.	14.2.2022
25	Public Engagement Group (PEG) gave their feedback to inform the health inequalities narrative within the ICB Strategic Approach.	14.2.2022
26	Our Dorset Building Health Partnerships Listening and Learning Webinar. Presentation given and views collected.	16.2.2022
27	Vibrant Communities Partnership Board, Bournemouth, Poole and Christchurch Council - presentation and Q&A Session.	17.2.2022
28	Strategic approach shared with the Mental Health Integrated Community Care Health Inequalities Group and members invited to share their feedback to inform the inequalities section.	18.2.2022
29	Meeting with the PEG Chair to discuss the Governance Section to inform the co-creation of the narrative.	2.3.2022
30	CCG Staff Directorate meeting - Engagement & Development	2.3.2022
31	LGBT + forum. Presentation given and opportunity given for feedback. Members invited to share their feedback to inform the inequalities section.	3.3.2022
32	CCG Staff Directorate meetings – Service Improvement Directorate	3.3.2022
33	CCG Drop-in session for CCG staff (promoted in #FYI staff bulletin and feedback online offered)	3.3.2022

No.	Engagement and co-creation activity	Date
34	Staff groups - carers, disabled, LGBT, faith, BLM. Presentation and opportunity to provide feedback, views collected.	4.3.2022
35	CCG Drop-in session for CCG staff (promoted in #FYI staff bulletin and feedback online offered).	8.3.2022
36	CCG Staff Directorate meeting – Primary & Community Care Directorate	10.3.2022
37	Carers Pan-Dorset steering group - presentation and Q&A and opportunity shared to feed into the strategic approach.	14.3.2022
38	Disability Forum - presentation and Q&A and opportunity shared to feed into the strategic approach.	15.3.2022
39	Dorset Youth Representative Group - presentation and Q&A and opportunity shared to feed into the strategic approach.	17.3.2022
40	Dorset Race Equality Council Community Health Ambassadors - presentation and Q&A and opportunity shared to feed into the health inequalities narrative	17.3.2022
41	VCSE section taken specifically to the VCSE ICS alliance co-design group for members to share their feedback.	21.3.2022
42	Local Town and Parish Councils Meeting – presentation given and Q&A session hosted, views collected.	22.3.2022
43	Healthwatch Steering Board/volunteers – meeting to inform section on Healthwatch Dorset	24.3.2022
44	Maternity Voices Reps. Received the presentation and V-wall link to share their feedback.	31.3.2022
45	Easy read presentation created and shared with LD groups with the opportunity to share feedback.	7.4.2022
46	Easy read presentation shared with the Learning Disability Health Action Group.	7.4.2022
47	Dorset Cancer Partnership – presentation given, Q&A session and opportunity to share views.	7.4.2022
48	Public Engagement Group (PEG) update on progress, “you said – we did” session and Q&A.	12.04.2022
49	CCG Staff Directorate meetings – Finance Directorate	14.4.2022
50	NHSE&I Review Meeting	04.05.2022

No.	Engagement and co-creation activity	Date
51	Review Meeting with CEO Designate of NHS Dorset ICB	04.05.2022
52	Review Meeting with Integrated Care System Independent Chair for Dorset - Designate	05.05.2022
53	Review and approval meeting with Shadow Integrated Care Board	20.05.2022

Insight analysis

The 20 pieces of public engagement work included in the insight analysis (see number 1 above) were as follows:

The 20 pieces of previous engagement work that were included for analysis in this review were as follows.

- Dorset-ICS-Discovery-Workshop with NHSE&I (November 2018)
- Our Dorset Looking Forward – The Long-Term Plan (July to August 2019)
- Healthwatch Dorset – The NHS Long Term Plan (April to June 2019)
- Dorset Council Residents Survey (September – November 2019)
- Bournemouth, Christchurch and Poole (BCP) Council – Community Engagement and Consultation Strategy (January to April 2020)
- NHS Dorset Clinical Commissioning Group (CCG) – Your Mind, Your Say, Children and Young People Mental Health Support Services (February to June 2020)
- Healthwatch Dorset – Young people's views of mental health services in Dorset (July 2020)
- Healthwatch Dorset –Health and social care during COVID-19 (April to September 2020)
- Dorset Community Action – State of the sector in Dorset (May 2020 and April 2021)
- Dorset regional COVID-19 Insight survey (July 2020)
- NHS Dorset CCG Mental Health Integrated Community Care (MHICC) Services (August to October 2020)
- Healthwatch Dorset – Mental health in community care (December 2020)
- Community Action Network (CAN), Bournemouth, Christchurch and Poole - conversational survey (August 2020)

- Wessex Academic Health Science Network – Dorset ICS Rapid insight into the changes made to respond to the challenges of COVID-19 (September 2020)
- Dorset Council Residents Survey (October 2020 – January 2021)
- NHS Dorset CCG and Bournemouth University – The Dorset Recovery Insights Project (December 2020)
- Dorset Community Action – Improving Communication and Collaboration: VCSE Sector Survey (March 2021)
- BCP Council – Community and Voluntary Sector (CVS) and Volunteering Strategy (April to May 2021)
- Building Health Partnerships webinar (June 2021)
- Meaningful public engagement survey (July 2021)