



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**

**– Annexes for Board Paper on Governance**

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# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

## Audit and Risk Committee – Terms of Reference (ToR)

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## 1. Establishment

The Audit and Risk Committee is a committee, established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SoRD).

### 1.1 Terms of Reference:

Definition of terms: The Terms of Reference for the Committee are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

Publication: The terms of reference are published in the Governance Handbook, which is accessible on the ICB website.

### 1.2 Purpose

The purpose of the committee is to provide assurance to the board on governance, risk management and internal control processes.

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The Committee's duty is to assure the board on:

- Integrated Governance and Systems Risk
- Internal Audit
- External Audit
- Other Assurance Functions
- Counter Fraud
- Financial Reporting
- Freedom to Speak Up
- Information Governance
- Conflicts of Interest
- Management and Communication

Providing assurance involves:

- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key system leaders
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

### 2.1.1 Integrated Governance and Systems Risk

The Committee seeks assurance that the following are in place and effective in meeting the ICS's aims:

- **Integrated Governance:** Receives assurance that the Integrated governance system, risk management and internal controls are present and effective across the whole of the Board's activities as evidenced by key indicators.
- **Assurance processes:** Receives assurance that the Board's objectives are achieved, and the management of principal risks are assured by sound processes.
- **Risk Management:** Receives assurance that the system risks that relate to the achievement of the ICB's objectives are managed well.
- **Financial management:** Receives assurance that the financial systems and governance in place are consistently compliant with:
  - DHSC's Group Accounting Manual: Including scope, management, patient and public involvement and continuous improvement
  - Principles and guidance established in HMT's Managing Public Money
- **Improvement:** Receives assurance that the opportunities to improve governance, risk management and internal control processes are identified and taken up across the ICB.

### 2.1.2 Internal Audit

The Committee seeks assurance that the internal audit function is effective and meets the Public Sector Internal Audit Standards.

- **Strategy and Plan:** Reviews the internal audit strategy, operational plan, and detailed programme of work and receives assurance that it meets the audit needs of the organisation.
- **Major Audit Findings:** Reviews the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response).
- **Resources**
  - Receives assurance that the audit resources are optimised through coordination between the internal and external auditors.
  - Receives assurance that the internal audit function is adequately resourced and has the necessary standing within the organisation.

### 2.1.3 External Audit

Seeks assurance on the external auditor and the external audit process.

External audit assurance	
<b>Appointment &amp; Performance</b>	<ul style="list-style-type: none"><li>• The appointment and performance of the external auditors is monitored and reviewed, including the cost of the audit and any issues of resignation and dismissal .</li><li>• A market testing exercise for the appointment of an auditor is conducted at least once every five years</li><li>• A recommendation is made to the Board with respect to the appointment of the auditor</li><li>• A policy on the engagement of the external auditor to supply non-audit services is developed</li></ul>

<b>Scope</b>	<ul style="list-style-type: none"> <li>• The nature and scope of the audit as required by the annual plan is agreed with the external auditors prior to the audit</li> <li>• The impact on the audit fee of the scope of local evaluation of audit risks and governance is discussed with the external auditors</li> </ul>
<b>Report</b>	<ul style="list-style-type: none"> <li>• External audit reports, including those on governance, any audit work taken outside the annual audit plan and management responses are reviewed prior to their submission to the Board</li> </ul>

## 2.1.4 Other Assurance Functions

Reviews and considers the following sources of assurance:

- The work of ICB assurance functions
- Other ICB committees' work where they provide relevant assurance to the Audit Committee's areas of responsibility
- Findings of external bodies, including:
  - Reviews and reports by arm's length bodies or regulators and inspectors: e.g., National Audit Office, Select Committees, NHS Resolution, CQC
  - Reviews and reports by professional bodies with responsibility for the performance of staff or functions (e.g., Royal Colleges and accreditation bodies)
- Findings by third-party organisations commissioned to support delivery of its functions. quality and performance

## 2.1.5 Counter Fraud

Seeks assurance on the arrangements for countering fraud, bribery and corruption (including cyber security):

- Counter fraud work plans are reviewed and approved
- Implementation of action plans is monitored
- Updates on counter fraud activity reports on progress are received regularly and scrutinised
- The Committee has direct access and liaison with those responsible for counter fraud
- NHS Counter Fraud Authority (NHSCFA) quality assessment reports are discussed
- An Annual Report and a Self-Review Assessment outlining the key work undertaken to meet the relevant NHS Standards is submitted
- Concerns of suspected fraud, bribery, and corruption are reported to the NHSCFA

## 2.1.6 Financial Reporting

Seeks assurance on the financial reporting arrangements of the ICB:

- The financial statements of the ICB and any formal announcements relating to its financial performance are monitored and their integrity assured
- Systems for financial reporting to the Board, including those of budgetary control, are reviewed for completeness and accuracy
- The annual report and financial statements (including accounting policies) are reviewed before submission to the Board with particular focus on:

- 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

### 2.1.7 Freedom to Speak Up

Seeks assurance on the freedom to speak up:

- **Arrangements for raising concerns:** The arrangements for employees, contractors, and external parties to raise concerns about financial, clinical management in confidence are reviewed for effectiveness.
- **Investigation and Action:** The arrangements allow for proportionate independent investigation and timely follow up action.

### 2.1.8 Information Governance

Seeks assurance on information governance (IG) within the ICS:

- **Timeliness of data:** Updates on IG compliance (including uptake & completion of data security training), data breaches and related issues and risks are regularly received.
- **Reports:** The following are received and reviewed
  - Annual Senior Information Risk Owner (SIRO) report
  - Submission for the Data Security & Protection Toolkit
  - Reports on audits to assess information and IT security arrangements.
- **Framework:** An effective framework for managing the risks associated with information governance is in place.

### 2.1.9 Conflicts of Interest

Seeks assurance on the ICB's policy, systems, and processes for managing conflicts of interest, (including gifts and hospitality and bribery).

- **Reports:** Reports relating to non-compliance with the relevant ICB policy and procedures are received and reviewed.
- **Representation:** There is a nominated Conflicts of Interest Guardian, who could be the Chair of the Audit Committee or another Board member.

### 2.1.10 Management and Communication

Seeks assurance on the quality of decision-making and management and communications.

- **Management:** The following reports are requested and reviewed
  - Assurances and reports from directors and managers integrated governance, risk management and internal control
  - Specific reports from individual ICB functions
  - Reports of breaches of policy and normal procedure, such as suspensions of the ICB's standing order

- Communication:
  - Communications on governance, risk management and internal control with stakeholders internally and externally are co-ordinated and managed.
  - Ways of communicating the relationship between ICS bodies are developed jointly with other committees and the Integrated Care Partnership.

## 2.2 Authority

The ICB has delegated authority to the Audit and Risk Committee as set out ICB Constitution, which may be amended in accordance with the Constitution and the SoRD.

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.</p>

### 2.2.1 Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation

- Preparation of the ICB's overarching Scheme of Reservation and Delegation, which sets out those decisions reserved to the ICB and those delegated to: Committees and sub-committees of the ICB, or its members or employees; Place based partnerships; Individual Members of the ICB; an individual who is not a Member of the ICB but is a specified person in the ICB's Constitution.
- Prepare and annually approve the ICB's Detailed Delegated Financial Limits, which sets out the delegation of key financial operational decisions and delegated decision limits; approval of any exceptional in-year changes.
- Develop and approval of changes to the Governance Handbook
- Review of every decision to suspend Standing Orders
- Ratification or otherwise of instances of failure to comply with Standing Orders
- Ratification or action following instances of failure to comply with Standing Financial Instructions



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- Design and approve process for all policy development and approval
  - Reviewing the ICB's governance arrangements to ensure that the ICB continues to reflect the principles of good governance (including annual self-assessment and external review at least every three years)
  - Approval of the ICB's Annual Report and Annual Accounts
  - Approving a timetable for producing the annual report and accounts
  - Approve the proposals for managing conflicts of interest and declarations of hospitality
  - Approval of the arrangements for all aspects of Information Governance including ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data
  - Approve the ICB's counter fraud and security management arrangements
  - Approve and monitor risk management programme
  - Oversight of external audit, internal audit, local counter fraud services and other external assurance functions
  - Monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption including the appointment of the Local Counter Fraud Specialist
  - Make proposals for individual compensation payments
  - Approve the ICB's arrangements for managing dispute resolution
  - Oversee the maintenance and operation of a system risk strategy and a risk register
  - Provide independent and objective view on internal control and probity
  - Approval of waiver of formal tendering procedures
  - Approval of the appointment of internal and external auditors
  - Approval of the internal audit strategy, audit plan and more detailed programme of work
  - Approval of write off of losses (within limits delegated by Department of Health)
  - Advise on individual cases for the write off of losses or making of special payments above the limits of delegation to the CEO and Chief Finance Officer (for losses and special payments)
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## 2.3 Accountability and reporting

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

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Committee receives scheduled assurance reports from its delegated groups.</li> <li>• The Secretary formally records the minutes of each meeting.</li> <li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on</li> </ul>

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	assurances received, escalating any concerns, where necessary.
Monitor attendance	<ul style="list-style-type: none"> <li>Attendance is monitored and profiled as part of the agenda at each Committee meeting.</li> <li>Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand.</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>The Committee produces an annual work plan in consultation with the Board.</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</li> <li>Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</li> <li>The Committee utilises a continuous improvement approach in its delegation.</li> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.

Description of expectation	
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<p>Minimum membership is:</p> <ul style="list-style-type: none"> <li>• Non-Executive Director (Committee Chair)</li> <li>• Non-Executive Director</li> <li>• Non-Executive Director</li> </ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity and equality.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings, however meetings of the Committee will also be attended by the following individuals, when requested, who are not members of the Committee:</p> <ul style="list-style-type: none"> <li>• Chief Finance Officer or their nominated deputy</li> <li>• Chief Nursing Officer or their nominated deputy</li> <li>• Chief Medical Officer or their nominated deputy</li> <li>• Director of Governance or their nominated deputy</li> <li>• Representatives of both internal and external audit</li> <li>• Individuals who lead on risk management and counter fraud matters.</li> </ul> <p>Other members: The Committee may elect to co-opt additional members, where it is in the interests of the Committee's activities to do so.</p> <p>The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any 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.</p> <p>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.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A a minimum of two Non-Executive Memberse.</p> <ul style="list-style-type: none"> <li>• <b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</li> <li>• <b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda,</li> </ul>

Description of expectation
<p>due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <ul style="list-style-type: none"> <li>• Inquoracy: If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.</li> </ul>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least five times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>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.</p>
Public vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p> <p>External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.</p>
Virtual meetings and extra-ordinary meetings	<p>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.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>

Decision-making	<b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>

## 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

The controlled copy of this document is maintained by BOB ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

## Population Health and Patient Experience Committee – Terms of Reference (ToR)

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# 1. Establishment

The Population Health and Patient Experience (PHPE) Committee is a committee, established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SORD).

## 1.1 Terms of Reference:

**Definition of terms:** The Terms of Reference for the Committee are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

**Publication:** The terms of reference must be published on the ICB website

## 1.2 Purpose

The purpose of the committee is to provide assurance to the board on service quality and performance, Population Health Management (PHM), and patient and public involvement.

# 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

## 2.1 Duties

The Committee's duty is to assure the board on:

- Service quality (incorporating patients' safety, clinical effectiveness and patient experience) and service performance
- Population Health Management (PHM)
- Governance

Providing assurance involves:

- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key clinicians and managers from commissioned services
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

### 2.1.1 Service Quality and Performance

With regard to service quality and performance, the board requires assurance on:

- **Priorities:** The quality priorities in the ICB strategy/ annual plan, include priorities to address variation/ inequalities in care
- **Processes:** Including scope, management, patient and public involvement and continuous improvement



## Service quality process assurance

<b>Scope</b>	<ul style="list-style-type: none"> <li>• Service quality and performance assurance includes           <ul style="list-style-type: none"> <li>– Dimensions of quality set out in the Shared Commitment to Quality and in the Health and Care Act 2022</li> <li>– All quality dimensions set out in 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)</li> <li>– The patient experience</li> <li>– Other national and local performance metrics</li> <li>– Clinical commissioned services</li> <li>– Care delivered by providers and place</li> </ul> </li> </ul>
<b>Management</b>	<ul style="list-style-type: none"> <li>• Robust processes in place for the management of quality, performance, quality planning, control, and improvement, and ensuring that timely action is taken to address areas of concern</li> </ul>
<b>Patient and public involvement</b>	<ul style="list-style-type: none"> <li>• All strategies and activities include           <ul style="list-style-type: none"> <li>– Service user/patient and public involvement</li> <li>– Asset-based and person and community-centred ways of working</li> </ul> </li> </ul>
<b>Continuous improvement</b>	<ul style="list-style-type: none"> <li>• Learning from incidents, never events, complaints, claims and deaths (including coronial inquests and PFD report) is identified, disseminated and embedded</li> </ul>

### 2.1.2 Population Health Management

The board requires assurance that the Population Health Management (PHM) programme includes:

- **Understanding needs:** Provides a common understanding of health and wellbeing needs
- **Targeting:** Helps target resource/services to groups most in need by adopting a “proportional universalism” approach
- **Addressing inequalities** facing prioritised segments of the population, e.g. those within the protected characteristic categories, including addressing gaps identified by Equality Impact Assessments (EIA) and Equality Health Impact Assessments (EHIAs)
- **Prevention:** Maximises effectiveness of prevention efforts by joining up input of Public Health England (PHE), NHS England (NHSE) and Local Government Public Health
- **Wider determinants:** Ensures focus on wider determinants of health and links in primary, secondary, and tertiary health prevention approaches
- **Interventions:** Supports evidence-based interventions across the ICS
- **Offering choice:** Ensures that the Universal Model of Personalised Care where people have choice and control over the way their health and care is implemented
- **Transformation:** Make recommendations to the Programme Management Board on programmes of transformation changes across BOB ICS

- **Embedding PHM:** Ensuring the infrastructure across all levels of BOB ICS to make PHM “business as usual”

### 2.1.3 Governance

The board requires assurance on:

- **Quality groups:** The Terms of Reference and work programmes for groups reporting into the Quality Committee (e.g., System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc) are effective.
- **Matrix working:** Arrangements for matrix working are in place across the ICS, including links with Collaborative Networks and Enablers programmes.

## 2.2 Authority:

The ICB has delegated authority to the PHPE Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

The committee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.</p>

### 2.2.1 Delegation in the Scheme of Reservation & Delegation

#### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Oversight of the IFR (Individual Funding Request) process and high-cost drugs prescribing
- Monitor the delivery of the duty to secure continuous improvement in the quality of services
- Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB, its providers, or its constituent place based partnerships

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- Monitor progress of delivery of assistance and support to NHS England in its duty to improve the quality of primary medical services
  - Monitor progress of delivery of promotion of involvement of patients, carers and representatives in decisions about their healthcare
  - Monitor progress of delivery of enabling patients to make choices
  - Monitor promotion of use of research and progress of delivery
  - Monitoring progress of delivery of service integration
  - Provide assurance of safeguarding children and adults
  - Oversee process and compliance issues concerning serious incidents
  - Oversee how the ICB secures health services that are provided in a way that promotes awareness of and have regard to, the NHS Constitution
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## 2.3 Accountability and reporting

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

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> <li>• The Committee receives scheduled assurance reports from its delegated groups</li> <li>• The Secretary formally records the minutes of each meeting</li> <li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary</li> </ul>
Monitor attendance	<ul style="list-style-type: none"> <li>• Attendance is monitored and profiled as part of the agenda at each Committee meeting</li> <li>• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>• The Committee produces an annual work plan in consultation with the Board</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference</li> <li>• Any resulting proposed changes to the terms of reference are submitted for approval by the Board</li> <li>• The Committee utilises a continuous improvement approach in its delegation</li> </ul>

Accountabilities	Description
	<ul style="list-style-type: none"> <li>Members review the effectiveness of the meeting at each sitting</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement</li> <li>The report includes <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>Membership is: <ul style="list-style-type: none"> <li>Non-Executive Director (Committee Chair)</li> <li>Non-Executive Director</li> <li>Chief Medical, Nursing and Delivery Officers</li> <li>Director of Primary Care</li> <li>Independent Clinical Advisor (secondary care)</li> <li>ICS lead on Equalities</li> </ul> </li> </ul>

Description of expectation	
	<ul style="list-style-type: none"> <li>– A Director of Public Health</li> <li>– A Healthwatch representative</li> </ul> <ul style="list-style-type: none"> <li>• Other members: The Committee may elect to co-opt additional members, where it is in the interests of the Committee's activities to do so.</li> <li>• <b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity and equality.</li> </ul>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.</p> <p>Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.</p> <p>The Chair and CEO of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any 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.</p> <p>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.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of one Non-Executive Members, plus at least the Chief Nursing or Medical Officer and one external representative.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least four times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>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.</p>
Public vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extra-ordinary meetings	<p>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.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>
Decision-making	<p><b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p>
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p>

Procedure	Description of rules and expectations:
	<b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing and delivering reports to the Board.  Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

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# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

## Remuneration Committee – Terms of Reference (ToR)

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## 1. Establishment

The Remuneration Committee is a Committee established by the Integrated Care Board (ICB, the Board) in accordance with its Constitution and its Scheme of Reservation and Delegation (SoRD).

### 1.1 Terms of Reference:

- **Definition:** The Terms of Reference for the Committee are defined by the Board.
- **Publication:** These terms of reference must be published in the Governance Handbook, which can be accessed on the Integrated Care Board website.
- **Review:** The terms of reference are reviewed annually, and more frequently if the need arises.
- **Amendment:** The Terms of Reference may be amended in accordance with the provisions in the Constitution and the SoRD.

### 1.2 Purpose

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- **Set executive pay policy and frameworks:** Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including board members, senior managers/directors and non-executive directors.
- **Approve executive remuneration and terms of employment:** Decide appropriate remuneration and terms of service for the Chief Executive and Executive Directors including all aspects of salary and provision for other benefits including pensions, arrangements for termination of employment, redundancy and other contractual terms.
- **Consider some issues in relation to all staff employed by the ICB**

## 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

### 2.1 Duties

The duties include providing oversight on

- Board nominations and appointments
- Executive remuneration policy
- Performance evaluation
- Succession planning
- ICB members and staff

In executing its duties, Committee members:

- Comply with Standing Orders, Standing Financial Instructions, ICB policies and the Scheme of Reservation and Delegation
- Take account of National Agreements, for example Agenda for Change, and guidance issued by the Government, the Department of Health, and the NHS
- Adhere to all relevant laws and regulations

### 2.1.1 Board nominations and appointments

The Committee seeks assurance on board nominations and appointments, and approves arrangements in line with the Constitution and SoRD:

Description	
<b>Nominations and appointments processes</b>	The formal procedures and processes for nominations and appointments of Board members are rigorous and transparent
<b>Selection of candidates</b>	Candidates from a wide range of backgrounds are considered and chosen on merit against objective criteria
<b>Capability requirements</b>	Descriptions of the roles and capabilities for Board positions are based on the skills, knowledge and experience and diversity required
<b>Open advertising</b>	Positions are openly advertised or the services of external advisers are used to facilitate the search for suitable candidates
<b>Conflicts of interest</b>	<ul style="list-style-type: none"><li>The proposed candidates for Chief Officers disclose any significant commitments and business interests potentially giving rise to a conflict of interest prior to their appointment</li></ul> <p>Any relevant changes to their commitments and future business interests are reported to the Board as they arise</p>
<b>Board profile review</b>	<ul style="list-style-type: none"><li>The Board's profile is regularly reviewed, including structure, size and composition (i.e. the skills, knowledge, experience and diversity), drawing on the output of the Board evaluation process</li><li>Recommendations are made, when required</li></ul>

### 2.1.2 Remuneration and terms of employment

The Committee determines the broad remuneration policy and sets individual remuneration arrangements for executives in accordance with all relevant laws and regulations, NHS and Treasury policies and guidance.

Description	
<b>Chief Officers remuneration</b>	<p>Agree a remuneration policy capable of attracting and retaining people of the quality and skills and experience required, whilst ensuring that remuneration levels are not higher than necessary by:</p> <ul style="list-style-type: none"><li>Considering all relevant directions relating to contractual benefits such as pay and redundancy entitlements</li><li>Using national guidance and market benchmarking analysis</li><li>Assuring against increases that cannot be justified by the Board or by individual performance</li><li>Showing sensitivity to pay and employment conditions elsewhere in the NHS</li></ul>

Description	
	Consulting the Chief Executive on the remuneration of the other Chief officers
<b>Chief officer contractual arrangements</b>	Oversee and advise on contractual arrangements for Chief Executive and Chief Officers, including termination payments, taking account of Treasury and national guidance on performance-related pay.
<b>Very senior managers remuneration and contractual arrangements</b>	<p>Agree and review the remuneration policy very senior managers in relation to:</p> <ul style="list-style-type: none"> <li>• The overall market positioning of the remuneration package</li> <li>• Individual base salaries and increases</li> <li>• Provisions for other benefits, including pensions and cars;</li> <li>• Allowances</li> <li>• Payable expenses</li> <li>• Compensation payments</li> </ul> <p>Any annual and long-term incentive/bonus arrangements and the relevant targets for performance related schemes.</p>

### 2.1.3 Performance evaluation

- **Framework:** Seeks assurance that a broad performance management framework is used for monitoring and evaluating performance for all ICB staff.
- **Performance:** Oversees executive board member performance by
  - Considering the performance evaluation of individual Chief Officers when reviewing changes to remuneration levels
  - Considering matters relevant to Chief Officers' continuation in post including any suspension or termination of their service as employees of the Trust, subject to the provisions of the law and their service contract

### 2.1.4 Succession planning

- Has oversight of succession planning for the Chief Executive and other Executive Directors, taking into account:
  - The leadership needs of the Board
  - Existing challenges risks and opportunities
  - The skills and expertise needed for the health economy in the future
- Reviews the senior leadership succession and development plans
- Identifies and appoints candidates to fill posts as and when they arise.

### 2.1.5 ICB Staff

- **Remuneration:** Determines the broad remuneration policy in accordance with all relevant laws and regulations, NHS and Treasury policies and guidance
- **Employer responsibilities:** Approves the arrangements for discharging the ICB's statutory responsibilities as an employer
- **Other remuneration:** Approve pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB

- **Disciplinary arrangements:** Approve disciplinary arrangements for employees, including the CEO (where he/she is an employee or Member of the ICB) and for other persons working on behalf of the ICB
- **Severance:** Consider severance payments of the CEO and other senior staff

## 2.2 Authority

The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Committee is authorised to:

Accountabilities	Description
<b>Investigate</b>	<ul style="list-style-type: none"> <li>• Investigate any activity within its terms of reference.</li> </ul>
<b>Seek information</b>	<ul style="list-style-type: none"> <li>• Seek any information it requires within its remit, from any employee or member of the Board.</li> </ul>
<b>Commission reports</b>	Commission reports it deems necessary to help fulfil its obligations.
<b>Obtain advice</b>	<ul style="list-style-type: none"> <li>• Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so the Committee must follow any procedures put in place by the Board for obtaining legal or professional advice.</li> </ul>
<b>Create Task &amp; Finish Groups</b>	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <ul style="list-style-type: none"> <li>• Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – But no decisions may be delegated to these groups.</li> </ul>

The decisions delegated to the Committee in the Scheme of Reservation and Delegation (SoRD) are:

Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)
<ul style="list-style-type: none"> <li>• Set out the arrangements for appointments to the ICB, including approval of roles and recruitment processes</li> <li>• Agree the arrangements for appointment processes, including approval of roles and recruitment processes</li> <li>• Approve arrangements for identifying the ICB's proposed Accountable Officer</li> <li>• Design and approve the arrangements for discharging the ICB's statutory duties as an employer</li> <li>• Approve the terms and conditions, remuneration allowances for ICB members, including pensions and gratuities</li> <li>• Approve pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB</li> </ul>

## Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Approve disciplinary arrangements for employees, including the CEO (where he/she is an employee or Member of the ICB) and for other persons working on behalf of the ICB
- Consider severance payments of the CEO and other senior staff

### 2.3 Accountability and reporting

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

Accountabilities	Description
<b>Draft minutes &amp; reports</b>	<ul style="list-style-type: none"><li>• The Secretary formally records the minutes of each meeting.</li><li>• The Chair of the Committee reports to the Board (confidential session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary. Copies of minutes are circulated to all Committee members.</li></ul>
<b>Monitor attendance</b>	Members to aim to attend 100% of meetings. Members should attend a minimum of 75% of meetings and a register of attendance will be maintained by the secretariat. Attendance records will be published within the ICB annual reports.
<b>Draft annual work plan</b>	The Committee produces an annual work plan in consultation with the Board.
<b>Conduct annual self-assessment</b>	<ul style="list-style-type: none"><li>• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</li><li>• Any resulting proposed changes to the terms of reference are submitted for approval to the Board.</li></ul>
<b>Annual Report</b>	<ul style="list-style-type: none"><li>• The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</li><li>• The report includes<ul style="list-style-type: none"><li>– The governance cycle</li><li>– A summary of the business conducted</li><li>– Frequency of meetings, membership attendance, and quoracy</li></ul></li><li>• The Committee's self-assessment</li></ul>

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Arrangement	Description of expectation
<b>Chair</b>	<p>An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.</p> <p>The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.</p>
<b>Deputy Chair</b>	<p>Committee members may appoint a Vice Chair from amongst the members.</p>
<b>Absence of Chair or Vice Chair</b>	<ul style="list-style-type: none"><li>• In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.</li></ul>
<b>Membership</b>	<ul style="list-style-type: none"><li>• Membership is:<ul style="list-style-type: none"><li>– ICB Board Non-Executive Director (Committee Chair)</li><li>– All ICB Board Non-Executive Directors</li><li>– Chief People Officer of the ICB</li></ul></li></ul> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity and equality.</p>
<b>Attendees and procedure for absence</b>	<p>Only members of the Committee have the right to attend Committee meetings.</p> <p>All meetings of the Committee may also be attended by the following individuals who are not members of the Committee:</p> <ul style="list-style-type: none"><li>• Chief Executive or their nominated deputy</li></ul> <p><b>Exclusion:</b> No individual should be present during any discussion relating to:</p> <ul style="list-style-type: none"><li>• Any aspect of their own pay</li><li>• Any aspect of the pay of others when it has an impact on them</li></ul> <p><b>Procedure for absence:</b></p> <p>Where a member or any 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.</p>

Arrangement	Description of expectation
	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.
<b>Quoracy and Procedure for Inquoracy</b>	<p><b>Threshold:</b> A minimum of three Non-Executive Members</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.</p> <p><b>Disqualification:</b> 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.</p> <p><b>Inquoracy:</b> If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p>

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Procedure	Description of rules
<b>Meeting frequency</b>	<p>The Committee will meet <u>at least twice a year</u> and notice for calling meetings are set out on in the Standing Orders.</p> <p>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.</p>
<b>Public vs Closed</b>	The Remuneration Committee meets in private.
<b>Virtual meetings and extra-ordinary meetings</b>	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.

### 3.3 Procedures

Procedure	Description of rules and expectations:
<b>Agenda</b>	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least <u>5 working days</u> before the meeting.</p>
<b>Conflicts of interest</b>	<b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.



<b>Procedure</b>	<p>Description of rules and expectations:</p> <p><b>Exclusions:</b> Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>
<b>Decision-making</b>	<p><b>Decisions:</b> Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p>
<b>Voting</b>	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>

#### 4. Secretariat and administration

A senior human resources professional will attend the Committee to provide expert advice on remuneration and the secretariat functions, including the following:

Functions	Description
<b>Distribute papers</b>	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.
<b>Monitor attendance</b>	Monitor the attendance of those invited to each meeting and highlight to the Chair those that do not meet the minimum requirements.
<b>Maintain records</b>	For example, conflicts of interest and members' appointments and renewal dates. Provide prompts to renew membership and identify new members where necessary.
<b>Minute Taking</b>	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
<b>Support for Chair &amp; Committee</b>	<p>The Chair is supported to prepare and deliver reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
<b>Provide updates</b>	Update the Committee on pertinent issues/ areas of interest/ policy developments.

## Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

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# Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

## System Productivity Committee – Terms of Reference (ToR)

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# 1. Establishment

The System Productivity Committee is a committee, established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SoRD).

## 1.1 Terms of Reference:

- **Definition:** The Terms of Reference for the Committee are defined by the Board.
- **Amendment:** The Terms of Reference may be amended in accordance with the provisions in the Constitution and the SoRD.
- **Publication:** These terms of reference is published in the Governance Handbook, which can be accessed on the Integrated Care Board website.

## 1.2 Purpose

The purpose of the committee is to provide assurance to the Board in relation to the financial sustainability of the system and its partners, and the achievement of system financial and productivity goals.

# 2. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

## 2.1 Duties

The Committee's duty is to assure the board on:

- Financial Planning and Oversight
- Performance against the delivery of the ICB's Strategy and Operational Plan.
- System Oversight Framework
- Sustainability and Innovation, including digital and procurement

Providing assurance involves:

- **Triangulating multiple sources** of internal and external information, including:
  - Data analysis and contract performance intelligence
  - Patients', service users' and carers' reports, surveys, complaints, and concerns
  - Evidence from key system leaders
  - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the ICS aims.

### 2.1.1 Financial Planning and Oversight

The Committee seeks assurance that the following are developed in the right way to deliver the ICS aims:

- **Forward Plan:** The plans deliver financial viability and sustainability, increases productivity and supports the priorities of the system.

- **Financial Targets:** The targets enable the ICB's Strategy and Operational Plan's objectives to be met.
- **Estates and Capital Plan:** Estates and Capital Plans support collaboration and increase productivity.
- **Strategy and System:** The system's financial planning strategy delivers financial stability across the system.

### 2.1.2 Performance and Outcomes

The Committee seeks assurance that:

- **Strategy and Operational Plan:** Performance targets are being met and/ or gaps in performance are being addressed.
- **Service Improvement:** National, regional, and ICS targets for service improvement are being met, with particular focus on specified 'must do's' and external regulation.
- **Efficiency:** Resources are managed to deliver value for money, efficiency, effectiveness and sustainability.

### 2.1.3 System Oversight Framework

The Committee seeks assurance on the arrangements for discharging the ICB's responsibilities in relation to the themes in the NHS System Oversight Framework, e.g. finance and use of resources.

### 2.1.4 Sustainability and Innovation

The Committee seeks assurance that sustainability and innovation strategies are developed and implemented to help the ICS achieve their strategic priorities.

The Committee seeks assurance that the digital strategy is enabling transformation of services and delivering efficiencies

The Committee seeks assurance that procurement strategies support the role of the ICB as an anchor institution and deliver efficiencies

## 2.2 Authority

The ICB has delegated authority to the System Productivity Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

**The committee is authorised to**

<b>Investigate</b>	Investigate any activity within its terms of reference.
<b>Seek information</b>	Seek any information it requires within its remit, from any employee or member of the Board.
<b>Commission reports</b>	Commission reports required to help fulfil its obligations.
<b>Obtain advice</b>	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.

## 2.2.1 Delegation in the Scheme of Reservation & Delegation

### Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Prepare and annually approve the ICB's Detailed Delegated Financial Limits, which sets out the delegation of key financial operational decisions and delegated decision limits; approval of any exceptional in-year changes
- Monitor progress on delivery of the duty of the ICB to act effectively, efficiently and economically
- Approval of the introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) of a value described in the Financial SoRD
- Authorisation of expenditure in excess of tender price (within delegated limits approved by ICB)
- Oversight and approval of the procurement, contracting, performance management and decision making process
- Approval of the arrangements for discharging the ICB's statutory financial duties
- Approval of the ICB's corporate budgets
- 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
- Approval of overspend or reduction of income that cannot be met from virement
- Monitoring the progress of delivery of the ICB's general financial duties
- Annual approval of the Financial Plan
- Approve proposed pre-payment arrangements
- Setting of budgetary total and / or virement limits

## 2.3 Accountability and reporting

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

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"><li>• The Committee receives scheduled assurance reports from officers.</li><li>• The Secretary formally records the minutes of each meeting and circulates it to all Committee members.</li><li>• The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</li></ul>

Accountabilities	Description
Monitor attendance	<ul style="list-style-type: none"> <li>Attendance is monitored and profiled as part of the agenda at each Committee meeting.</li> <li>Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand.</li> </ul>
Draft annual work plans	<ul style="list-style-type: none"> <li>The Committee produces an annual work plan in consultation with the Board.</li> </ul>
Conduct annual self-assessment	<ul style="list-style-type: none"> <li>The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</li> <li>Any resulting proposed changes to the terms of reference are submitted for approval by the Board.</li> <li>The Committee utilises a continuous improvement approach in its delegation.</li> <li>Members review the effectiveness of the meeting at each sitting.</li> </ul>
Annual Report	<ul style="list-style-type: none"> <li>The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement.</li> <li>The report includes: <ul style="list-style-type: none"> <li>The governance cycle</li> <li>A summary of the business conducted,</li> <li>Frequency of meetings, membership attendance, and quoracy</li> <li>The committee's self-assessment</li> </ul> </li> </ul>
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

### 3. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

#### 3.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> <li>• Non-Executive Director (Committee Chair)</li> <li>• Non-Executive Director</li> <li>• Associate Non-Executive Director</li> <li>• Chief Finance Officer</li> <li>• Chief Information Officer</li> <li>• Independent expert</li> </ul> <p>Other members: The Committee may elect to co-opt additional members, where it is in the interests of the Committee's activities to do so.</p> <p><b>EDI:</b> When determining the membership of the Committee, consideration will be given to diversity and equality.</p>
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend Committee meetings; however other executive directors or senior officers of the ICB may be required to attend at the request of the Committee.</p> <p>The Chair of the ICB may be invited to attend one meeting each year to gain an understanding of the Committee's operations.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any 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.</p> <p>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.</p>
Quoracy and Procedure for Inquoracy	<p><b>Threshold:</b> A minimum of two Non-Executive Members, plus at least one executive director is required.</p> <p><b>Absence:</b> Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p><b>Disqualification:</b> If any member of the Committee is disqualified from participating in an item on the agenda, due</p>



Description of expectation
to a declared conflict of interest, that individual no longer counts towards the quorum.
<b>Inquoracy:</b> If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.

### 3.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
Meeting frequency	<p>The Committee will meet at least five times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>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.</p>
Public vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extra-ordinary meetings	<p>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.</p>

### 3.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Conflicts of interest	<p><b>Declarations:</b> All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>

Procedure	Description of rules and expectations:
Decision-making	<b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.
Voting	<p><b>Eligibility:</b> Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p><b>Casting Vote:</b> The chair may have a casting vote, if members are equally divided on an issue.</p> <p><b>Recording of votes:</b> The result of the vote will be recorded in the minutes.</p> <p><b>Virtual voting:</b> If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>

#### 4. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

## Appendix I: Revision History

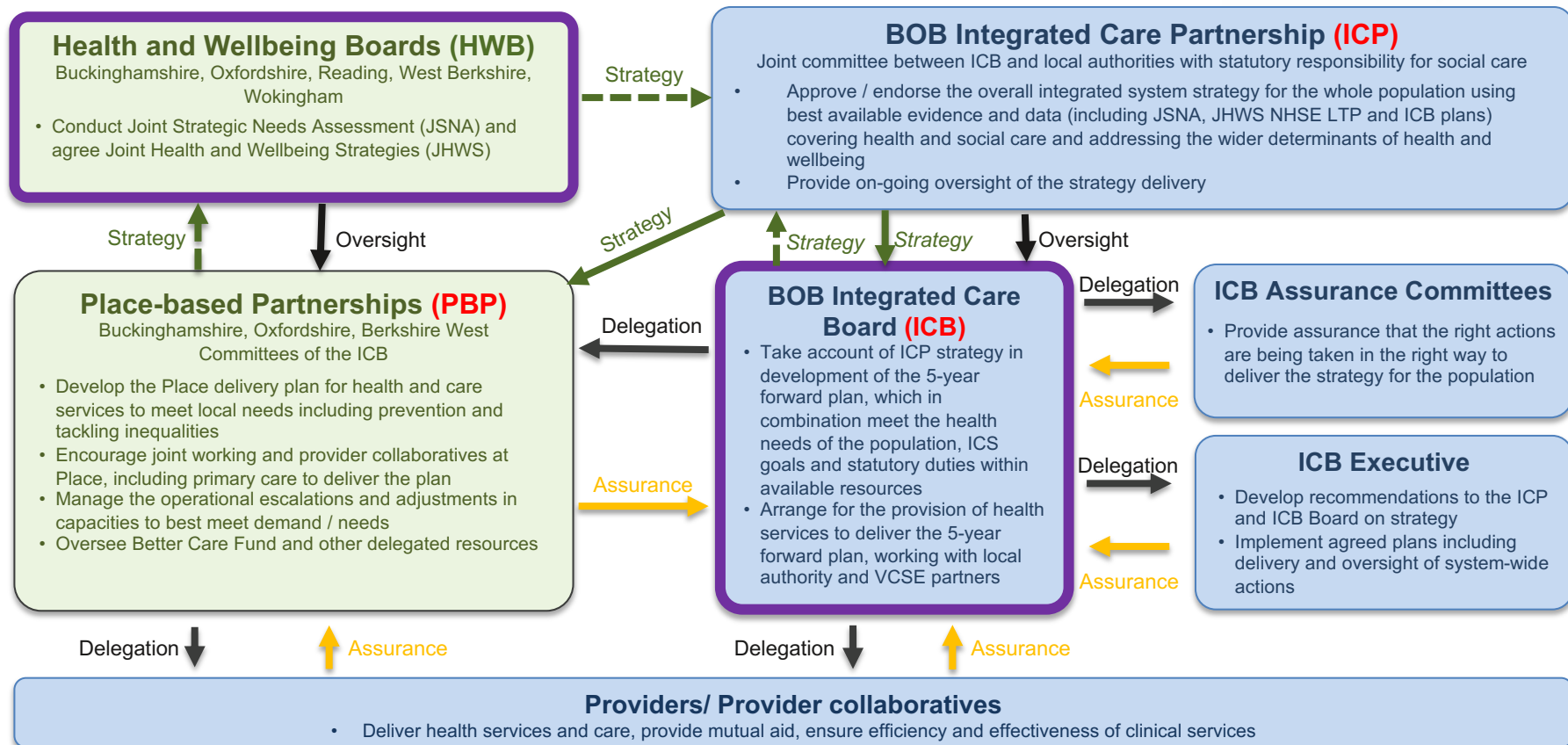
Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR

### Document control

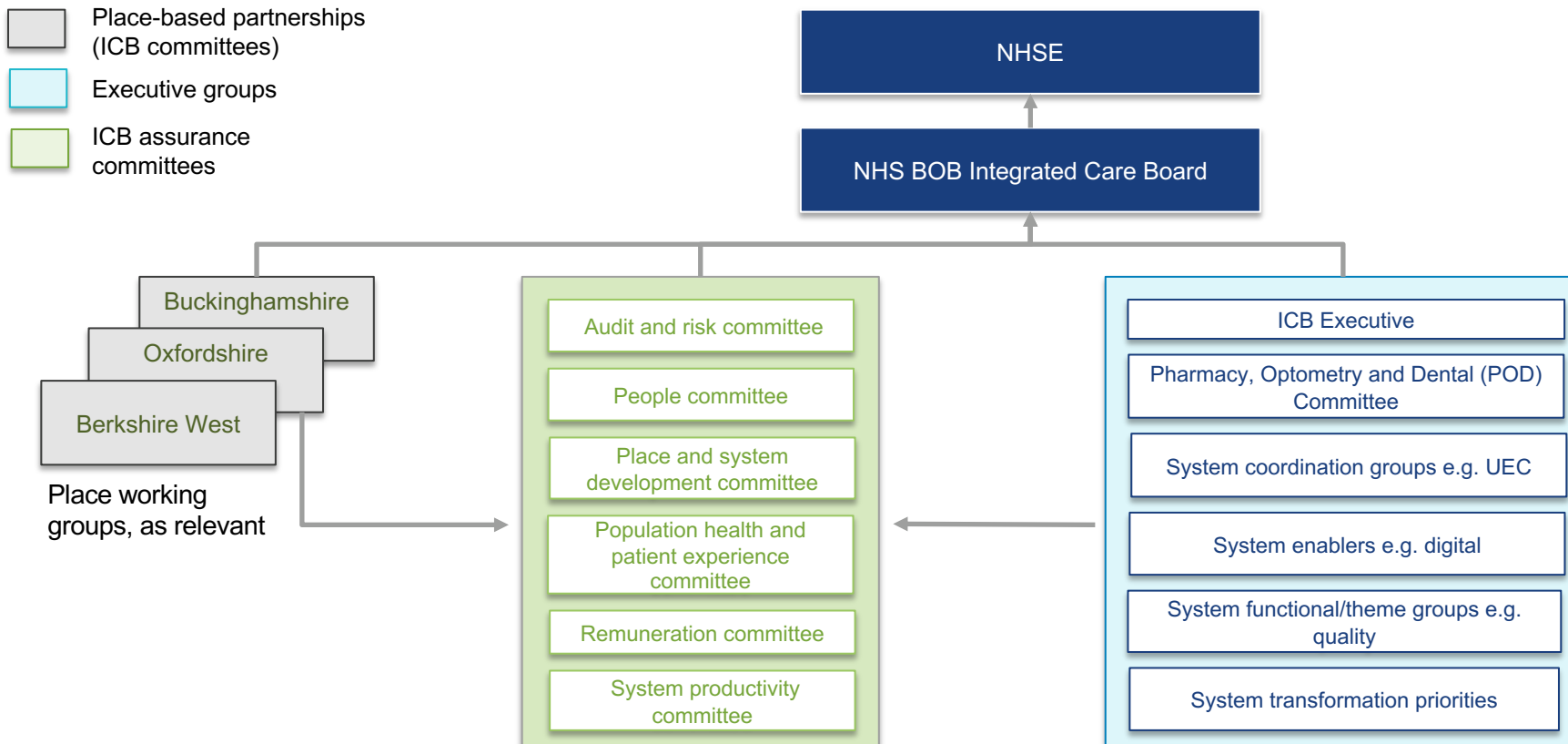
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# Governance Handbook Functions and Decisions Map

# Functions and Decisions Map



# Overarching ICB Committee structure



# ICB Board Place and Assurance Committees

Place committees (x3)	Audit and risk committee	People Committee	Place and system development committee	Population health and patient experience committee	Remuneration Committee	System productivity committee
<p>x3 ICB Place committees for:</p> <ul style="list-style-type: none"> <li>• Buckinghamshire</li> <li>• Oxfordshire</li> <li>• Berkshire West</li> </ul> <p>Set up the place structures required to receive delegation and be accountable for delivery.</p> <p>Oversee the delivery of place plans, in line with the SORD</p>	<p>Provide oversight and assurance to the ICB on the adequacy of governance &amp; risk management</p>	<p>Assure the ICB that the people strategy is designed to deliver the ICS strategy, and that it is being executed efficiently.</p>	<p>Assure the ICB that:</p> <ol style="list-style-type: none"> <li>a) Place is at the heart of the strategy</li> <li>b) Place is being developed in line with the ICS aims, and</li> <li>c) the system is being developed to deliver the strategy</li> </ol>	<p>Assure the board that the right things are being done in the right way, to the right quality, to increase population health and wellbeing and to reduce health inequalities</p>	<p>Review and set remuneration policies for the ICB</p>	<ol style="list-style-type: none"> <li>a) Assure resources (financial, estates, etc) are being deployed safely, efficiently and in line with the strategy, delivering best value.</li> <li>b) Review and advise the ICB on forward planning, maximising innovation, digital technology etc.</li> </ol>

## Buckinghamshire

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The area covered by Buckinghamshire County Council

- Except the four lower layer super output areas (LSOAs) E01017669, E01017670, E0107695 and E01017696 in the ward of Great Brickhill and Newton Longville which are part of Bedfordshire, Luton and Milton Keynes ICB
- Plus the District of South Oxfordshire LSOAs (E01028613, E01028614, E01028615, E01028616 and E01028598) in the ward of Chinnor

## Oxfordshire

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The area covered by Oxfordshire County Council with the exception of the following lower layer super output areas (LSOAs)

- District of South Oxfordshire LSOAs E01028613, E01028614, E01028615, E01028616 and E01028598 in the ward of Chinnor.
- District of Vale of White Horse LSOAs E01028745, E01028746, E01028747 and E01028748) in the ward of Shrivenham which are part of Bath and Northeast Somerset, Swindon, and Wiltshire ICB

## Berkshire West

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The area covered by the local authorities of:

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council



# **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)**

## **Scheme of Reservation and Delegation**

### **Table of Contents**

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## 1. Introduction

This Scheme of Reservation and Delegation (the SoRDs) sets out the arrangements for the delegation of functions and shall have effect as if incorporated in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB's) Constitution.

The Health and Care Bill provides ICBs with statutory powers, functions and duties including:

- The ability to delegate to a committee or sub-committee of the ICB board, or to an individual board member or employee
- The flexibility to appoint individuals who are neither ICB employees nor board members to ICB committees and sub-committees
- The power to agree with trusts and/or local authorities the exercising of functions on behalf of the ICB or jointly with the ICB

The BOB ICB remains accountable for all its functions, including those that it has delegated.

The SoRDs set out the functions, powers and decisions of the BOB ICB that are:

- Reserved to the BOB ICB Board itself
- Delegated to individuals (board members or employees)
- Delegated to committees and sub-committees established by the BOB ICB Board
- Delegated to other statutory bodies using the Board's new legal powers to delegate functions to another organisation or to a joint committee with another organisation
- Any functions that have been delegated to the BOB ICB by other bodies: NHS England/Improvement primary care; specialised commissioning

## 2. Committees of the Integrated Care Board

### 2.1 Committees established

The Committees established by the ICB are all outlined in the 'Functions and Decision map' which is included in the Governance Handbook along with their Terms of Reference.

### 2.2 Place Based Partnerships (PBPs)

Any delegated function may only be carried out for the place geographical area as defined (by local authority boundaries / lower layer super output areas) in the 'Functions and Decision' map in the Governance Handbook.

The SoRDs indicate which functions that are delegated to PBPs. Over 2022/23 there will be further development of the role of the PBPs and an intent to delegate more authority, these SoRDS will be updated to reflect this.

## 3. Delegation to an Officer

When items are reserved / delegated to the Chief Executive Officer (CEO), the CEO may choose to delegate delivery to a member of the executive / director team in line with agreed roles.

## 4. Discharge of BOB ICB Functions

The following tables show those matters that are reserved and delegated for the discharge of BOB ICB functions.

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
RC1	Regulation & Control Internal	Preparation of the ICB's overarching Scheme of Reservation and Delegation, which sets out those decisions reserved to the ICB and those delegated to: Committees and sub-committees of the ICB, or its members or employees; Place based partnerships; Individual Members of the ICB; an individual who is not a Member of the ICB but is a specified person in the ICB's Constitution		✓ Audit & Risk Committee			
RC2	Regulation & Control Internal	Approve the ICB's Scheme of Reservation and Delegation	✓				
RC3	Regulation & Control Internal	Prepare and annually approve the ICB's Detailed Delegated Financial Limits, which sets out the delegation of key financial operational decisions and delegated decision limits; approval of any exceptional in-year changes		✓ System Productivity Committee			
RC4	Regulation & Control Internal	Consider and approve applications to NHS England on any significant matter concerning changes to the ICB's Constitution	✓				

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
RC5	Regulation & Control Internal	Develop and approval of changes to the Governance Handbook		✓ Audit & Risk Committee			
RC6	Regulation & Control Internal	Approval of appointments to each of the committees which the ICB has formally constituted			✓ Chair		
RC7	Regulation & Control Internal / Partnership	Design and Approval of terms of reference and reporting arrangements of all committees and sub-committees that are established by the ICB	✓				
RC8	Regulation & Control Internal	Approval of suspension of the Standing Orders	✓				
RC9	Regulation & Control Internal	Review of every decision to suspend Standing Orders		✓ Audit & Risk Committee			
RC10	Regulation & Control Internal	Ratification or otherwise of instances of failure to comply with Standing Orders		✓ Audit & Risk Committee			
RC11	Regulation & Control Internal	Ratification or action following instances of failure to comply with Standing Financial Instructions		✓ Audit & Risk Committee			
RC12	Regulation & Control	Exercising of the powers that the ICB has reserved to itself in an			✓ Chair		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal	emergency or for an urgent decision					
RC13	Regulation & Control Internal	Ratification of any urgent decisions taken under RC12	✓				
RC14	Regulation & Control Internal	Monitor progress on delivery of the duty of the ICB to act effectively, efficiently and economically		✓ System Productivity Committee			
RC15	Regulation & Control Internal	Design and approve process for all policy development and approval		✓ Audit & Risk Committee			
RC16	Regulation & Control Internal	Oversight of the IFR (Individual Funding Request) process and high-cost drugs prescribing		✓ Population Health & Patient Experience Committee			
RC17	Regulation & Control Internal	Execution of documents by signature or seal on behalf of the ICB			✓ Chief Executive Officer or Chair		
RC18	Regulation & Control Internal	Approval and signature of all documents which will be necessary in legal proceedings			✓ Chief Executive Officer or Chair		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
RC19	Regulation & Control Internal	Deciding the interpretation of Standing Orders in the event of ambiguity			✓ Chair		
RC20	Regulation & Control Internal	Final ruling in questions of order, relevancy and regularity of meetings			✓ Chair		
RC21	Regulation & Control Internal	Reviewing the ICB's governance arrangements to ensure that the ICB continues to reflect the principles of good governance (including annual self-assessment and external review at least every three years)		✓ Audit & Risk Committee			
RC22	Regulation & Control Internal / Partnership	Agreeing the arrangements for place partnership governance	✓				
RC23	Regulation & Control Internal / Partnership	Reviewing place governance arrangements annually and recommending changes to the ICB			✓ Chief Executive Officer (in conjunction with place based partnerships)		
AS1	ICB Appointments & Succession Internal	Set out the arrangements for appointments to the ICB, including approval of roles and recruitment processes		✓ Remuneration Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
AS2	ICB Appointments & Succession Internal	Agree the arrangements for appointment processes, including approval of roles and recruitment processes		✓ Remuneration Committee			
AS3	ICB Appointments & Succession Internal	Approve arrangements for identifying the ICB's proposed Accountable Officer		✓ Remuneration Committee			
AS4	ICB Appointments & Succession Internal	Approve the candidate to be put forward to NHS England for appointment as the CEO			✓ Chair		
AS5	ICB Appointments & Succession Internal	Appointment of the Chair				✓ NHS England	
AS6	ICB Appointments & Succession Internal	Appointment of the Deputy Chair (NEM)			✓ Chair		
AS7	ICB Appointments & Succession Internal	Appointment of the Non-Executive Members of the ICB			✓ Chair		
AS8	ICB Appointments & Succession Internal	Appointment of Executive directors of the ICB			✓ Chief Executive Officer		
AS9	ICB Appointments & Succession Internal	Appointment of the Partner Members of the ICB			✓ Chair		
AS10	ICB Appointments & Succession	Approval of all Members of the ICB Board			✓		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer Chair	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
SP1	Internal / Partnership Strategy & Planning Partnership	Agree the vision, values and overall strategic direction of the ICB to support delivery of health and well being and ICP strategies	✓				
SP2	Strategy & Planning Internal	Approve annually the ICB's proposed organisational development proposals		✓ People Committee			
SP3	Strategy & Planning Partnership	Approve the ICB's Five Year Forward Plan	✓				
SP4	Strategy & Planning Partnership	Approve five year Place Delivery Plans					✓
SP5	Strategy & Planning Internal / Partnership	Prepare and recommend to the ICB the Five Year Forward Plan			✓ Chief Executive Officer		
SP6	Strategy & Planning Internal	Develop an Operating Plan for the ICB			✓ Chief Executive Officer		
SP7	Strategy & Planning Internal / Partnership	Approve the Operating Plan for the ICB incorporating delivery priorities, finance and workforce	✓				
SP8	Strategy & Planning	Prepare budgets for the application of available financial			✓		



Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal / Partnership	resources to support the agreed Annual Operating Plan and to further relevant and agreed elements of NHS England's Annual Operating Plan for approval by the ICB			Chief Executive Officer		
C1	Compliance Internal	Approval of the ICB's Annual Report and Annual Accounts		✓ Audit & Risk Committee			
C2	Compliance Internal	Approving a timetable for producing the annual report and accounts		✓ Audit & Risk Committee			
C3	Compliance Internal	Preparation of the ICB's Annual Report and Annual Accounts			✓ Chief Executive Officer		
C4	Compliance Internal	Receive an annual report from the internal auditor and agree proposed action, taking account of the advice, where appropriate, of the Audit Committee			✓ Chief Executive Officer		
C5	Compliance Internal	Design and maintain the arrangements for managing conflicts of interest and declarations of hospitality			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
C6	Compliance Internal	Approve the proposals for managing conflicts of interest and declarations of hospitality		✓ Audit & Risk Committee			
C7	Compliance Internal	Design and maintain the ICB's arrangements for handling complaints			✓ Chief Executive Officer		
C8	Compliance Internal	Design and maintain the arrangements for all aspects of Information Governance including ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data			✓ Chief Executive Officer		
C9	Compliance Internal	Determining and Approving arrangements for handling Freedom of Information requests			✓ Chief Executive Officer		
C10	Compliance Internal	Approval of the arrangements for all aspects of Information Governance including ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
PM1	People Management Internal	Approve the arrangements for discharging the ICB's statutory duties as an employer		✓ Remuneration Committee			
PM2	People Management Internal	Approve the terms and conditions, remuneration allowances for ICB members, including pensions and gratuities		✓ Remuneration Committee			
PM3	People Management Internal	Recommend the terms and conditions of employment for all employees of the ICB, including matters relating to termination of appointment			✓ Chief Executive Officer		
PM4	People Management Internal	Recommend pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB			✓ Chief Executive Officer		
PM5	People Management Internal	Approve pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB		✓ Remuneration Committee			
PM6	People Management	Approve disciplinary arrangements for employees,		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal	including the CEO (where he/she is an employee or Member of the ICB) and for other persons working on behalf of the ICB		Remuneration Committee			
PM7	People Management Internal	Consider severance payments of the CEO and other senior staff		✓ Remuneration Committee			
PM8	People Management Internal	Appoint permanent employees within available resources and staffing establishment			✓ Chief Executive Officer		
PM9	People Management Internal	Nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts			✓ Chief Executive Officer		
PM10	People Management Internal	Oversee how the ICB discharges its duties to promote education and training			✓ Chief Executive Officer		
PM11	People Management Internal	Agree and issue instructions for methods of payment through payroll			✓ Chief Executive Officer		
PM12	People Management Internal	Vary or terminate contracts of employment			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
QS1	Quality & Safety Partnership	Develop and approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes across the system			✓ Chief Executive Officer		
QS2	Quality & Safety Partnership	Monitor the delivery of the duty to secure continuous improvement in the quality of services		✓ Population Health & Patient Experience Committee			
QS3	Quality & Safety Partnership	Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB, its providers, or its constituent place based partnerships		✓ Population Health & Patient Experience Committee			
QS4	Quality & Safety Partnership	Commission care pathways and services that support the vision of the ICB and promote clinical quality and safety in all commissioned services, making recommendations to the ICB as appropriate			✓ Chief Executive Officer (advised by the place based partnerships)		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
QS5	Quality & Safety Partnership	Establish performance and quality measures that maintain the effective use of resources and provide value for money			✓ Chief Executive Officer		
QS6	Quality & Safety Partnership	Oversee the framework for assurance of service quality provided by constituent primary medical practices and the approach to ensuring continuous improvement			✓ Chief Executive Officer		
QS7	Quality & Safety Partnership	Monitor progress of delivery of assistance and support to NHS England in its duty to improve the quality of primary medical services		✓ Population Health & Patient Experience Committee			
QS8	Quality & Safety Partnership	Advise on quality and governance, having regard to any guidance by the Secretary of State, and including preparation of proposals to develop and monitor clinical standards in the ICB and its constituent partnerships and practices			✓ Chief Executive Officer		
QS9	Quality & Safety Partnership	Monitor progress of delivery of promotion of involvement of patients, carers and		✓ Population Health &			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		representatives in decisions about their healthcare		Patient Experience Committee			
QS10	Quality & Safety Partnership	Monitor progress of delivery of enabling patients to make choices		✓ Population Health & Patient Experience Committee			
QS11	Quality & Safety Partnership	Monitor promotion of use of research and progress of delivery		✓ Population Health & Patient Experience Committee			
QS12	Quality & Safety Partnership	Monitoring progress of delivery of service integration		✓ Place and System Development Committee			
QS13	Quality & Safety Partnership	Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans			✓ Chief Executive Officer		
QS14	Quality & Safety Partnership	Provide assurance of safeguarding children and adults		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
				Population Health & Patient Experience Committee			
QS15	Quality & Safety Partnership	Oversee fulfilment by the ICB of its statutory duties to reduce inequalities	✓				
QS16	Quality & Safety Partnership	Oversee process and compliance issues concerning serious incidents		✓ Population Health & Patient Experience Committee			
QS17	Quality & Safety Partnership	Prepare proposals (having regard to any guidance by the Secretary of State) for the ICB for practice incentive schemes to improve the quality of primary care			✓ Chief Executive Officer		
QS18	Quality & Safety Partnership	Oversee how the ICB secures health services that are provided in a way that promotes awareness of and have regard to, the NHS Constitution		✓ Population Health & Patient Experience Committee			
OMR1	Operational Management & Risk	Prepare and recommend a detailed financial scheme of			✓		



Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal	delegation that sets out who has responsibility for operational decisions within the ICB			Chief Executive Officer		
OMR2	Operational Management & Risk Internal	Approve the ICB's counter fraud and security management arrangements		✓ Audit & Risk Committee			
OMR3	Operational Management & Risk Partnership	Oversight of Place risk within the overall ICB framework					✓
OMR4	Operational Management & Risk Partnership	Approve and monitor risk management programme		✓ Audit & Risk Committee			
OMR5	Operational Management & Risk Internal	Oversight of external audit, internal audit, local counter fraud services and other external assurance functions		✓ Audit & Risk Committee			
OMR6	Operational Management & Risk Internal	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption including the appointment of the Local Counter Fraud Specialist		✓ Audit & Risk Committee			
OMR7	Operational Management & Risk Internal	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
OMR8	Operational Management & Risk Partnership	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with ICBs or pooled budget arrangements under section 75 of the NHS Act 2006)	✓				
OMR9	Operational Management & Risk Internal	Approve proposals for action on litigation against or on behalf of the ICB			✓ Chief Executive Officer		
OMR10	Operational Management & Risk Internal	Make proposals for individual compensation payments			✓ Chief Executive Officer		
OMR11	Operational Management & Risk Internal	Ratify the Audit Committee's proposals for individual compensation payments	✓				
OMR12	Operational Management & Risk Internal	Approve the ICB's arrangements for business continuity and emergency planning	✓				
OMR13	Operational Management & Risk Internal	Approve the ICB's arrangements for managing dispute resolution		✓ Audit & Risk Committee			
ONR14	Operational Management & Risk Partnership	Oversee the maintenance and operation of a system risk strategy and a risk register		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
OMR15	Operational Management & Risk Internal	Provide independent and objective view on internal control and probity		✓ Audit & Risk Committee			
TC1	Tendering & Contracting Internal	Approval of the ICB's contracts for corporate support (for example finance management systems provision, commissioning support)			✓ Chief Executive Officer		
TC2	Tendering & Contracting Internal	Approval of the introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) of a value described in the Financial SORD		✓ System Productivity Committee			
TC3	Tendering & Contracting Internal	Authorisation of expenditure in excess of tender price (within delegated limits approved by ICB)		✓ System Productivity Committee			
TC4	Tendering & Contracting Internal	Oversight and approval of the procurement, contracting, performance management and decision making process		✓ System Productivity Committee			
TC5	Tendering & Contracting	Approval of waiver of formal tendering procedures		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal			Audit & Risk Committee			
TC6	Tendering & Contracting Internal	Nomination of an officer, senior member of staff or a member of a shared service organisation to provide day to day operational oversight for each contract on behalf of the ICB			✓ Chief Executive Officer		
PW1	Partnership Working Partnership	Approve the scope of decisions and funding delegated by the ICB under section 75 of the 2006 Act	✓				
PW2	Partnership Working Partnership	Approve the scope of decisions delegated to committees established under the 2006 Act (as amended 2022)	✓				
PW3	Partnership Working Partnership	Approve arrangements for co-ordinating the commissioning of services with other ICBs and or with the local authority(ies), where appropriate	✓				
PW4	Partnership Working Partnership	Approval of contribution to Joint Strategic Needs Assessment					✓
PW5	Partnership Working Partnership	Approval of joint commissioning delivery arrangements (staff resource and development of integrated teams) with local authorities	✓ (Strategic)				✓ (Operational)

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
PW6	Partnership Working Partnership	Oversight of contribution to the Joint Strategic Needs Assessment, making recommendations as appropriate to the ICB					✓
PW7	Partnership Working Partnership	Approve on behalf of the ICB joint commissioning arrangements with other partners as appropriate	✓				
CHC1	Commissioning of Health and Care Partnership	Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including obtaining appropriate advice and public engagement and consultation			✓ Chief Executive Officer		
CHC2	Commissioning of Health and Care Partnership	Approval of service development or discontinuance as set out in the detailed financial scheme of delegation			✓ Chief Executive Officer (advised by place based partnerships)		
CHC3	Commissioning of Health and Care Partnership	Approval of service specifications and methods of securing services			✓ Chief Executive Officer (advised by place based partnerships)		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
CHC4	Commissioning of Health and Care Internal	Commissioning of Primary Medical Services as delegated from NHS England			✓ Chief Executive Officer		
CHC5	Commissioning of Health and Care Internal	Commissioning of Pharmacy, Optometry and Dental (POD) services			✓ Chief Executive Officer		
CHC6	Commissioning of Health and Care Internal	Commissioning of Highly Specialised Services				✓ NHSE	
CHC7	Commissioning of Health and Care Partnership	Commissioning of health and social care services that are of common interest for 2 or more ICBs				✓ NHSE	
FA1	Finance & Audit Internal	Approval of Financial Allocation Policy to each Place Based Partnership	✓				
FA2	Finance & Audit Internal	Approval of the arrangements for discharging the ICB's statutory financial duties		✓ System Productivity Committee			
FA3	Finance & Audit Internal	Approval of the ICB's corporate budgets		✓ System Productivity Committee			
FA4	Finance & Audit Internal	Approval of variations to the approved budget where variation		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		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		System Productivity Committee			
FA5	Finance & Audit Internal	Approval of overspend or reduction of income that cannot be met from virement		✓ System Productivity Committee			
FA6	Finance & Audit Internal	Monitoring the progress of delivery of the ICB's general financial duties		✓ System Productivity Committee			
FA7	Finance & Audit Internal	Approve amendments to Standing Financial Instructions	✓				
FA8	Finance & Audit Internal	Annual approval of the Financial Plan (as part of agreeing Operational Plan, SP7)	✓				
FA9	Finance & Audit Internal	Determine, and set out, level of delegation of non-pay expenditure to budget managers			✓ Chief Executive Officer		
FA10	Finance & Audit Internal	Approve proposed pre-payment arrangements		✓ System Productivity Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
FA11	Finance & Audit Internal	Setting of budgetary total and / or virement limits		✓ System Productivity Committee			
FA12	Finance & Audit Internal	Delegation of budget to budget holders			✓ Chief Executive Officer		
FA13	Finance & Audit Internal	Approval of the appointment of internal and external auditors		✓ Audit & Risk Committee			
FA14	Finance & Audit Internal	Approval of dismissal of internal and external auditors	✓				
FA15	Finance & Audit Internal	Approval of the internal audit strategy, audit plan and more detailed programme of work		✓ Audit & Risk Committee			
FA16	Finance & Audit Internal	Prepare procedures for recording and accounting for losses, special payments			✓ Chief Executive Officer		
FA17	Finance & Audit Internal	Approval of write off of losses (within limits delegated by Department of Health)		✓ Audit & Risk Committee			
FA18	Finance & Audit Internal	Ratify the Audit Committee's proposals in individual cases for	✓				



Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		the write off of losses or making of special payments above the limits of delegation to the CEO and Chief Finance Officer (for losses and special payments) previously approved by the ICB					
FA19	Finance & Audit Internal	Advise on individual cases for the write off of losses or making of special payments above the limits of delegation to the CEO and Chief Finance Officer (for losses and special payments)		✓ Audit & Risk Committee			
FA20	Finance & Audit Internal	Approval of banking arrangements including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories			✓ Chief Executive Officer		

## Appendix B – Schedule of Matters Delegated to Officers

### Introduction

#### 1. General

**This schedule of matters delegated to officers has been developed in conjunction with the organisation's standing Financial Instructions and standing orders and will provide guidance for both the BOB ICB and the SCW Commissioning Support Unit.**

*Delegated matters in respect of decisions which may have a far reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Chief Executive. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Standing Financial Instructions and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.*

#### 2. Scheme of Delegation to Employees

Standing Orders (SOs) and Standing Financial Instructions (SFIs) set out in some detail the financial responsibilities of the ICB Chief Executive, the ICB Chief Finance Officer and other executive directors of the BOB ICB.

The Scheme of Delegation covers only matters delegated by the Board to the Chief Executive and Directors and certain other specific matters referred to in Standing Financial Instructions.

Further delegation may be approved.

- i. by the Board in approving specific management policies
- ii. by the ICB Chief Executive
- iii. as part of Financial Procedures approved by the ICB Chief Finance Officer

Each ICB Director will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.

#### 3. Financial Control Environment

In accordance with Standing Financial Instructions, the Board exercises financial supervision and control by:

- a) Authorising the operational plan;
- b) Requiring the submission and approval of budgets within approved allocations / overall income;
- c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- d) Defining specific responsibilities placed on members of the Board, committees, members and employees as indicated in the Scheme of Delegation

- e) Approving provision of shared services through the SCW Commissioning Support Unit (CSU).

Once the Board has reviewed and approved the Operating Plan and any supporting financial plan / budget the Board will delegate approval to the Chief Executive Officer, the Chief Finance Officer and other ICB Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this scheme of delegation.

For the avoidance of doubt this delegation (subject to the limits approved by the Board in the Scheme of Delegation) includes:

- Approval of business cases i.e. Tables 1 and 4
- Awarding of contracts including the signing of appropriate contract documentation i.e. Tables 2 and 5
- Agreement of contract variations and subsequent amendments to contract payments i.e. Tables 2 and 5
- Approval to vire (transfer) budgets within overall available financial resources and in line with the Operating Plan i.e. Tables 3 and 6
- Payment of sums due against approved contracts i.e. Table 7
- Budgetary delegation including approval of invoices, payroll expenditure and authorisation for the raising of invoices to debtors i.e. Table 7
- Operation of appropriate procurement processes within agreed financial thresholds, i.e. Table 8
- Approval of capital expenditure i.e. Table 9
- Approval of disposals, condemnations, losses and special payments i.e. Table 10
- Approval limits for Continuing Healthcare staff employed by Oxford Health NHS Foundation Trust i.e. Table 11

## Financial Limits/Thresholds

### Proposed Financial Limits/Thresholds

Description	Limit
<b>Section 1 – Commissioning and contracting for health care services</b>	
Approval of Business cases	See table 1 below
Authorisation of award of contracts	See table 2 below
Virements	See table 3 below
<b>Section 2 – Non Health Care Services (Running Costs)</b>	
Approval of Business cases	See table 4 below
Authorisation of award of contracts	See table 5 below
Virements	See table 6 below
<b>Section 3 - General</b>	
Approval of Invoices and Invoice Payment files	See table 7 below
Contract/ Procurement procedures	See table 8 below
Approval process and delegated limits for capital expenditure	See table 9 below
Disposals, condemnations, losses and special payments	See table 10 below
Continuing Health Care Staff employed by Oxford Health NHS FT	See table 11 below

Budget Administrator = team member with delegated authority for day-to-day budget management reporting to the Budget Manager (Head of Service)

Budget Manager = Head of Service reporting to the Budget Holder

Budget Holder = ICB Executive Director

## Section 1 – Commissioning and Contracting for Health Care Services

**Table 1: Approval of Business Cases**

Change in value per annum +/- from current spend £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £1,000,000	Executive Director	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

**Table 2: Authorisation of Award of Contract**

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £1,000,000	Executive Director	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

**Table 3: Delegated Limits for Budget Virements**

Budget Virement Value £	Authorised By:	Final Approved by
Up to £50,000	Budget Administrator	Chief Finance Officer or Deputy
Over £50,000 up to £100,000	Budget manager (Head of Service)	Chief Finance Officer or Deputy
Over £100,000 up to £1,000,000	Budget Holder (Executive Director)	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Budget Holder (Executive Director) and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

NB Technical virements do not require formal approval e.g. such as arise following changes to the overall Resource Limit or changes to reflect contract agreement

## Section 2 – Non Health Care Services (Running Costs)

**Table 4: Approval of Business Cases**

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £500,000	Executive Director and Chief Finance Officer	Chief Finance Officer
Over £500,000 up to £1,000,000	Executive Team and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

**Table 5: Authorisation Of Award Of Contract**

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £500,000	Executive Director	Chief Finance Officer
Over £500,000 up to £1,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

**Table 6: Delegated Limits for Budget Virements**

Budget Virement Value £	Authorised By:	Final Approved by
Up to £50,000	Budget manager (Head of Service)	Chief Finance Officer or Deputy
Over £50,000 up to £500,000	Budget Holder (Executive Director)	Chief Finance Officer
Over £500,000 up to £1,000,000	Budget Hilder (Executive Director) and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

NB Technical virements such as arise following changes to the overall Resource Limit do not require formal approval.



## Section 3 – General

**Table 7: Approval Of Invoices and Invoice Payment Files (Ipf)**

Delegated To	Delegation Of Authority Approved By	Level of Authority
Non-Budget Managers who are requisitioners	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Prior Approvals Manager	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Budget Administrator	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £10,000
Budget Manager (Heads of Service)	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £100,000
Assistant Chief Finance Officer Head of Primary Care	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £200,000
Deputy Chief Finance Officer Budget Holders (Executive Directors)	Chief Executive	Up to £5,000,000
Chief Finance Officer and Chief Executive	Board	Unlimited

The CCG Chief Executive may delegate authority, up to a maximum of £50,000, to an officer or employee who is not a Budget Manager. Such authority to be notified to the Chief Finance Officer.

In some instances it may also be necessary to increase delegated limits for individual Executive Directors in order to provide sufficient cover for absence of the Chief Finance Officer and Chief Executive Officer to ensure invoice payment performance is not jeopardised. Such authority to be approved by the Chief Finance Officer and Chief Executive Officer and its use recorded in a register.

**Table 8: Contract / Procurement Procedures – Financial Thresholds**

Contract Value	Method of Tendering	Form of Contract	Minimum Number Invited to Tender
Less than £5,000	No Quotations required	Official Order	No minimum
Over £5,000 up to £50,000	Quotations in writing	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000
<b>Tender Threshold £50,000</b>			
Over £50,000	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)

There should be non-executive agreement in advance of any decision to waive the tender process and all waivers to be presented to the Chair of the Board for prior approval.

Table 8 also applies to contracts for all external consultants.

**CONTRACT VALUE:** The term “Contract Value” is defined as the total cost to the ICB of the complete scheme or the total value of the items purchased or acquired during the contract period including payable VAT.

- The above limits also apply to contract variations
- Once awarded authority to sign the contract and for making payments is delegated to appropriate members of the Executive team.

Officers awarding contracts or subsequent contract variations will pay due regard to the approved procurement procedures, including the requirements of the Official Journal of the European Union (OJEU) tendering procedures and should seek the advice of the Chief Finance Officer where required.

**Table 9: Approval Process and Delegated Limits for Capital Expenditure**

Delegated To	Approval Level and Process	Level Of Authority £
Executive Director and Chief Finance Officer/Deputy Chief Finance Officer	Business case – light touch	Up to £50,000
Executive team including Chief Executive and Chief Finance Officer	Business case	over £50,000 up to £250,000
System Productivity Committee	Business case	over £250,000 up to £1,000,000
Board	Business case	over £1,000,000 up to £6,000,000
NHSE	Business case	Over £6,000,000

The annual capital plan will be approved by the Board.

**Table 10: Disposals, Condemnations, Losses and Special Payments**

Type	Approved by	Limit £
Approval of disposals & condemnations	Head of Service / Executive Director	Up to £5,000
	Executive Director and Chief Finance Officer	Over £5,000 up to £100,000
	Chief Executive and Chief Finance Officer	Over £100,000 up to £1,000,000
	Board	Over £1,000,000
Losses & Special payments (except below)	Chief Finance Officer	Up to £1,000
	Audit & Risk Committee	Over £1,000
Special payments – special severance payments that exceed legal or contractual obligations	Any cases to be approved by Department of Health & Treasury	£0

All losses and special payments, including the write-off of debts, must be reported to the Chief Finance Officer and are reported in the annual statutory accounts.

**Please refer to detailed financial policy on Condemning and Disposals and Losses and Special payments.**

Fraud cases over £15,000 must be referred to NHS Counter Fraud Authority.

Any loss or special payments which are “novel, contentious or repercussive” must be reported to the Department of Health.

**Table 11: Continuing Healthcare Staff Employed by Oxford Health NHS Foundtion Trust**

Directorate/Service Area	Job Title	Grade	Authorisation Level
Oxford Health CHC	Head of service for Continuing Healthcare for BOB	8C	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Service Manager	8B	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Unit Manager	8A	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory

The £100k or less authorisation level can be signed off by an 8C, 8B or 8A. If more than this, needs ICB approval by member of staff with appropriate approval limit.



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):**

**Integrated Care Board Model Standing Financial Instructions  
Template V.2**

**(BOB ICS tailored version)**

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## ICS implementation guidance

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

They exist to achieve four aims:

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

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

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

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

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

- Improving the health of children and young people
- Supporting people to stay well and independent
- Acting sooner to help those with preventable conditions
- Supporting those with long-term conditions or mental health issues
- Caring for those with multiple needs as populations age
- Getting the best from collective resources so people get care as quickly as possible.



## **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 financial 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
- 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 ICB's allocated resources.

**3.2.2** The Chief Financial 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 Financial officer the following responsibilities in relation to the ICB:

- Preparation and audit of annual accounts
- Adherence to the directions from NHS England in relation to accounts preparation
- Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners
- Ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss
- Meeting statutory requirements relating to taxation
- Ensuring that there are suitable financial systems in place (see section 6)
- Meets the financial targets set for it by NHS England
- Use of incidental powers such as management of ICB assets, entering commercial agreements
- The governance statement and annual accounts & reports are signed
- Planned budgets are approved by the relevant board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets
- Ensuring sound stewardship of financial resources including demonstrating value for money and promoting the efficient, effective and economic use of resources
- 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

The Chief Financial Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

### **3.3 Audit and risk assurance committee**

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

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

## **4. Management accounting and business management**

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

**4.1.3** The Chief Financial Officer will ensure:

- The promotion of compliance to the sfis through an assurance certification process
- The promotion of long term financial 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
- The implementation of financial and resources plans that support the NHS Long term plan objectives

**4.1.4** In addition, the Chief Financial Officer should have financial leadership responsibility for the following statutory duties:

- In conjunction with its partner NHS trusts and NHS foundation trusts, to exercise its functions with a view to ensuring that, in respect of each financial year

- Local capital resource use does not exceed the limit specified in a direction by NHS England
- Local revenue resource use does not exceed the limit specified in a direction by NHS England
- The duty of the ICB to perform its functions as as to secure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income
- 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 Financial Officer and *any senior officer responsible* for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

## **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 Financial Officer is responsible for:

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

### **5.2 Banking**

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

**5.2.2** The Chief Financial Officer will ensure that:

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

### **5.3 Debt management**

**5.3.1** The Chief Financial 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 every 12 months to ensure relevance and provide assurance
- Accountability to the ICB board that debt is being managed effectively
- Accountabilities and responsibilities are defined with regards to debt management to budget holders
- Responsibility to appoint a senior officer responsible for day to day management of debt

## **6. Financial systems and processes**

### **6.1 Provision of finance systems**

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

**6.1.2** 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 Financial Officer will, in relation to financial systems:

- Promote awareness and understanding of financial systems, value for money and commercial issues
- Ensure that transacting is carried out efficiently in line with current best practice – e.g. E-invoicing
- Ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems
- Enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records
- Ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable
- Ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB
- Ensure that risk is appropriately managed
- Ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers
- Ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB
- Ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all

parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes

- 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 Financial Officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.
- 7.1.2** 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.
- 7.1.18** 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 risk 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
  - 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 is responsible for management and governance frameworks that support the ICB employees' life cycle.

## **9. Annual reporting and Accounts**

### **9.1 Annual reporting**

- 9.1.1** The Chief Financial Officer will ensure, on behalf of the Accountable Officer and ICB board, that:
- The ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation.
  - 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
  - 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 financial officer to ensure that:

- All internal audit services provided under arrangements proposed by the chief financial officer are approved by the Audit and Risk Assurance 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 and risk assurance 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 and risk assurance committee meetings and have a right of access to all audit and risk assurance committee members, the Chair and Chief Executive of the ICB.
- The head of internal audit should meet the non-executive members of the audit and risk committee in closed session three times a year.
- 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 Financial Officer is responsible for:

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

## **10. Losses and special payments**

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

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



- 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
  - Adherence to the special severance payments guidance as published by NHS England
- 10.1.5** All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk 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.

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

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

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

## **12. Capital Investments & security of assets and Grants**

### **12.1 Finance**

**12.1.1** The Chief Financial Officer is responsible for:

- Ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use
- Ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England
- Ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group(s)
- Ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans

- Ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost
- Ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences
- For every capital expenditure proposal, the chief financial officer is responsible for ensuring there are processes in place to ensure that a business case is produced

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

- Authority to spend capital or make a capital grant
- Authority to enter into leasing arrangements

**12.1.3** Advice should be sought from the Chief Financial Officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

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

- Ensure the ICB asset portfolio supports its business objectives
- Comply with NHS England policies and directives and with this standard

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

## **12.2 Grants**

**12.2.1** The Chief Financial Officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to:

- Any of its partner NHS trusts or NHS foundation trusts
- To a voluntary organisation, by way of a grant or loan

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

## **13. Legal and insurance**

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

- Engagement of solicitors / legal advisors
- Approval and signing of documents which will be necessary in legal proceedings
- Officers who can commit or spend icb revenue resources in relation to settling legal matters

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

## Appendix 1 Nolan Principles – Standards in public life

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

- a. **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- b. **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- c. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- d. **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.
- e. **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.
- f. **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.
- g. **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: The First Report of the Committee on Standards in Public Life (1995). Available at <http://www.public-standards.gov.uk>.



**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB)**

### **Managing Conflicts of Interest Policy**

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## 1. Purpose and scope of policy

This section describes:

- Purpose of policy
- Scope of policy
- Statutory duty
- Definition of conflict of interest
- Types of conflict of interest

### 1.1 Purpose of policy

This policy outlines the arrangements for identifying, recording, managing, and resolving conflicts of interest for the Integrated Care Board (ICB).

### 1.2 Scope of policy

The policy applies to:

Policy applies to	Description
<b>All ICB employees and contractors</b>	<ul style="list-style-type: none"><li>• Full and part time staff</li><li>• Staff on sessional or short-term contracts including consultancy staff</li><li>• Students and trainees (including apprentices)</li><li>• Agency staff</li><li>• Seconded staff</li><li>• Staff employed by organisations contracted by the ICB to support/ manage or deliver specific procurement or other functions.</li></ul>
<b>All members of the ICB Board and its committees and sub committees</b>	<p>Including:</p> <ul style="list-style-type: none"><li>• Co-opted members</li><li>• Appointed deputies</li><li>• Any members of committees/ groups from other organisations.</li></ul>

### 1.3 Statutory duty

Individuals who are employed or otherwise involved with the ICB must declare any interest that they have in relation to Board's decisions as soon as they are aware of it and no later than 28 days afterwards.

### 1.4 Definition of conflict of interest

A conflict of interest occurs when an individual's judgement is impaired, or perceived to be impaired, due to a competing interest due to

- Their obligation in another role

- The result of an action of decision taken by the ICB

## 1.5 Types of conflicts of interest

Potential conflicts of interest include, but are not limited to (see Annex A for examples):

Type of conflict of interest	Description
<b>Financial interests</b>	Where an individual or their organisation may get a direct financial benefit from the consequences of a decision
<b>Non-financial professional interests</b>	Where individual or their organisation may obtain a non-financial professional benefit, such as increasing their professional reputation or status or promoting their professional career
<b>Non-financial personal interests</b>	Where an individual may benefit personally in ways not directly linked to their professional career and does not derive direct financial benefit
<b>Indirect interests</b>	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

## 2. Principles

The following principles are informed by the principles set out by the NHS Confederation and Royal College of General Practice for managing conflicts of interests.

Principle	Description
<b>Transparent and open</b>	<ul style="list-style-type: none"> <li>• <b>Engagement:</b> Engage early on plans and decisions with: <ul style="list-style-type: none"> <li>– Patients, the public, clinicians</li> <li>– Incumbent and new providers</li> <li>– Other stakeholders, including local Healthwatch and Health and Wellbeing Boards</li> </ul> </li> <li>• <b>Specifications:</b> Ensure service specifications set out clearly the basis on which any contract will be awarded</li> <li>• <b>Openness:</b> If in doubt the individual concerned should assume that a potential conflict of interest exists and declare it</li> <li>• <b>Record-keeping:</b> Ensuring sound record-keeping, i.e. up to date registers of interests</li> <li>• <b>Documentation:</b> Document the approach taken at every stage of the process to provide a clear audit trail</li> <li>• <b>Rationale:</b> Ensure the rationale for decisions is transparent and able to withstand scrutiny</li> </ul>

Principle	Description
	<ul style="list-style-type: none"> <li>• <b>Dispute resolution:</b> Provide a clear and efficient system for dispute resolution</li> </ul>
<b>Proactive</b>	<ul style="list-style-type: none"> <li>• <b>Rules:</b> Ensure rules for acceptable conduct are made clear at the outset</li> <li>• <b>Induction:</b> Provide induction for members covering obligations to declare conflicts of interests and process for managing them</li> <li>• <b>Prompts:</b> Ensure sufficient prompts and checks for identifying conflicts of interest</li> <li>• <b>Opportunities for exclusion:</b> Provide opportunities for individuals exclude themselves appropriately from decision making.</li> </ul>
<b>Reasonable</b>	Make assessments on the basis of whether a member of the public, knowing the relevant facts, would reasonably think that an individual's interest or interests is sufficiently significant to be likely to prejudice their judgment of the public interest regarding the decision or action in question
<b>Proportionate</b>	Manage conflicts in a way that does not unduly constrain or impede the conduct of business and decision-making

### 3. Register of interests

This section describes the requirements for registers of interest, including:

1. Responsibility for maintenance
2. Required information
3. Frequency of updates
4. Public accessibility
5. Retention of past records

#### 3.1 Responsibility for maintenance

The ICB will maintain the register of interests for all persons defined in section 1.2.

#### 3.2 Required information

Registers must include the following information:

Register contents	Description
<b>Name</b>	Name of the person declaring the interest
<b>Role</b>	Position within or relationship with the ICB
<b>Type of interest</b>	E.g. financial, non-financial professional, non-financial personal, and indirect interests



Register contents	Description
	For indirect interest, include details of the relationship with the person who has an interest
Date	The dates from which the interest relates
Mitigation	The actions taken to mitigate the risk

### 3.3 Frequency of updates

Registers should be refreshed on a yearly basis as a minimum.

### 3.4 Public accessibility

The register(s) will be publicly available and published on the ICB's website.

### 3.5 Retention of past records

Type of record	Remain on register for a minimum of...
Public records	6 months
Private record of historical interest	6 years after the date it expires

## 4. Registering and managing conflicts of interest

This section describes the requirements for:

- Informing all employees and contractors of the conflicts of interest policy
- When conflicts of interest should be declared
- Options for managing conflicts of interest
- Scope of application of arrangements to manage conflicts of interest

### 4.1 Informing all employees and contractors of the conflicts of interest policy

Individuals contracted to work on behalf of the ICB, or providing services or facilities to the ICB, will be made aware of their obligations to declare conflicts of interests (potential or otherwise). This requirement will be written into their contracts for services.

### 4.2 When conflicts of interest should be declared

Conflicts of interest should be declared by completing the declaration of interest form in Annex E:

Timing	Description
<b>On appointment</b>	A formal declaration of interest should be made and recorded on appointment.
<b>On changing role or responsibility</b>	A further declaration should be made to reflect the change in circumstances or a conflict of interest ceasing to exist. It

Timing	Description
	is the individual's responsibility to report the change as soon as possible or within 28 days of the change.
<b>During procurement processes</b>	Anyone engaging with the ICB, in relation to the provision of services or facilities, will be required to make a declaration of interest in a register of interests that should include nil returns.
<b>At meetings</b>	A standing agenda item will be on the Governing Body, committee, subcommittee, and any working group agendas. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. If a conflict becomes apparent during a meeting, an oral declaration before witnesses is required and will be formally written in the meeting record.
<b>Annual updates</b>	Annual updates should be made to ensure the register of interest is accurate and up to date.

### 4.3 Option for managing conflicts of interest

When a conflict of interest is identified, one or more of the following actions must be taken:

Timing	Description
<b>Noting the interest</b>	Note the interest and ensure all attendees are aware of the nature and extent of the interest but allow the individual to participate fully in the discussion and the decision-making. This would need to be clearly documented in the minutes.
<b>Monitoring</b>	Monitor the specified activity undertaken by the individual – this can be done by a line manager, colleague, or other designated individual.
<b>Withholding access</b>	Withhold access to supporting papers or meeting minutes relating to the matter(s) giving rise to the conflict from individual.
<b>Limiting participation</b>	Limit participation to the discussion but ask them not to take part in the decision-making process.
<b>Absenting from discussion/ decision</b>	Require the absence of the individual when the relevant matter(s) are being discussed and decided upon.
<b>Withdrawing from activity</b>	Withdraw the individual from a specified activity, on a temporary or permanent basis.
<b>Deferring decisions/ discussions</b>	Defer the decision or discussion to take advice from others on managing the conflict of interest.

#### 4.4 Scope of application of arrangements to manage conflicts of interest

Arrangements for managing a conflict of interest apply to all transactions undertaken in relation to the ICB's exercise of its functions (including conversations between two or more individuals, e-mails, correspondence, and other communications).

### 5. Managing conflicts of interest in meetings

This section describes:

- Role of chairs
- Role of individual meeting members
- Managing meeting minutes
- Actions to be taken when conflicts of interest involve the chair or vice-chair and/ or render meetings inquorate

#### 5.1 Role of chairs

Chairs are responsible for:

Timing	Description
<b>Noting declarations</b>	Noting the declarations of interest at the beginning of all meetings by having this as a standard agenda item
<b>Assessing declarations</b>	Deciding whether there is a prejudicial (or potentially prejudicial) conflict of interest
<b>Determining actions</b>	Determining the appropriate course of action by application of this policy or seeking further advice
<b>Following up</b>	Ensuring that the arrangements confirmed for the management of the conflict of interests or potential conflicts of interests are followed

#### 5.2 Role of individual meeting members

Individuals should indicate their interest at the beginning of each agenda item.

#### 5.3 Managing meeting minutes

Minutes must include all declarations and describe:

Contents	Description
<b>Who</b>	Who has the interest
<b>Type of conflict of interest</b>	The nature of the interest and why it gives rise to a conflict
<b>Context</b>	The relevant item/s on the agenda
<b>Actions</b>	How the arrangements for managing the conflict were decided

## 5.4 Actions when conflicts involve the chair/ vice-chair or inquoracy

When conflicts of interest involve the chair or vice-chair the following actions must be taken:

Action	Description
<b>Declare conflict of interest</b>	The chair must declare if he/she has a personal interest in the business of the meeting previously declared or otherwise.
<b>Replace chair</b>	<ul style="list-style-type: none"><li>• <b>The deputy chair</b> (or other nominated individual if the deputy chair is also conflicted) then acts as chair for the relevant part of the meeting.</li><li>• <b>Non-conflicted members:</b> Where the Vice Chair is also conflicted, the remaining non-conflicted voting members of the meeting should agree how to manage the conflict.</li></ul> <p><b>Conflicts of Interest Guardian:</b> The Chair, Vice Chair or non-conflicted members may wish to consult with the Conflicts of Interest Guardian.</p>
<b>Manage conflict</b>	Arrangements confirmed for the management of the conflict of interests (potential or otherwise) apply to the chair, vice-chair and or replacement chair, e.g. they may be required to withdraw from the meeting.

When conflicts of interest render the meeting inquorate, the following actions must be taken:

- **Declare inquoracy:** If a significant number of individuals are required to withdraw from taking part in a meeting because of their prejudicial interests; the chair (or deputy) determines whether the discussion can proceed, taking into consideration whether the meeting is quorate, in accordance with the membership requirements set out in the group's standing orders.
- **Agree action:** One or more of the following actions must be taken:

Action	Description
<b>Refer discussion</b>	Require another of the Board's committees which can be quorate to progress the item of business
<b>Verify recommendation</b>	A recommendation on decision can be taken by remaining members and referred to either the ICB or the Risk and Audit Committee for verifying proposed recommendations
<b>Defer meeting to consult on action</b>	Where a quorum cannot be convened, the chair of the meeting shall consult with the Chief Executive Officer or Chief Financial Officer on the action to be taken

## 6. Management of Interests Gifts, Hospitality, Sponsorship and Other Interests

This section sets out the principles and the course of action to be taken in relation to sponsorship, gifts hospitality and other special interests.

### 6.1 Prohibited list

No hospitality, sponsorship or gifts of any description may be accepted from (or offered to) to organisations on the prohibited list. (Annex B)

### 6.2 Declaration of declined offers

Any offer of hospitality or sponsorship which has to be declined under this policy must be declared, using form SBC2. (Annex D)

### 6.3 Pharmaceutical companies

Additional rules and considerations:

- **Payments** or equivalent in kind cannot be accepted by individuals working for or on behalf of the ICB under any circumstances
- **Additional Guidelines** that may be produced
- **Prior approval** of the Chief Pharmacist and Director of Governance must be obtained and recorded on declaration form
- **Decline of offers:** Any offer made by a pharmaceutical company that has been declined must be reported on the register of hospitality and sponsorship as per section (C) of the declaration form
- **ABPI Register:** Disciplinary proceedings and referral to the Counter Fraud Specialist for investigation in the context of the Bribery Act 2010 may be instigated where the Association of British Pharmaceutical Industries' (ABPI) register of payments and benefits in kind reveals that an individual has accepted payment or benefit in kind but has not declared it to the ICB

### 6.4 Gifts

#### 6.4.1 Definition

Any item of cash or goods, or any service, which is provided from a person or persons external to the ICB for personal benefit, free of charge, or at less than commercial value.

Gifts as defined do not include

- Donations to charitable trust funds
- Donation of items or equipment for the benefit of patients/ service users
- Donation of items or equipment for the benefit of staff and whereby ownership vests in the ICB and not individual members of staff

Donors wishing to make a monetary gift that has to be declined under this policy may be invited instead to make a donation to Charitable Funds. Inadmissible personal gifts over £25 may be accepted as donations as ICB fundraising activities with donor permission.

## 6.4.2 General Rule for Gifts

Rule	Description
<b>Non-solicitation</b>	Personal gifts of any kind must not be solicited by staff under any circumstances

## 6.4.3 Guidance Table

Gifts from	Description	Conditions of acceptance	Course of action
<b>All/any source</b>	<ul style="list-style-type: none"> <li>Cash, cheques, other monetary payments</li> <li>Lottery tickets/ other forms of gambling/ chance</li> <li>Legacies under a will or codicil where the value is greater than £25.</li> </ul>	None	Decline
<b>Suppliers/ contractors doing business (or likely to do business) with the Trust</b>	<ul style="list-style-type: none"> <li>Any</li> </ul>	None	Decline
<b>Private companies</b>	<ul style="list-style-type: none"> <li>Small branded promotional items from events, e.g pens, post-it notes</li> </ul>	<ul style="list-style-type: none"> <li>Under £6</li> <li>No commercial logo/branding</li> <li>Logo/branding present but not used to suggest promotion or endorsement</li> <li>Available at the same time and location to more than one individual.</li> <li>Individual not involved in procurement decisions with donor</li> </ul>	Accept – No need to declare
<b>Statutory bodies, arms-length agencies, VCSE orgs, trade unions professional organisations</b>	<ul style="list-style-type: none"> <li>Business or marketing gifts</li> </ul>	<ul style="list-style-type: none"> <li>Under £6 (not applicable to trade unions/professional organisations)</li> </ul>	Accept – No need to declare

Gifts from	Description	Conditions of acceptance	Course of action
<b>Patients and Relatives</b>	<ul style="list-style-type: none"> <li>Small tokens, non-monetary (see A above)</li> </ul>	<ul style="list-style-type: none"> <li>Under £25</li> <li>One gift every 6 month period</li> <li>Inadmissible personal gifts over £25</li> <li>may be accepted for ICB fundraising activities with donor permission</li> </ul>	Accept – No need to declare
	<ul style="list-style-type: none"> <li>Collective gifts (to team, ward or Department)</li> </ul>	<ul style="list-style-type: none"> <li>Total value divided between beneficiaries is £20 or less for each beneficiary</li> </ul>	Accept – No need to declare

## 6.5 Hospitality

### 6.5.1 Definition:

Offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education, and training events.

### 6.5.2 General Rules for Hospitality

Rule	Description
<b>Equivalence</b>	Frequency and/or scale of hospitality accepted should not be significantly greater than the ICB or the recipient's employer would be likely to provide
<b>Necessary and appropriate</b>	Use of public funds for hospitality must be considered as highly exceptional and only where necessary and appropriate, not the norm

### 6.5.3 Guidance Table

Hospitality offered to staff	Conditions of acceptance	Course of action
<b>Business or First-Class travel, luxury standard accommodation</b>	.	Decline
<b>Modest hospitality e.g. Invitations to society &amp; institute dinners/events</b>	<ul style="list-style-type: none"> <li>Attendance required to impart information/ represent the ICB</li> <li>Corporate not personal</li> </ul>	Accept – No need to declare

Hospitality offered to staff	Conditions of acceptance	Course of action
<b>Modest light refreshments and working meals</b>	<ul style="list-style-type: none"> <li>Integral to a training course or meeting</li> </ul>	Accept – No need to declare
<b>All other hospitality</b>		Accept & Declare (using form SBC 1 in Annex C)

Hospitality offered by ICB	Conditions of acceptance	Course of action
<b>Excessive expenditure or inappropriate recipient, e.g. external companies.</b>		Not Acceptable
<b>Modest hospitality</b>	When necessary and appropriate, e.g. at public meetings & events	Acceptable Declare using form SBC1 for inclusion in the ICB Hospitality and Sponsorship Register
<b>Minor hospitality, e.g. tea, coffee, refreshments &amp; light lunch for small groups</b>		Acceptable – No need to declare

## 6.6 Sponsorship

### 6.6.1 General Rules for Sponsorship

Rule	Description
<b>Transparency</b>	Sponsorship must be transparent open to scrutiny and publicly recorded.
<b>Clear Benefit</b>	All sponsorship must demonstrate clear benefit for the sponsor, the ICB and the NHS.
<b>Commercial Advantage</b>	Sponsor must not have access to information that imparts a commercial advantage. Staff must make explicitly clear to the sponsor and in published materials that acceptance of sponsorship does not constitute endorsement or promotion of any goods or services
<b>Patient Confidentiality</b>	Personal or confidential patient information of patients should not be made available to sponsors except as listed in



Rule	Description
	the signed written agreement and in accordance with relevant legislation and guidance. (Data Protection Legislation, the common law of confidentiality and NHS guidance.)

## 6.6.2 Guidance Table

Sponsorship	Conditions of acceptance	Course of action
<ul style="list-style-type: none"> <li>Events</li> <li>Audit work</li> <li>Training and other educational resources</li> <li>Free meeting facilities &amp; services, e.g speakers</li> <li>Funding staff attendance at training events &amp; conferences</li> <li>Time-limited funding for ICB posts</li> <li>Research &amp; Publications</li> </ul>	If over £10k per annum sponsor must provide a sponsorship agreement	Declare all sponsorships using Form SBC 1 and include in ICB's Register of Hospitality and Sponsorship.

## 6.6.3 Specific Requirements for Sponsored Research & Publications:

Special requirements	Description
<b>Sponsored Research &amp; Publications</b>	<ul style="list-style-type: none"> <li>Must go through relevant health research authority or other approvals process</li> <li>must not constitute an inducement to prescribe, supply, administer, recommend, buy, or sell any medicine, medical device, equipment, or service</li> <li>Requires written protocol and contract between staff, the relevant organisations and the sponsor specifying the nature of the services to be provided and payment for those services</li> <li>Reports or information arising cannot be used elsewhere without the ICB's prior permission</li> </ul>

## 6.6.4 Sponsorship Agreement (for sponsorships above £10k per annum)

Sponsorship agreement requirements
<ul style="list-style-type: none"> <li>Provided by the proposed sponsor</li> <li>Referred to the Executive Team for approval prior to acceptance</li> </ul>

## Sponsorship agreement requirements

- Submitted to the Director of Governance at least ten working days before the sponsorship takes effect
- Entered on the Register of Hospitality and Sponsorship

## 6.7 Other interests

### 6.7.1 The actions below apply to all staff

Additional guidance applicable to decision-making staff is set out in Standards of Business Conduct Policy for Decision-Makers.

### 6.7.2 Guidance Table

Other interests	Description of interest	Course of action	Special remarks
<b>Outside employment</b>	Existing outside employment on appointment  Any new outside employment	Declare	Require prior approval where employment contracts or terms/conditions of engagement permit
<b>Patents</b>	Patents and other intellectual property rights held by staff (either individually, or by virtue of association with another organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation	Declare	Seek permission before any agreement on product development, research, work on pathways etc, where the organisation's own time, or equipment, resources or intellectual property is called on
<b>Clinical Practice (Clinical staff)</b>	All practice on appointment, whether currently existing or when it arises	Declare	Seek prior approval of the ICB  NHS commitments take precedence over private work in conflicts of interest  Financial incentives from private providers must not to be accepted other than those allowed by Competition and Markets Authority guidelines

Other interests	Description of interest	Course of action	Special remarks
			Cannot initiate discussions about providing Private Professional Services for NHS patients, nor ask others to do so on their behalf

## 7. Breaches of this Policy

This section sets out the process, relevant legislation and consequences of breaches of this policy.

Breaches of policy	Description
<b>Process</b>	<p>Suspected breaches are investigated under the terms of the appropriate HR policy (conduct).</p> <p>They should be referred in the first instance to the Governance team.</p>
<b>Possible Actions &amp; Sanctions</b>	<p>Minor breaches will not be penalised where individuals have acted in good faith and self-reported a breach founded on genuine error or misunderstanding.</p> <p>Breaches may be met with</p> <ul style="list-style-type: none"> <li>• Employment law action against staff, including: <ul style="list-style-type: none"> <li>– Informal action (such as reprimand or signposting to training and/or guidance)</li> <li>– Formal disciplinary action (formal warning, additional training, re-arrangement of duties, re-deployment, demotion, or dismissal)</li> </ul> </li> <li>• Incidents may be referred to external parties for consideration of further investigations or sanctions.</li> <li>• Contractual action, e.g. remedies or sanctions against the body or staff which caused the breach.</li> <li>• Legal action, e.g. investigation and prosecution under fraud, bribery, and corruption legislation.</li> </ul>
<b>Offences created by the Bribery Act 2010</b>	<ul style="list-style-type: none"> <li>• Bribing another person with the intention of inducing that person to perform a relevant function or activity improperly or to reward that person for doing so.</li> <li>• Accepting a bribe with the intention that a relevant function or activity should be performed improperly as a result.</li> <li>• Bribing a foreign public official.</li> <li>• A Director, manager or officer of a commercial organisation allowing or turning a blind eye to bribery within the organisation.</li> </ul>

Breaches of policy	Description
	<ul style="list-style-type: none"> <li>Failing to prevent bribery.</li> </ul>
<b>Penalties if convicted under the Bribery act</b>	<ul style="list-style-type: none"> <li><b>Fine</b> (no maximum level)</li> <li><b>Imprisonment:</b> A maximum of up to 10 years imprisonment</li> <li><b>Loss of employment:</b> Breaches of the Bribery Act may lead to loss of employment and pension rights in the NHS</li> </ul>

## Appendix A: Examples of conflicts of interest

Potential conflicts of interest can include but are not limited to:

- i. Financial interests
- ii. Non-financial professional interests
- iii. Non-financial personal interests
- iv. Indirect interests

### i. Financial interests

Where an individual may get a direct financial benefit from the consequences of a decision including one in relation to commissioning or service provision or delivery.

This could include being:

Financial interest	Description
<b>A director/ senior employee</b>	A director, a non-executive director or senior employee in a private company or public limited company or other organisation which is doing, likely to or possibly seeking to do business with health or social care organisations.
<b>Shareholder/ owner</b>	A shareholder (or similar ownership interest), 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 a health or social care organization.
<b>Consultant/ contractor</b>	<p>A management consultant working for the ICS or a partner organisation as a provider of services or a contractor This could also include an individual being:</p> <ul style="list-style-type: none"><li>• <b>Contract:</b> Contracted directly or indirectly by the ICS</li><li>• <b>Secondary employment:</b> In secondary employment for the ICS or a partner</li><li>• <b>Secondary income:</b> In receipt of secondary income from a partner</li><li>• <b>Grant:</b> In receipt of a grant from a partner</li><li>• <b>Allowance:</b> In receipt of any <b>payments</b> (for example honoraria, one off payments, day allowances or travel or subsistence) from a partner</li><li>• <b>Funding:</b> In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role and</li><li>• <b>Pension:</b> Having a pension that is funded by a partner (where the value of this might be affected by the success or failure of the partner organisation)</li></ul>
<b>Gifts/ donations/ sponsorships</b>	Staff should not seek these out. Receipts under the value of <b>£50</b> do not need to be declared. Multiple small amounts from the same source over a year need to be declared if the cumulative value is over £50. Amounts over £50 require prior approval.

## ii. Non-financial professional interests

This is where an individual may obtain a non- financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

Role	Description
<b>Advocacy</b>	An advocate for a particular group of patients.
<b>Group membership</b>	A member of a particular specialist professional body (routine GP membership of the RCGP, British Medical Association (BMA) or a medical defence organisation would not usually be items that amount to an interest which needed to be declared).
<b>Advisor</b>	An advisor, e.g. for the Care Quality Commission (CQC) or the National, Institute for Health and Care Excellence (NICE).
<b>Researcher</b>	E.g. a medical researcher.

## iii. Non-financial personal interests

Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

Role/ position	Description
<b>Board member</b>	A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organization.
<b>Pressure group member</b>	A member of a lobby or pressure group with an interest in health.
<b>Champion</b>	A voluntary sector champion for a provider.
<b>Volunteer</b>	A volunteer for a provider organisation or partner body.
<b>Patient requiring individual funding</b>	Suffering for a particular condition requiring individually funded treatment.

## iv. Indirect interests

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, for example:

- Spouse/Partner
- Close relative e.g., parent, grandparent, child, grandchild, or sibling
- Close friend
- Business Partner

A declaration of interest for a 'business partner' should include all relevant collective interests of the partnership and all interests of their fellow partners.

## **Appendix B: Prohibited Donors of Hospitality, Sponsorship or Gifts**

No hospitality, sponsorship or gifts of any description may be accepted from (or offered to) any of the following:

- Manufacturers, suppliers, sellers or promoters of alcohol, tobacco, or related products
- Manufacturers, suppliers, sellers or promoters of any other product or service which may be deemed by the Executive Team from time to time to be harmful or contrary to promoting or contributing to the good health of the nation or the aims/ values of the Trust
- Suppliers or prospective suppliers of goods or services who are in the process of tendering for Trust business
- Political parties, political causes, or campaigns
- Banned organisations
- Any organisation, company, or individual which the Executive Team may consider from time to time as unsuitable for any reason whatsoever. This may include but is not restricted to, rejection of sponsorship on the grounds of:
  - Perceived or actual unlawful, unethical, or discriminatory conduct or practice
  - Cases where association or perception through sponsorship may be considered detrimental to the reputation and good name of the Trust

## Appendix C: Form SBC1

Declaration of Hospitality, Sponsorship, or any Offer of Payment by a Pharmaceutical Company

Please complete Part (B) and in cases of hospitality or sponsorship by Pharmaceutical Companies only, please also complete Part (C).

In cases of offers of payment by pharmaceutical companies to an individual (which must be declined in all circumstances) please complete Part (D) and either return by post to:

The Company Secretary

or email: XXX

### Part (A) (To be completed by Governance team on receipt):

Register Reference: Date:

---

Name and post title(s) of recipient(s)  
of hospitality or  
sponsorship. (Individual(s) or  
Department):

---

Base & contact details:

---

Details of hospitality/ sponsorship  
and approximate value (*Exact value  
if known*):

---

Name(s) of hospitality / sponsorship  
provider (Company or Individual):

---

Reason for provision of hospitality  
or sponsorship:

---

Date(s) of Hospitality or date(s) of  
sponsorship. (*Start and end dates if  
applicable*).

---

Sponsorship Only:	Yes   /   No	Is the Sponsorship supported by a Sponsorship Agreement approved by the Executive Team? (If yes, please attach)
NB Sponsorship of a cumulative value of £10k per annum or above must be approved by the Executive Team prior to acceptance and be supported by a Sponsorship Agreement.		

---

Additional comments by recipient /  
line manager or Company  
Secretary:

---



In completing this **declaration**, I confirm that I have read and understood the Trust's Policy on Standards of Business Conduct: Gifts, Hospitality and Sponsorship and I have discussed and shared this declaration with my line manager as to the acceptability of the hospitality / sponsorship within the scope of the policy.

Name:

(signature if sent as hard copy; typed if sent by email)

Line Manager:

(signature if sent as hard copy; typed if sent by email)

Date:

Part (C) (To be completed in addition to Part (B) in cases of Sponsorship / Hospitality Offered by Pharmaceutical Companies Only):

Considered by Chief Pharmacist:

**Name: Date:**

**Approved by Director of Governance:**

**Name: Date:**

**Part (D) (To be completed in the event of any offer of payment to an individual working for or on behalf of the Trust by a pharmaceutical company. NB: It is not acceptable under any circumstances for any person working for or on behalf of the Trust to accept any payment from a pharmaceutical company).**

---

Name of Person to whom Offer  
of payment made:

---

Job Title / Role of person to  
whom offer made.

---

---

Date of offer:

---

Amount of offer:

---

Means by which offer  
communicated: (eg by email, in  
writing, verbally, etc.):

---

Reason for offer of payment  
(If known):

---

Pharmaceutical Company:

---

Name of Employee / Agent of  
Pharmaceutical Company  
making offer:

---

I can evidence the offer if  
requested to do so: (Yes / No)

---

Any additional comments:  
(Completion optional):

---

I declare that I have received the  
offer of payment as described  
above and that I have declined  
the payment.

*(Enter signature or name if sent  
by email).*

---

Date of Declaration:

---

## Appendix D: Form SBC2

Declaration of Gifts, Hospitality or Sponsorship Which Have Been Declined

Please read the notes at the foot of this form and then (i) complete Part (B) and (ii) either return by post to:

The Company Secretary

or email: XXX

**Part (A) (To be completed by Governance Team on receipt):**

Register Reference: Date:

**Part (B) (To be completed by member of staff making the declaration and counter-signature from line manager)**

---

Name and post title(s) of would-be recipient(s) of gift(s) hospitality or sponsorship which has been declined. (Individual(s) or Department):

---

Base & contact details:

---

Details of Gift(s) / hospitality / sponsorship declined and approximate value (*Exact value if known*):

---

Name(s) of person organisation making offer of gift / hospitality / sponsorship which was declined (Company or Individual):

---

Reason for offer of gift / provision of hospitality / sponsorship:

---

Date(s) of offer of Gift(s) / Hospitality or Sponsorship which has been declined.

---

Additional comments by recipient / line manager or Company Secretary:

---

In completing this declaration, I confirm that I have read and understood the Trust's Policy on Standards of Business Conduct: Gifts, Hospitality and Sponsorship and I have discussed and shared this declaration with my line manager.

**Name:**

*(signature if sent as hard copy; typed if sent by email)*

**Line Manager:**

*(signature if sent as hard copy; typed if sent by email)*

**Date:**

**Notes:**

The following need to be declared using this form:

Any offer of hospitality or sponsorship received which has been declined and where to accept would be in breach of the Trust's Standards of Business Conduct Policy (1): Gifts, Hospitality, Sponsorship and Offers of Payments by Pharmaceutical Companies.

Any offer of a gift (s) with an estimated value in excess of £250 which has been declined and where to accept would be in breach of the Trust's Standards of Business Conduct Policy (1): Gifts, Hospitality, Sponsorship and Offers of Payments by Pharmaceutical Companies.

NB: Offers of gifts with an estimated value in excess of £25 but below £250 cannot be accepted but do not need to be declared either.

Declaration of offers of payment by a pharmaceutical company (which must be declined in all circumstances) should be made using Form SBC1.

## Appendix E: Declaration of interest form

Declaration of Interests for BOB ICB members and employees (Including any Declaration of offers, Sponsorship and receipt of gifts and hospitality)				
Name:				
Position within, or relationship with, the BOB ICB				
Detail 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  From & To		Actions to be taken to mitigate risk  (to be agreed with line manager or a senior BOB ICB manager)
Financial Interests				Standing declaration – actions to be taken as deemed appropriate if conflict identified
Non-Financial Professional Interests				Standing declaration – actions to be taken as deemed appropriate if conflict identified

Declaration of Interests for BOB ICB members and employees (Including any Declaration of offers, Sponsorship and receipt of gifts and hospitality)				
Non-Financial Personal Interests				
Indirect Interests				

*The information submitted will be held by the BOB ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the BOB ICB holds.*

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the BOB ICB as soon as practicable, no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** give my consent for this information to be published on registers that the BOB ICB holds. If consent is NOT given please give reasons:

Signed:

Date:

Signed:

Date:

**(Line Manager or Senior BOB ICB Manager)**

## Types of Declaration of Interest

Type of Interest	Description
<b>Financial Interests</b>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> <li>• A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations</li> <li>• A shareholder (or similar owner interest), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing or which is likely, or possibly seeking to do business with health or social care organisations</li> <li>• A management consultant for a provider</li> <li>• In secondary employment</li> <li>• In receipt of secondary income from a provider</li> <li>• In receipt of a grant from a provider</li> <li>• In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</li> <li>• In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role</li> <li>• Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider)</li> </ul>
<b>Non-financial professional interests</b>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> <li>• An advocate for a particular group of patients</li> <li>• A GP with special interests e.g. in dermatology, acupuncture, etc.</li> <li>• 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)</li> <li>• An advisor for the Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)</li> <li>• A medical researcher</li> <li>• The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or</li> <li>• GPs and practice managers, who are members of the committees of the BOB ICB, should declare details of their roles and responsibilities held within their GP practices</li> </ul>
<b>Non-Financial Personal Interests</b>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> <li>• A voluntary sector champion or provider</li> <li>• A volunteer for a provider</li> <li>• A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation</li> </ul>

Type of Interest	Description
	<ul style="list-style-type: none"> <li>• Suffering from a particular condition requiring individually funded treatment</li> <li>• A member of a lobby or pressure groups with an interest in health</li> </ul>
<b>Indirect interests</b>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> <li>• Spouse / partner</li> <li>• Close relative e.g. parent, grandparent, child, grandchild or sibling</li> <li>• Close friend</li> <li>• Business partner</li> </ul>

Offers and Receipt of Gifts and Hospitality
<p><b>Overarching principle applying in all circumstances: Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.</b></p> <p>A 'gift' is designed as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.</p> <ul style="list-style-type: none"> <li>• Low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6 in total, and need not be declared.</li> <li>• Gifts of under £50 (rather than £10) can be accepted from non-suppliers and non-contractors, and do not need to be declared ; and gifts with a value of over £50 can now be accepted on behalf of an organisation, but not in a personal capacity</li> </ul> <p><b>Overarching principle applying in all circumstances: Staff should not accept hospitality that may affect, or be seen to affect, their professional judgement.</b></p> <p><b>'Hospitality':</b> Means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.</p> <ul style="list-style-type: none"> <li>• Meals and Refreshments: Under the value of £25 – may be accepted and need not be declared</li> <li>• Of a value between £25 and £75 – may be accepted and must be declared</li> <li>• Over a value of £75 – should be refused</li> </ul>

**Please return to:**

Lesley Corfield, Governance Manager and Data Protection Officer: [lesley.corfield@nhs.net](mailto:lesley.corfield@nhs.net)





**Buckinghamshire, Oxfordshire  
and Berkshire West**  
Integrated Care Board

## **Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB)**

### **Standards of Business Conduct Policy for Decision-Makers**

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## **1. Aims and Objectives**

This policy sets out the additional considerations and requirements that bear on decision-making staff. It must be read in conjunction with the ICB's conflict of Interest policy.

A certain category of ICB staff - decision-making staff - are subject to requirements additional to those set out in the Policy on conduct and managing conflicts of interest due to the nature of their role.

Decision-making staff are more likely to have influence on the use of taxpayers' money and concerned by the Bribery Act 2010 which makes it an offence to engage in bribery, ignore or prevent bribery.

## **2. Scope of this policy**

This policy applies to decision-making staff who are identified as

- Executive Directors
- Non-Executive Directors
- Members of the Senior Management Team
- All Budget Holders
- All staff under the ICB's Operational Scheme of Delegation who authorise or influence the procurement (or disposal) of goods or services.

## **3. Declaring interests**

### **3.1 Nil Return:**

In addition to the general requirement to identify and declare interests, decision Making Staff are required to pro-actively confirm a nil return annually.

### **3.2 Register of Interests:**

The ICB will maintain a Register of Interests for all declared interests from:

- Members of the Board and its committees and sub-committees
- All ICB employees

The Register of Interests is a public document available to the public on request under the Freedom of Information Act and is posted on the ICB's website.

## 4. Other interests

Certain other interests require reporting and registering by decision making staff but not staff in general.

**Guidance Table**

Decision-makers	Description of interest	Course of action
<b>Directorships and/or Ownership Interests</b>	Directorship or any remunerated role held in any company of any legal construct.	Declare Must provide description of the nature of the shareholding (and dates)
	Shareholding giving a controlling interest in any company of any legal construct.  Any role in a not-for-profit company, business, partnership, or consultancy which is doing, or might be reasonably expected to do, business with their organisation	Value or quantity of shareholding must be provided if controlling interest is present.
<b>Shareholdings &amp; Ownership interests</b>	Shareholdings in publicly listed, private or not-for-profit company, business, partnership or consultancy doing, or might be reasonably expected to do, business with the organisation.	Declare Must provide description of the nature of the shareholding (and dates)  Value or quantity of shareholding not required.
	Shares or securities held in collective investment or pension funds or units of authorised unit trusts.	No need to declare
<b>Loyalty Interests</b>	Positions of authority and membership of groups in other NHS, commercial, professional, VCSE or body that could be seen as influencing NHS role	Declare
	Involvement with recruitment, management or business interests of close family members and relatives, close friends and associates, and business partners	Declare

## 5. Management of Interests – Decision Making Committees and Groups

### 5.1 Definition

A Decision-Making Committee or Group is defined as:

- Any committee or group which is identified on the ICB's committee structure, and which has formal terms of reference
- Any working group, steering group or collective group by any name which is established by a committee or group as defined above

### 5.2 Principles and Practices:

Decision Making Committees and Groups must adopt the following principles and practices. They are also set out in Section 2 of the Conflicts of Interest policy (COIP):

	Description of rules
<b>Declaration of Interests on Agenda</b>	Have it as a standing agenda item for all meetings listed immediately after any special announcements, welcomes/apologies for absence and before items of formal business
<b>Members take personal responsibility for declaring material interests</b>	<b>In advance</b> of a meeting and on receipt of the agenda or <b>At the beginning</b> of each meeting or <b>During the meeting</b> should any unforeseen conflicts of interest arise
<b>Record interests identified and declared</b>	Must be recorded in the minutes / notes of the meeting (Section 5.3 of COIP)  If deemed material by the Chair a declaration must be made for inclusion in the ICB's register of interests
<b>Manage risks from conflicts of interest proportionately</b>	Use good judgement to decide amongst options for managing conflicts of interest set out in S4.3 of COIP,  Strike the right balance between exclusion of members with interest and the impact on the quality of decision-making
<b>Manage Chair's interests</b>	Adhere to procedure set out for dealing with situations where Chair and Vice Chair are conflicted
<b>Procurement transparency</b>	Procurement should be managed in an open and transparent manner  Records showing a clear audit trail of how conflicts of interests have been identified and managed to be kept