PUBLIC - Integrated Care Board - Board Meeting

1 July 2022 14:00 - 1 July 2022 16:00

NHS Devon Integrated Care Board (ICB) meeting

Sandy Park,Sandy Park Way, Exeter, EX2 7NN

1 July 2022

14:00pm

Proud to be part of One Devon: NHS and CARE working with communities and local organisations to improve people's lives

Agenda- Public

#	Item and description	Owner	Time
1	Welcome and apologies Board member introductions	Chair	14:00
1.1	Overview of Devon and healthcare	Chief Medical Officer	14:20
2	Declarations of Interest To consider declarations of interest and any conflicts of interest arising from this agenda	Chair	14:30
3	NHS Devon Constitution	Chair	14:35
4	Scheme of Reservation and Delegation including Financial Limits	Chief Finance Officer	14:40
5	ICB Committee Terms of Reference (ToRs) Appointment of Chairs of Committees Appointment of Statutory Board Roles	Chairs of Committees	14:50
6	Appointment of Integrated Care Partnership (ICP) Founder member for the ICB	Chair	15:05
7	Standing Financial Instructions	Chief Finance Officer	15:10
8	ICB Standards of Business Conduct Policy – including conflicts of interests and gifts and hospitalities policy	Chief Finance Officer	15:20
9	Approval of key ICB policies	Chief Executive Officer	15:25
10	Questions from members of the public	Chair	15:40
11	Any other business	Chair	15:55

Declaration of Interests Register - Integrated Care Board
Register updated and generated by the Governance Team - 30 June 2022

Register last updated 30 June 2022

Title	Surname	First name	Role or Position held with the CCG	Committees attended	Interests	Interests - Partner or Family	Date Interest from	Date Interest to	Date interest updated	Type of Interest	Is the interest direct or indirect?	Action taken to mitigate risks	Employer Organisation
Dr	Acheson	Nigel	Chief Medical Officer, Integrated Care Board	Senior leadership team governing body ICB	director of H Smith Safety Associates Patron of the FORCE cancer charity in Exeter wife works as an associate with the South West Academic Health Science Network Relatitve consultant Dermatologist at the Royal Devon University Hospital in-law is a GP partner in the Woodbury Practice		05/10/2018		12/05/2022				NHS Devon ICB
	Allcorn	Darryn	Chief Nurse	Member of Governing Body Member of Quality Assurance Committee Senior Leadership Team (SLT) Joint Executive Team Meeting Commissioning Committee (CC DOI) Member of Audit Committee Member Devon Joint Clinical Effectiveness Group (JCEG) Member of Finance and Performance Committee ICB	Honorary Associate Professor University of Exeter Seconded to NDHT (to 18 September 2020) Strategic Chief Nurse, Nightingale Hospital Exeter System Chief Nurse, Devon STP		11/05/2020		01/02/2022	Direct	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
Prof	Asthana	Sheena	Independent Non Executive Director of Citizen and Community Involvement	Population Management and Health Inequalities committee ICB Remuneration & Internal ICB Workforce	Director, Plymouth Institute of Health & Care Research (PIHR). It is likely that members of my institute will undertake funded research for NHS Devon partners Trustee of Change Grow Live (a national charity that provides substance use, CYP, domestic violence, prison etc services. Devon does not currently contract services to CGL Partner runs a research consultancy specilising in the integration and analysis of large data (inc NHS) member of the Advisory Committee on Resource Allocation (ACRA) which independently advises on NHS funding formulae member of the project board of the proposed West End Health and Being Centre in Plymouth		10/03/2022		10/03/2022				NHS Devon ICB
	Brown	Steven	Director of Public Health (DCC)	Member of Governing Body Strategic Commissioning Partnership STP Directors ICS Partnership Board Primary Care Commissioning Committee (PCCC) ICB Remuneration & Internal ICB Workforce	No interests declared		19/11/2020		19/11/2020				Devon County Council
	Clarke	Graham	Independent Non Executive Director of Audit and Risk	ICB Audit Comitte	Non-Executive Director of Medicine Discovery Catapult Non Execuitve Member at the Deparment of Health & Social	Spouse is CEO of Cornwall Partnership Foundation Trust and will be appointed to the ICB Board for Cornwall	01/01/2020		16/03/2022				NHS Devon ICB
	Coombes	Nikki	Senior Executive Assistant, Corporate Office	Attendee Governing Body ICB		Close relative is Head of Implementation, Devon Doctors Group Clsoe Relative is Project Support Officer, NHS Devon CCG	12/08/2015		14/04/2021	Indirect interest	Indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Davenport	Liz	Chief Executive Torbay and South Devon Trust	A & E Delivery Board ICB Remuneration & Internal ICB Workforce	Director of Torbay Pharmaceuticals		24/11/2016		21/06/2022				Torbay and South Devon NHS Foundation Trust
	Dowell	John	Finance Director	Member of Governing Body Member of Finance and Performance Committee Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee Commissioning Committee (CC DOI) Primary Care Commissioning Committee (PCCC) ICB	Vice chair of the HfMA South West Branch Vice Chair of the HfMA Commissioning Faculty.		14/08/2015		20/10/2020	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon CCG
	Hara	Thandiwe	Independent Non Executive Director of Inequalities and Population Health	ICB Remuneration & Internal ICB Workforce	Trustee of Plymouth and District Racial Equality council, a voluntary organisation that work to promote race equality. member on the NIHR SW clinical research network Board.		16/03/2022		16/03/2022			There should be no conflict of interest in current circumstances, but this may arise if, they became a provider during the course of time. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary. This should not raise any conflict, that I can foresee except that it is research related. There is no commissioning involved, but thought to mention it anyway. I will declare my interest at any meeting that may result in them being considered for service provision and leave the meeting if necessary.	NHS Devon ICB

	Hargadon	Judy	Independent Non Executive Director of Primary Care	Member Governing Body Member Audit Committee Member of Primary Care Commissioning Committee (PCCC) (Chair) Member of Remuneration and Workforce Committee Equality, Diversity and Inclusion Group IUCS Procurement Oversight Group (Chair) ICB Remuneration & Internal ICB Workforce	Member of Women's Equality Party New management board chair at PenARC, – the National Institute for Health Research (NIHR) Applied Research Collaborations (ARCs) South West Peninsula	Spouse is Chair of Dartington Hall Trust Brother is GP in Cornwall	01/05/2019	25/05/2021	Financial / Personal	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote. Will not be involved in decisions about the CCG funding academic research	NHS Devon CCG
Prof	Khalil	Hisham	Independent Non Executive Director of Quality and Performance	ICB	Practising Consultant in Derriford Hospital Limited private practice in Nuffield health Plymouth Director for private practice- dormant company		01/09/2004	24/02/2022				NHS Devon ICB
	Lee	Tracey	Chief Executive for Plymouth City Council	ICB	No interests declared		27/06/2022	27/06/2022				Plymouth City Council
	Lou Glover	Sarah	Ordinary member for the Devon Integrated Care Board for Mental Health	ICB	Trustee of Honiton Health Matters who hold community conversations Director of Parental Minds C.I.C, for parents/caregivers who are supporting their child/family/friend with their mental wellbeing 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 An advocate for a particular group of patients Ambassador Volunteer with DIAS Community group which may have potential to give rise to influence decisions made by the CCG. A volunteer for a provider		28/06/2022	28/06/2022				NHS Devon ICB
	Milligan	Jane	Designate CEO ICS for Devon	Member of Governing Body Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee ICB	Member of Cornwall and Isles of Scilly ICB	Partner Trustee for Action for Stammering	31/12/2020	21/06/2022	Personal	indirect	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Millward	Andrew	Chief Communications and Corporate Affairs Officer	Member of Governing Body Joint Executive Team Meeting Staff Partnership Forum Senior Leadership Team (SLT) Attendee Audit Committee Member of Vacancy Control Panel Equality, Diversity and Inclusion Group ICB Remuneration & Internal ICB Workforce	Chair of Friends of Eggesford All Saints Trust, a registered charity. Fellow of the Centre for Communications Research, Buckinghamshire New University DELT Board Member, CCG Devon nominated director		19/06/2018	14/04/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB
	Orford	Kevin	Independent Non Executive Director of Finance and Remuneration	ICB Remuneration & Internal ICB Workforce	Non Executive director on the board of Royal Devon and Exeter NHS FT Non Executive director on the board of Northern Devon Healthcare NHS Trust Director and majority shareholder of Kevin Orford & Associates Ltd, which undertakes consultancy contracts with NHS organisations outside of the South West of England Non-Executive Director on the Board of the Intellectual Property office, a government agency in the Department of BEIS.		01/01/2012	21/03/2022				NHS Devon ICB
	Renshaw	Paul	Director of Workforce Stategy	ICB	Partner of management consultancy – Linea Consulting Provide advice and guidance to Devon Doctors, Head of HR on 2 specific issues. 1.The staffing challenges for their frontline 111 service and their modelling of the impact of increasing their clinical validation resources. 2.I meet with Sam Fraser fortnightly for up to an hour to assist with his development and attend on an ad hoc basis a clinical resourcing meeting on a Monday so I can help spot where opportunities.		2017	23/09/2021	Partner	Direct	Will declare at relevant meetings / any potential procurement In order to manage the declared conflict of interest, the conflicted individual providing support to Devon Doctors must do the following: •Declare the interest at the start of all meetings •State clearly in meetings their role and the limits of their involvement •Remove themselves from any meeting or conversation where content pertains in any way to any element of the IUCS procurement •Ensure that representatives of the provider understand the nature and importance of the conflict of interest and are encouraged and supported to request the conflicted individual's exclusion where required •Ensure that they are not in receipt of papers for meetings that contain (or could reasonably be expected to contain) information relating to the IUCS or any other procurement in which Devon Doctors is participating	NHS Devon ICB
	Tapley	Simon	Chief Transformation and Strategic Planning Officer	Member of Governing Body Strategic Commissioning Partnership Joint Executive Team Meeting Senior Leadership Team (SLT) Attendee Audit Committee (Audit Committee) Commissioning Committee (CC DOI) West LCP Executive Group Member Vacancy Control Panel Attendee of Finance and Performance Committee ICB		Spouse is employed by TSDFT (ICO) 31/03/2017 Brother in Law is employed as Strategic Engagement Manager, NHS Devon CCG Step-son has started working as a health-checker	01/11/2016	05/05/2021	Non-Financial Interest Professional	Direct	Where a piece of CCG work or an item on a CCG Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB

Dr	Wollaston	Sarah	Designate Chair for ICS Devon	Attendee Governing Body ICB	Trustee of Landworks, a Dartington based charity that works with ex offenders and people at risk of going to prison to support them into employment and reduce the risk of reoffending	Spouse is president of the Royal College of Psychiatrists and a consultant forensic psychiatrist employed by Devon Partnership Trust Relative is a registrar in Obstetrics and Gynaecology on the South West training scheme (currently on maternity leave) but will be returning to RD&E in late 2022. Relative is a registrar in Anaesthetics on the south West training scheme and currently based at Derriford	26/11/2021	27/06/2022	Non-Financial Personal Interests	Indirect	Where a piece of CCG/ICSD work or an item on a Committee agenda item concerns an area where this person has declared an interest, they would be allowed to input their knowledge and experience but not participate in the final decision/vote.	NHS Devon ICB

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Constitution

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)

The NHS Devon ICB Constitution was prepared in line with NHSEI guidance and using the model template.

The Constitution was reviewed by the regional team who were assured that was compliant and appropriate, that there has been adequate consultation and engagement undertaken by the CCG in its development and that the Constitution has been proposed in line with the CCG's existing Constitution and Health and Care Act 2022 requirements.

The Constitution was given formal approval by NHSEI on 7th June 2022.

NHS Devon ICB was established on 01 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

The Constitution will be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

Changes to the Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB members are asked to receive the NHS Devon Constitution following approval from NHS England on 7 June 2022.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		
Health inequalities		
Workforce		

Resources and finance		
Legal	The constitution sets out the legal and statutory framework under which the ICB will operate.	
Engagement and consultation		

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon
Integrated Care Board

CONSTITUTION

Version	Date approved by the ICB	Effective date
V1.0	N/A	July 1st 2022

1. Introduction

1.1 Background/ Foreword

NHSE has set out the following as the four core purposes of ICSs:

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

The ICB will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

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

1.2 Name

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

1.3 Area Covered by the Integrated Care Board

1.3.1 The area covered by the ICB is coterminous with the areas of the District of East Devon, City of Exeter, District of Mid Devon, District of North Devon, City of Plymouth, District of South Hams, District of Teignbridge, Borough of Torbay, District of Torridge and the Borough of West Devon.

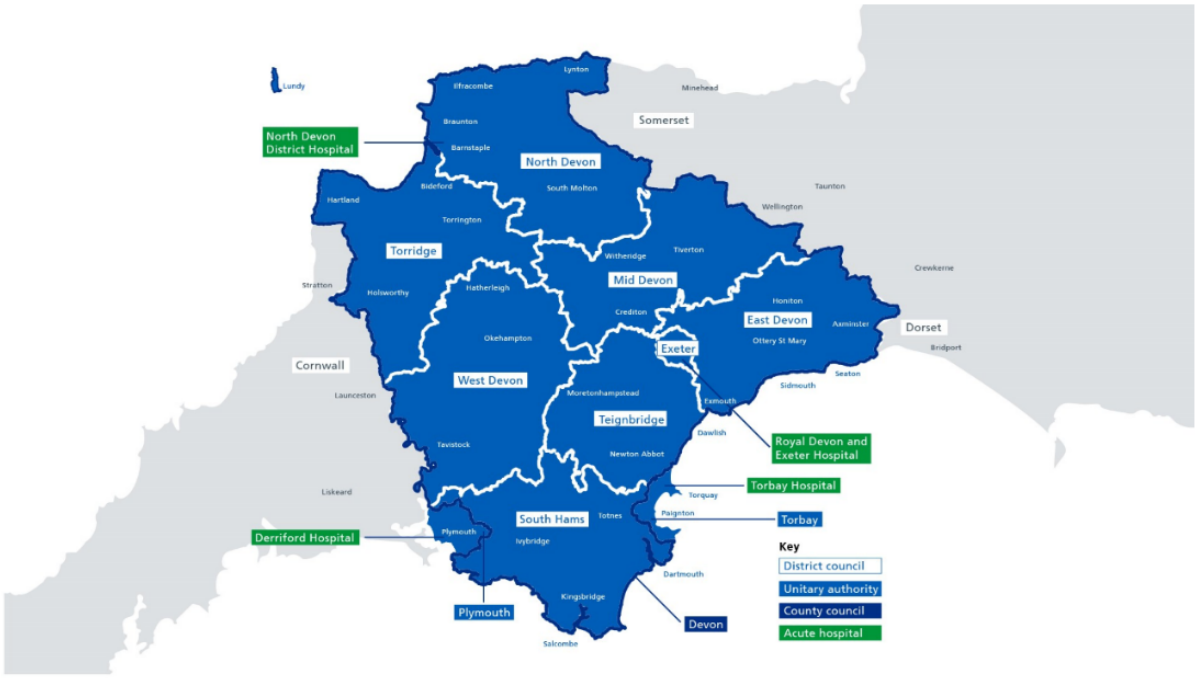
1.3.2 Devon Integrated Care Board (ICB) serves a population of around 1.2 million people across three upper tier local authorities (one county and two unitary)

1.3.3 and eight district councils. The eight district councils are led by three local authorities (two unitary and one county council) which are all fully coterminous and are supported by the registered primary care practice populations in Devon. The three local authorities include:

- Devon County Council
- Torbay City Council (unitary), and
- Plymouth City Council (unitary)

1.3.4 Across the ICB area, there are four main acute hospital sites, one mental health NHS provider Trust, one Community Interest provider, and over 100 GP practices.

1.3.5 Devon is the fourth largest county in England with a diverse and growing population. It includes the cities of Plymouth and Exeter, more than 45 towns – both rural and urban – and several hundred parishes



1.4 Statutory Framework

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

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

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

1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act the ICB must have a Constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its Constitution (section 14Z29). This Constitution is published here [click here]

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

a) having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act);
b) exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
c) duties in relation children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
d) adult safeguarding and carers (the Care Act 2014)
e) equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35)
f) information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000); and
g) provisions of the Civil Contingencies Act 2004.

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

1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties under—

a) section 14Z34 (improvement in quality of services),
b) section 14Z35 (reducing inequalities),
c) section 14Z38 (obtaining appropriate advice),

d) section 14Z40 (duty in respect of research)
e) section 14Z43 (duty to have regard to effect of decisions)
f) section 14Z44 (public involvement and consultation),
g) sections 223GB to 223N (financial duties), and
h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

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

1.5 Status of this Constitution

1.5.1 The ICB was established on 01 July 2022 by The Integrated Care Boards (Establishment) Order 2022, which made provision for its Constitution by reference to this document.

1.5.2 This Constitution must be reviewed and maintained in line with any agreements with, and requirements of, NHS England set out in writing at establishment.

1.5.3 Changes to this Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.

1.6 Variation of this Constitution

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

The Constitution can only be varied in two circumstances:

a) where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and
b) where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).

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

a) Chief Executive Officer (CEO) may periodically propose amendments to the Constitution and propose changes at the request of any ICB Board Member which is brought to their attention. These requests shall be considered for approval by the ICB Board.
b) Proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved.

1.7 Related Documents

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

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

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

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

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

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

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

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

- The above documents a) – c)
- Terms of reference for all committees and sub-committees of the board that exercise ICB functions
- Delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act.
- Terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to

a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act.
- The up-to-date list of eligible providers of primary medical services under clause 3.6.2

e) Key policy documents - these shall be included in the Governance Handbook, or linked to it. They include the following, as amended, supplemented or updated from time to time by the board:
- standards of Business Conduct Policy
- conflicts of interest procedures
- policy for public involvement and engagement

2 Composition of the Board of the ICB

2.1 Background

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

2.1.2 Further information about the individuals who fulfil these roles can be found on our website [click here]

2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as "the Board" and members of the ICB are referred to as "Board Members") consists of:
a) a Chair
b) a Chief Executive
c) at least three Ordinary members.

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

2.1.5 NHS England Policy, requires the ICB to appoint the following additional Ordinary Members:
a) three executive members, namely:
   - Director of Finance (known as Chief Finance Officer)
   - Medical Director (known as Chief Medical Officer)
   - Director of Nursing (known as Chief Nursing Officer)
b) at least two independent non-executive members

2.1.6 The ordinary members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as Partner Members) are nominated by the following, and appointed in accordance with the procedures set out in Section 3 below**:**
- NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description

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

While the partner members will bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the board, they are not to act as delegates of those sectors.

2.2 Board Membership

2.2.1 The ICB has 4 Partner Members.

a) 1 Partner member NHS and Foundation Trusts
b) 1 Partner member Primary medical services,
c) 2 Partner members Local Authorities,

2.2.2 The ICB has also appointed the following further Ordinary Members to the Board

a) 3 Independent Non-executive members
b) 1 Mental Health member

2.2.3 The board is therefore composed of the following members:

a) Chair
b) Chief Executive
c) 1 Partner member NHS and Foundation Trusts
d) 1 Partner member Primary medical services
e) 2 Partner members Local Authorities
f) 1 Mental Health member
g) 6 Independent Non-executive members
h) Director of Finance (known as Chief Finance Officer)
i) Medical Director (known as Chief Medical Officer)
j) Director of Nursing (known as Chief Nursing Officer)

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

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

2.3 Regular Participants and Observers at Board Meetings

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

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

a) Cornwall ICB CEO
b) Chief Transformation and Strategic Planning Officer
c) Chief communications and corporate affairs officer

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

3 Appointments Process for the Board

3.1 Eligibility Criteria for Board Membership:

3.1.1 Each member of the ICB must:

a) comply with the criteria of the "fit and proper person test"
b) be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles), the values of the NHS Long Term Plan and the NHS People plan
c) fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.
d) meet the eligibility criteria set out in the Constitution of the ICB

3.2 Disqualification Criteria for Board Membership

3.2.1 Individuals of the following descriptions are automatically disqualified from membership of the board

3.2.2 A Member of Parliament.

3.2.3 A person whose appointment as a board member ("the candidate") is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

3.2.4 A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—

a) in the United Kingdom of any offence, or
b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

3.2.5 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.6 A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

3.2.7 A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

a. that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
b. that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
c. that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
d. of misbehaviour, misconduct or failure to carry out the person's duties;

3.2.8 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—

a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated
b) the person's erasure from such a register, where the person has not been restored to the register
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

3.2.9 A person who is subject to—

a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

3.2.10 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland, the Scottish Charity Regulator or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

3.2.11 A person who has at any time been removed, or is suspended, from the management or control of any body under—
a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

3.3 Chair

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

3.3.2 In addition to criteria specified at 3.1, this member must fulfil the following additional eligibility criteria
a) The Chair will be independent.
b) Must inspire confidence of the public, patients and NHS staff at all times
c) Have strong connections with the area served by the ICS

3.3.3 Individuals will not be eligible if:
a) They hold an ongoing role in another health and care organisation within the same ICS footprint
b) Any of the disqualification criteria set out in 3.2 apply

3.3.4 The term of office for the Chair will be 3 years and the total number of terms a Chair may serve is 3 terms (up to a maximum of 9 years).

3.4 Chief Executive

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

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

3.4.3 The Chief Executive must fulfil the following additional eligibility criteria
a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Must inspire confidence of the public, patients and NHS staff at all times

3.4.4 Individuals will not be eligible if
a) Any of the disqualification criteria set out in 3.2 apply
b) Subject to clause 3.4.3(a), they hold any other employment or executive role

3.5 Partner Member - NHS Trusts and Foundation Trusts

3.5.1 This Partner Member is jointly nominated by the NHS trusts and/or FTs that provide services for the purposes of the health service within the ICB's area and meet the forward plan condition or (if the forward plan condition is not met) the level of services provided condition.

3.5.2 This Partner member will be jointly nominated by the following organisations:
a) Royal Devon University Healthcare NHS Foundation Trust
b) South Devon and Torbay NHS Foundation Trust
c) Devon Partnership NHS Trust
d) University Hospitals Plymouth NHS Trust
e) South Western Ambulance Foundation Trust

3.5.3 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria
a) be an Executive Director of one of the NHS Trusts or foundation trusts within the ICBs
b) bring perspective of urgent and emergency care

3.5.4 Individuals will not be eligible if
a) any of the disqualification criteria set out in 3.2 apply

3.5.5 This member will be appointed by an appointment panel convened by the chief executive and be subject to the approval of the chair.

3.5.6 The appointment process will be as follows:
a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.5.2 will be invited to make one nomination.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run. until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.5.2 and 3.5.3.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).
- Confirmation of appointment and tenure in line with the Constitution.

3.5.7 The term of office for this Partner Member is 2 years. After each term a full nomination and selection process will be carried out. Members may be re-appointed for a second term and serve a maximum of 4 years in total.

3.6 Partner Member - Providers of Primary Medical Services.

3.6.1 This Partner Member is jointly nominated by providers of primary medical services for the purposes of the health service within the integrated care board's area, and are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.6.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook and can be found here [click here]. The list will be kept up to date but does not form part of this Constitution.

3.6.3 They will bring knowledge and a perspective from their sector, but not act as a delegate from that sector.

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

a) Should be a healthcare professional working within the Devon ICS footprint

3.6.5 Individuals will not be eligible if:

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

3.6.6 This member will be appointed by a panel convened by the Chief executive subject to the approval of the Chair.

3.6.7 The appointment process will be as follows:

a) Joint Nomination:

- Each eligible organisation described at 3.6.1 and listed in the Governance Handbook will be invited to make one nomination.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection, and appointment subject to approval of the Chair under c)

- The full list of nominees will be considered by a panel convened by the Chief Executive.
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.6.2, 3.6.3 and 3.6.5.
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval

- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).
- Confirmation of appointment and tenure in line with the Constitution and as per section 3.6.6.

3.6.8 The term of office for this Partner Member will be 2 years. After each term a full nomination and selection process will be carried out. Members may be re-appointed for a second term and serve a maximum of 4 years in total.

3.7 Partner Members - local authorities

3.7.1 These Partner Members are jointly nominated by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area.

3.7.2 Those local authorities are:

a) Devon County Council
b) Torbay Council
c) Plymouth City Council

3.7.3 These Partner Members will bring knowledge and a perspective from their sector, but not act as a delegate from that sector.

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

a) Be the Chief Executive Officer or hold a relevant Executive level role or hold an elected councillor position within of one of the bodies listed at 3.7.2.
b) One member will have skills and experience such that they can bring the perspective of the local government
c) Another will have skills and experience such that they can bring the perspective will bring Population Health and Prevention.

3.7.5 Individuals will not be eligible if

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

3.7.6 This member will be appointed by a panel convened by the Chief executive subject to the approval of the ICB Chair.

3.7.7 The appointment process will be as follows:

a) Joint Nomination:

- When a vacancy arises, each eligible organisation listed at 3.7.2.a will be invited to make one nomination.
- Eligible organisations may nominate individuals from their own organisation or another organisation.
- All eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 5 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run. until majority acceptance is reached on the nominations put forward

b) Assessment, selection, and appointment subject to approval of the Chair under c)
- The full list of nominees will be considered by a panel convened by the Chief Executive
- The panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.2 and 3.7.3
- In the event that there is more than one suitable nominee, the panel will select the most suitable for appointment.

c) Chair's approval
- The Chair will determine whether to approve the appointment of the most suitable nominee as identified under b).

3.7.8 The term of office for this Partner Member will be 2 years. After each term a full nomination and selection process will be carried out. Members may apply for a further term (including a consecutive term) up to a maximum total of 4 years.

3.8 Medical Director

3.8.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria and is known as the Chief Medical Officer of the Devon ICB
a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Medical Practitioner

3.8.2 Individuals will not be eligible if:
a) Any of the disqualification criteria set out in 3.2 apply

3.8.3 This member will be appointed by the CEO, with support of the appointment panel and subject to the approval of the Chair.

3.9 Director of Nursing

3.9.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria and is known as the Chief Nursing Officer of the Devon ICB
a) Be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
b) Be a registered Nurse

3.9.2 Individuals will not be eligible if:

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

3.9.3 This member will be appointed by the CEO with support of the appointment panel and subject to the approval of the Chair.

3.10 Director of Finance

3.10.1 This member will fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria and is known as the Chief Finance Officer of the Devon ICB

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

3.10.2 Individuals will not be eligible if:

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

3.10.3 This member will be appointed by the CEO with support of the appointment panel and subject to the approval of the Chair

3.11 Non-Executive Members

3.11.1 The ICB will appoint six Non-Executive Members one of whom will be nominated as Vice Chair by the Chair.

3.11.2 These members will be appointed by a panel convened by the chief executive subject to the approval of the Chair.

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

a) Have strong connections with the area served by the ICS
b) Not be employee of the ICB or a person seconded to the ICB
c) Not hold an ongoing role in another health and care organisation within the same ICS footprint
d) One shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
e) Another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration and Internal ICB Workforce Committee

3.11.4 Individuals will not be eligible if

a) Any of the disqualification criteria set out in 3.2 apply
b) They hold an ongoing role in another health and care organisation within the same ICS footprint

3.11.5 The term of office for a non-executive member is 4 years. Independent non-executive members may serve a second term (maximum 8 years) after which they will no longer be eligible for re-appointment.

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

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

3.12 Other Board Members

3.12.1 **Ordinary Member: Mental Health:** This member will be appointed through a local open appointment process by a panel convened by the chief executive subject to the approval of the Chair.

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

a) working within the local NHS, local authority or VCSE sector,
b) there is an understanding of the importance of this person and that they are credible in the role; an individual with board level experience (e.g. CEO level or equivalent),
c) have knowledge and lived experience in connection with services relating to the prevention, diagnosis and treatment of mental illness; as a clinician, service manager/staff or patient/user;
d) experience of children's services, as a clinician, manager/staff or parent/user is also desirable, although not essential.

3.12.3 Individuals will not be eligible if

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

3.12.4 This is a role which ensures that the holder, and so the board, always fulfil the condition.

3.12.5 The term of office for this Member will be 2 years. After each term a full nomination and selection process will be carried out. The individual may be re-appointed for an unlimited number of terms subject to them continuing to fulfil the requirements of the role.

3.13 Board Members: Removal from Office.

3.13.1 Arrangements for the removal from office of board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.

3.13.2 With the exception of the Chair, board members shall be removed from office if any of the following occur:

a) If they no longer fulfil the requirements of their role or become ineligible for their role as set out in this Constitution, regulations or guidance
b) If they fail to attend a minimum of 75% of the meetings to which they are invited unless agreed with the Chair in extenuating circumstances
c) If they are deemed to not meet the expected standards of performance at their annual appraisal
d) If they have behaved in a manner or exhibited conduct which has or is likely to be detrimental to the honour and interest of the ICB and is likely to bring the ICB into disrepute. This includes but it is not limited to dishonesty; misrepresentation (either knowingly or fraudulently); defamation of any member of the ICBS (being slander or libel); abuse of position; non-declaration of a known conflict of interest; seeking to manipulate a decision of the ICB in a manner that would ultimately be in favour of that member whether financially or otherwise
e) Are deemed to have failed to uphold the Nolan Principles of Public Life
f) Are subject to disciplinary proceedings by a regulator or professional body

3.13.3 Members may be suspended pending the outcome of an investigation into whether any of the matters referenced in section 3.12.2 of this Constitution apply.

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

3.13.5 The Chair of the ICB may be removed by NHS England, subject to the approval of the Secretary of State.

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

a) terminate the appointment of the ICB's chief executive; and

b) direct the chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.14 Terms of Appointment of Board Members

3.14.1 With the exception of the Chair and non-executive members arrangements for remuneration and any allowances will be agreed by the Remuneration and Internal ICB Workforce Committee and any other relevant policies published on our ICB website [click here] and any guidance issued by NHS England or other relevant body.

3.14.2 Terms of appointment and remuneration of the Chair will be determined by NHS England.

3.14.3 Other terms of appointment and remuneration will be determined by the Remuneration and Internal ICB Workforce Committee, as outlined in its terms of reference, which includes the remuneration process for non-executive members.

3.15 Specific arrangements for appointment of Ordinary Members made at establishment

3.15.1 Individuals may be identified as “designate ordinary members” prior to the ICB being established.

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

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

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

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

4 Arrangements for the Exercise of our Functions.

4.1 Good Governance

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

4.2 General

4.2.1 The ICB will:

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

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

4.3 Authority to Act

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

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

4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund.

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

4.4 Scheme of Reservation and Delegation

4.4.1 The ICB has agreed a scheme of reservation and delegation (SoRD) which is published in full in the ICB Governance Handbook and available on the ICB website here [click here]

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

4.4.3 The SoRD sets out:

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

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

4.5 Functions and Decision Map

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

4.5.2 The Functions and Decision Map is published [click here]

4.5.3 The map includes:

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

4.6 Committees and Sub-Committees

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

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

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

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

a) submit regular decision or assurance reports from committees to the board,
b) ensure attendance at board meetings of the Chair,
c) comply with internal audit findings and committee effectiveness reviews.
d) Ensure that terms of reference of committee or sub-committees that fulfil delegated functions of the ICB are approved by the board in line with the scheme of reservation and delegation

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

4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise

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

4.6.8 The following committees will be maintained:

a) **Audit and Risk Committee:** This committee is accountable to the board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit. The Audit Committee will be chaired by a non-executive member (other than the Chair of the ICB) who has the qualifications, expertise or experience to enable them to express credible opinions on finance and audit matters.

b) **Remuneration and Internal ICB workforce Committee:** This committee is accountable to the board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration and Internal ICB Workforce Committee will be chaired by a non-executive member other than the Chair or the Chair of Audit Committee.

4.6.9 The terms of reference for each of the above committees are published in the Governance Handbook.

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

4.7 Delegations made under section 65Z5 of the 2006 Act

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

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

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

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

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

5 Procedures for Making Decisions

5.1 Standing Orders

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

- conducting the business of the ICB
- the procedures to be followed during meetings; and

- the process to delegate functions.

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

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

5.2 Standing Financial Instructions (SFIs)

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

5.2.2 A copy of the SFIs is published in the Governance Handbook

6 Arrangements for conflict of interest management and Standards of Business Conduct

6.1 Conflicts of Interest

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

6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website [click here]

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

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

6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the ICB considering an

action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, and the Standards of Business Conduct Policy.

6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's most senior officer in corporate affairs, their role is to:

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

6.2 Principles

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

a) The 7 principles of public life (known as the Nolan Principles as set out in clause 7 of this Constitution
b) The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
c) The seven key principles of the NHS Constitution
d) The Equality Act 2010
e) The UK Corporate Governance Code

6.3 Declaring and Registering Interests

6.3.1 The ICB maintains registers of the interests of:

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

6.3.2 In accordance with section 14Z30(2) of the 2006 Act registers of interest are published on the ICB website and are available to view [click here].

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

6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event

within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.

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

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

6.4 Standards of Business Conduct

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

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

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

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

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

7 Arrangements for ensuring Accountability and Transparency

7.1.1 The ICB will demonstrate its accountability to local people, stakeholders and NHS England in a number of ways, including by upholding the requirement for transparency in accordance with paragraph 11(2) of Schedule 1B to the 2006 Act.

7.2 Principles

7.2.1 In line with standards of good practice NHS Devon ICB will:

a) publish our Constitution and other key documents including the ICB Governance Handbook which can be found here [click here]
b) appoint independent non-executive members, partner and other ordinary members to our board;
c) manage actual or potential conflicts of interest in line with NHS England's statutory guidance and expected standards of good practice as outlined in our standards of business conduct policy;

d) publish an annual strategy that takes account of priorities for the health and wellbeing of the population of Devon;
e) procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers and publish a Procurement Strategy;
f) involve the public; in accordance with its duties under section 14Z2 of the 2006 Act; to ensure in all aspects of the ICB business, the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the ICB
g) ensure that we adhere to the Nolan Principles of Public Life and Standards for NHS Board Members which include:

Principle	Description
Selflessness / Responsibility	Holders of public office should act solely in terms of the public interest
Integrity	Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
Objectivity / Respect	Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
Accountability / Professionalism	Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
Openness	Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
Honesty	Holders of public office should be truthful.
Leadership	Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour whenever it occurs.

7.2.2 In addition to these statutory requirements, the ICB will demonstrate its accountability by providing information to the public at large about

the work of the ICB through our website and other means as appropriate.

7.2.3 The board will ensure that the ICB continues to reflect the principles of good governance and is meeting its statutory obligations.

7.3 Meetings and publications

7.3.1 Board and committee meetings composed entirely of board members or which include all board members, will be held in public, and, in line with the ICB corporate calendar, except where a resolution is agreed to exclude the public on the grounds that it is believed to not be in the public interest.

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

7.3.3 Annual accounts will be externally audited and published.

7.3.4 A clear complaints process will be published.

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

7.3.6 Information will be provided to NHS England as required.

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

- Registers of interests
- Standards of Business Conduct Policy.

7.3.8 The ICB will publish, with our partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. The plan will explain how the ICB proposes to discharge its duties under:

- sections 14Z34 to 14Z45 (general duties of integrated care boards), and
- sections 223GB and 223N (financial duties)

And

- proposed steps to implement the joint local health and wellbeing strategy and integrated care strategy

7.4 Scrutiny and Decision Making

7.4.1 At least three non-executive members will be appointed to the board including the Chair; and all of the board and committee members will comply

with the Nolan Principles of Public Life and meet the criteria described in the Fit and Proper Person Test.

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

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

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

7.5 Annual Report

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

a) explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards)
b) review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)
c) review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and
d) review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007

8 Arrangements for Determining the Terms and Conditions of Employees.

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

8.1.2 The board has established a Remuneration and Internal ICB Workforce Committee which is chaired by a Non-Executive Member other than the Chair or Audit Chair.

8.1.3 The membership of the Remuneration and Internal ICB Workforce Committee is determined by the board. No employees may be a member of the Remuneration and Internal ICB Workforce Committee, but the board ensures that the Remuneration and Internal ICB Workforce Committee has access to appropriate advice from the most senior ICB Corporate Affairs Officer and most senior HR Advisor being in attendance.

8.1.4 The board may appoint independent members or advisers to the Remuneration and Internal ICB Workforce Committee who are not members of the board.

8.1.5 The main purpose of the Remuneration and Internal ICB Workforce Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published on the ICB website [click here]

8.1.6 The duties of the Remuneration and Internal ICB Workforce Committee include exercising the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and non-executive members.

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

9 Arrangements for Public Involvement

9.1.1 In line with section 14Z45(2) of the 2006 Act the ICB has made arrangements to secure that individuals to whom services which are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:

a) the planning of the commissioning arrangements by the Integrated Care Board
b) the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them, and
c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

9.1.2 In line with section 14Z54 of the 2006 Act the ICB has made the following arrangements to consult its population on its system plans:

9.1.2.1 The One Devon Partnership will:

a) Champion involvement at NHS Devon board level and be the conduit that ensures the voices of people and communities inform decision making at the highest level of the ICB.
b) Gain a system view of involvement activity and emerging trends across the One Devon footprint
c) Oversight and assurance of the feedback loop between NHS Devon and Healthwatch Devon, Plymouth and Torbay
d) Provide assurance that NHS Devon is delivering its People and Communities Strategy
e) Provide assurance to the ICB that NHS Devon is positively engaging with and meeting the needs of people from diverse groups, vulnerable groups and people experiencing Health Inequalities

9.1.2.2 Establish a gateway panel, to identify the level of involvement required in specific pieces of work and provide assurance to the ICB that the legal duty to involve is being met, with regard to significant service change across NHS Devon.

9.1.2.3 Establish relevant networks for involvement and inclusion, to provide assurance that the People and Communities strategy is being delivered .

9.1.3 The ICB has adopted the 10 principles set out by NHS England for working with people and communities.

a) put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
b) start engagement early when developing plans and feed back to people and communities how it has influenced activities and decisions.
c) understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
d) build relationships with excluded groups – especially those affected by inequalities.
e) work with Healthwatch and the voluntary, community and social enterprise sector as key partners.
f) provide clear and accessible public information about vision, plans and progress to build understanding and trust.
g) use community development approaches that empower people and communities, making connections to social action.
h) use co-production, insight and engagement to achieve accountable health and care services.
i) co-produce and redesign services and tackle system priorities in partnership with people and communities.

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

9.1.4 These principles will be used when developing and maintaining arrangements for engaging with people and communities.

9.1.5 The arrangements, include:

NHS Devon Integrated Care Board People and Communities Strategy is available to view in the ICB Governance Handbook [insert link]. The strategy sets out how NHS Devon will;

a) Use the 10 principles when working with people and communities across Devon
b) work with partners across the ICS to develop arrangements for ensuring that integrated care partnerships (ICPs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums.
c) gather intelligence about the experience and aspirations of people who use care and support and have clear approaches to using these insights to inform decision-making and quality governance.

Appendix 1:Definitions of Terms Used in this Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022
Area	The geographical area that the ICB has responsibility for, as defined in part 2 of this Constitution
Audit and Risk Committee	The audit committee is mandated by NHSE. The committee is required to contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the board on the adequacy of governance, risk management and internal control processes within the ICB.
Committee	A committee created and appointed by the ICB Board.
Director of Finance	Within the Devon ICB this role is known as Chief of Finance
Director of Nursing	Within the Devon ICB this role is known as Chief of Nursing
Healthcare Professional	A person associated with either a specialty or a discipline and who is qualified and allowed by regulatory bodies to provide a healthcare service to a patient
Health Service Body	Health service body as defined by section 9(4) of the NHS Act 2006 or (b) NHS Foundation Trusts.
ICB board	Members of the ICB
Integrated Care Partnership	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Medical Director	Within the Devon ICB this role is known as Chief Medical Officer
One Devon Partnership	A partnership of health and social care organisations working together with local communities across Devon
Ordinary Member	The board of the ICB will have a Chair and a Chief Executive plus other members. All other members of the board are referred to as Ordinary Members.

Other Member	Those members identified with knowledge and experience who will represent their professional body on the ICB Board
Partner Members	Some of the Ordinary Members will also be Partner Members. Partner Members bring knowledge and a perspective from their sectors and are and appointed in accordance with the procedures set out in Section 3 having been nominated by the following**:** • NHS trusts and foundation trusts who provide services within the ICB's area and are of a prescribed description • the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
Place-Based Partnership	Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community. They involve the Integrated Care Board, local government and providers of health and care services, including the voluntary, community and social enterprise sector, people and communities, as well as primary care provider leadership, represented by Primary Care Network clinical directors or other relevant primary care leaders.
Remuneration and Internal ICB Workforce Committee	The Remuneration Committee is mandated by NHSE to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B of the NHS Act 2006. NHS Devon ICB have named this committee Remuneration and Internal ICB Workforce Committee to accommodate approving elements of the nomination process for board members and, confirming the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and non-executive directors.
Sub-committee	A group created and appointed by and reporting to a committee of the ICB.

Appendix 2: Standing Orders

1. Introduction

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

2. Amendment and review

2.1. The Standing Orders are effective from 01 July 2022.

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

2.3. Amendments to these Standing Orders will be made as per clause 1.6 of this Constitution.

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

3. Interpretation, application and compliance

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

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

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

3.4. In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the most senior officer in corporate affairs, will provide a settled view which shall be final.

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

3.6. If, for any reason, these Standing Orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance, shall be reported to the next

formal meeting of the board for action or ratification and the Audit and Risk Committee for review.

4. Meetings of the Integrated Care Board

4.1. Calling Board Meetings

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

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

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

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

c) In emergency situations the Chair may call a meeting with one working day notice by setting out the reason for the urgency and the decision to be taken.

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

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

4.2 Chair of a meeting

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

4.2.2 If the Chair is absent or is disqualified from participating by a conflict of interest, the vice chair will preside over the meeting.

4.2.3 The board shall appoint a Chair to all committees and sub-committees that it has established. The appointed committee or sub-committee Chair will preside over the relevant meeting. Terms of reference for committees and

sub-committees will specify arrangements for occasions when the appointed Chair is absent.

4.3 Agenda, supporting papers and business to be transacted

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

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

4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at [click here].

4.4 Petitions

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

4.5 Nominated Deputies

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

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

4.6 Virtual attendance at meetings

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

4.7 Quorum

4.7.1 The quorum for meetings of the board will be members, including:

a) Chair or Vice Chair
b) At least two Executive Directors
c) At least two additional independent members
d) At least one Partner Member
e) At least one of the members must be a registered clinician.

4.7.2 For the sake of clarity:

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

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

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

4.8 Vacancies and defects in appointments

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

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

The meeting will be quorate when at least 5 members are present including:

- Either the Chief Executive or the Chief Finance Officer
- At least one Non-Executive Member
- At least one Partner Member

4.9 Decision making

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

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

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

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

c) For the sake of clarity, any additional Participants and Observers (as detailed within paragraph 5.6. of the Constitution) will not have voting rights.
d) A resolution will be passed if more votes are cast for the resolution than against it.
e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

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

Urgent decisions

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

4.9.5 The powers which are reserved or delegated to the board, may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees)[108] subject to every effort having made to consult with a minimum of two Non-Executive Members in the given circumstances.

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

4.10 Minutes

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

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

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

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

4.11 Admission of public and the press

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

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

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

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

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

5 Suspension of Standing Orders

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

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

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

6 Use of seal and authorisation of documents.

6.1 The ICB will have a seal for executing documents where necessary. This will be used subject to the approval limits set out in the Use of the

seal standard operating procedure and Scheme of Delegation and financial limits, which is held in the ICB Governance Handbook and reviewed by the Director of Finance no less than once a year.

6.2 The Chief Executive Officer shall ensure that a register of the sealing of every document is maintained and presented to the Audit and Risk Committee no less than once a year.

END

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Scheme of Reservation and Delegation

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)
NHS England has set out the following as the four core purposes of Integrated Care Systems: a) improve outcomes in population health and healthcare b) tackle inequalities in outcomes, experience and access c) enhance productivity and value for money d) help the NHS support broader social and economic development. The Integrated Care Board will use its resources and powers to achieve

demonstrable progress on these aims, collaborating to tackle complex challenges, including:

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

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

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

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

Committees that have previously discussed/agreed the report, and outcomes of that discussion

None

Key recommendations and actions requested

1. The ICB Board are asked to review and approve the Scheme of Reservation and Delegation for adoption.

Impact on NHS Devon objectives

Objective	Impact
Objective 1	
Objective 2	
Objective 3	

Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	The SoRD will support to improve outcomes in population health and healthcare	
Health inequalities	The SoRD will support to tackle inequalities in outcomes, experience and access	
Workforce	The SoRD will support to enhance productivity and value for money	
Resources and finance	The SoRD will support to enhance productivity and value for money and help the NHS support broader social and economic development.	
Legal	ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation	
Engagement and consultation	The SoRD will support to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, help the NHS support broader social and economic development.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board

Scheme of Reservation and Delegation

Table of Contents

1. Introduction

1.1 Background

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

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

The Integrated Care Board will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

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

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

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

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

2. **Decisions and functions reserved to NHSE/I**	**reference**
2.1 The power to establish ICB	2006 Health Service Act
2.2 The power to obtain information from the ICB and intervene where NHS England is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so	S 14Z58 of NHS Act 2006 Constitution 1.4.8
2.3 Appointment of the ICB Chair	Constitution 3.3
2.4 Removal of the ICB Chair	Constitution 3.12.5
2.5 Terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.12.6
2.6 Approval of the ICB Constitution and any changes made to it	Constitution 1.5.2 1.5.3
2.7 Variation of the ICB Constitution other than on application by the ICB	para 15 Schedule 1B NHS Act 2006 Constitution 1.6.1b
2.8 Remuneration of ICB Chair	Constitution 3.13.2

3. **Decisions and functions reserved to the ICB Board**	**reference**
3.1 Determines the governance arrangements which allow decisions to be delegated to provider collaboratives, joint committees and/or other statutory bodies	65Z6 of the 2006 Act
3.2 Determines the governing arrangements of the ICB, ensuring meetings are held in public (except where the ICB considers it would not be in the public interest in relation to all or part of a meeting).	SO7.3.1
3.3 ICB and each responsible local authority will establish an integrated care partnership (ICP) which includes members appointed by the ICB and each relevant authority, ensuring meetings are held in public in accordance with standing orders	Constitution 9.1.4 and SO 4.3.1
3.4 Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's Constitution, including the Standing Orders	s14Z25 (5) and s1B NHS Act (2006) constitution 1.6.1, and SO 2.3
3.5 Require and receive the declaration of interests from members of the ICB Board	s14Z30 NHS Act (2006) constitution s6.3
3.6 Receive reports from committees that the ICB is required by statute or other regulation to establish and take action upon those reports as necessary	Constitution 4.6.4
3.7 Approve any urgent decisions taken by the chair of the ICB Board for ratification in public session	SO 4.9.4 – 4.9.6

3. **Decisions and functions reserved to the ICB Board**	**reference**
3.8 Approve the ICBs overarching scheme of reservation and delegation, which sets out those decisions of the ICB reserved to the IBC Board and those delegated to the • committees and any joint committees of the ICB, or • its employees	constitution 4.4
3.9 Approve Standing Financial Instructions (SFIs)	constitution 5.2
3.10 Approve Functions and Decisions Map	constitution 4.5
3.11 Appoint and dismiss committees of the ICB that are directly responsible to the Board	constitution 4.6.1
3.12 Establish Terms of Reference and reporting arrangements for all of the committees of the Board	constitution 4.6.3
3.13 Receive reports from committees of the ICB including those which the ICB is required by its Constitution, or by NHS England, or the Secretary of State or by any other legislation, regulations, directions or guidance to establish and to take appropriate action	constitution 4.6.4
3.14 Confirm the recommendations of committees where committees do not have executive powers	constitution 4.6.4
3.15 Delegate executive powers to be exercised by any of its members or employees	constitution 4.3.1
3.16 Approval of the ICB Plan and annual operational plan, including financial duties	constitution 7.3.8 14Z34 to 14Z45 and 223GB and 223M
3.17 Approval of the ICB's Annual Report and Accounts	constitution 7.5

3. **Decisions and functions reserved to the ICB Board**	**reference**
3.18 Approval of the arrangements for discharging the ICB's statutory financial duties.	constitution 5.2
3.19 Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	s14Z34 NHS Act (2006) Constitution 1.4.5, 1.4.7, 4.2.1, 4.2.2
3.20 Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	Constitution 1.4.3, 1.4.5, 1.4.7,4.2.1, 4.2.2 Sections 3 3A of the Act 2006
3.21 Approval of the ICB's arrangements for the management of risk	Constitution 4.2.2
3.22 Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB.	Recommendation by Audit and Risk Committee
3.23 Approval of the ICB's corporate budgets that meet the ICB's financial duties	Constitution 4.2.2
3.24 Approve arrangements with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB.	Constitution 4.3.2,

3. **Decisions and functions reserved to the ICB Board**	**reference**
3.25 Approve arrangements for the functions to be exercised by a joint committee and/or for the establishment of a pooled fund to fund those functions (section 65Z6).	Constitution 4.3.2, 4.3.3
3.26 The exercise of Delegated Functions to empower the ICB to commission a range of primary care services for the people of Devon as described in the Delegation Agreement and delegated by NHS England to the ICB	Recommendation by Primary Care commissioning Committee Constitution 4.4.3 S65Z5 and S65Z6 NHS Act 2006
3.27 Establish effective, safe, efficient, and economic arrangements for the discharge of Delegated Functions	Recommendation by Primary Care commissioning Committee Constitution 4.6.4 S65Z5 NHS Act 2006
3.28 Ensuring the ICB compliance with the NHS Provider Selection Regime including approval of the ICB's Procurement Policy	Constitution 7.4.3
3.29 Approving arrangements for handling complaints and ensuring publication of the process	Constitution 7.3.4

3. **Decisions and functions reserved to the ICB Board**	**reference**
3.30 Approving arrangements for handling Freedom of Information requests.	Constitution 7.3.5
3.31 Approve the arrangements for discharging the ICB's statutory duties as an employer, including Human Resource and employment policies	Constitution 8
3.32 Endorse the ICB internal audit charter and annual audit plan on the recommendation of the ICB Accountable Officer and audit and risk committee	Recommendation from Audit Committee
3.33 Ensure that all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with	SFIs
3.34 Approve the ICB's arrangements for business continuity, and for emergency planning.	Civil Contingencies Act 2004

4. **Decisions and functions reserved to the ICB Chair**		
4.1 NHSE	appointment of the ICB Chair	Constitution 3.3
4.2 NHSE	removal of the ICB Chair	Constitution 3.13.5
4.3 NHSE	terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.13.6

4. **Decisions and functions reserved to the ICB Chair**		
4.4 Chair	appointment of the Chief Executive	Constitution 3.4
4.5 Chair	approval of appointment of partner members of the ICB Board	Constitution 3.5 - 3.7 inc
4.6 Chair	appointment of Independent Non-Executive members of the ICB Board	Constitution 3.11
4.7 Chair	approval of appointment of Chief Medical Officer (Medical Director)	Constitution 3.8
4.8 Chair	approval of appointment of Chief Nursing Officer (Director of Nursing)	Constitution 3.9
4.9 Chair	approval of appointment of Chief Finance Officer (Director of Finance	Constitution 3.10
4.10 Chair	Approval of appointment of Mental Health Ordinary Member	?
4.11 Chair	Ensure that the members of the Board possess the skills, knowledge and experience necessary for the Board to effectively carry out its functions	NHSE guidance

5. Decisions and functions delegated by the Board to the ICB Committees	
5.1 Decisions and functions delegated by the Board to the ICB Audit and Risk Committee	**reference**
5.1a Establish an auditor panel as a sub group to ensure the contract arrangements, including the procurement and selection, with the External Auditors is appropriate	Committee Terms of Reference

5.1b Approve the appointment and removal of the ICBs Internal Auditors, the level of remuneration and terms of engagement	Committee Terms of Reference
5.1c Endorse and recommend the ICB internal audit charter and annual audit plan, to the ICB board	Committee Terms of Reference
5.1d Review the adequacy and effectiveness of the ICB's system of integrated governance, risk management and internal control across the whole of the ICB's activities	Committee Terms of Reference
5.1e Ensure there is an effective internal audit function including; costs of audit services, performance of service, review and approval of the annual internal audit plan, the findings of audit work including the Head of Internal Audit Opinion and management responses to these, adequate resourcing of the function.	Committee Terms of Reference
5.1f Review the work and findings of the External Auditor and management responses	Committee Terms of Reference
5.1g Review schedules of losses and compensations and make recommendations to the Board	Committee Terms of Reference
5.1h Review the annual report and financial statements prior to submission to the Board	Committee Terms of Reference
5.1i To be assured that the ICB has adequate arrangements in place for the counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.	Committee Terms of Reference

5.1j To be assured that the ICB has adequate arrangements in place for Freedom to Speak Up	Committee Terms of Reference
5.1k To be assured that the ICB has adequate arrangements in place for Information Governance, including appropriate safekeeping and confidentiality of records and storage, management and transfer of information and data	Committee Terms of Reference
5.1l To monitor the integrity of financial statements of the ICB and any formal announcements relating to its financial performance, ensure systems for financial reporting to the Board are subject to review	Committee Terms of Reference
5.1m To be assured that the ICB has adequate arrangements for the management of declared interests and conflicts of interest, including gifts and hospitality	Committee Terms of Reference
5.1n To approve the operational scheme of reservation and delegation	Committee Terms of Reference

5.2 Decisions and functions delegated by the Board to the ICB Remuneration and Internal ICB Workforce Committee	**reference**
5.2a Determine all aspects of remuneration for the Chief Executive, Directors and other Very Senior Managers including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars	17 to 19 of Schedule 1B NHS Act 2006 s3.14.1 Constitution Committee Terms of Reference

5.2b Determine arrangements for termination of employment and other contractual terms and non-contractual terms for the Chief Executive, Directors and other Very Senior Managers	17 to 19 of Schedule 1B NHS Act 2006 Constitution 3.13 and 3.14 Committee Terms of Reference
5.2c Agree terms of appointment for ICB Board members	Constitution 3.14 Committee Terms of Reference
5.2d Determine the ICB pay policy for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference
5.2e Oversee contractual arrangements for all staff including approval of policies relating to contractual Terms and Conditions.	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference
5.2f Determine arrangements for termination payments and any special payments for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference
5.2g Ensure that the ICB is meetings its obligations in relation to reporting on workforce issues including (but not limited to) senior pay and equality and diversity (including gender equality) and WRES reporting.	Committee Terms of Reference

5.3 **Decisions and functions delegated by the Board to the ICB Finance Committee**	**reference**
5.3a Develop and recommend to the ICB Board annual, medium and long term plans	Committee terms of reference

5.3b Develop and recommend to the ICB Board Standing Financial Policies	Committee terms of reference
5.3c Develop and recommend to the ICB Board resource allocation approach	Committee terms of reference
5.3d Oversight of procurement exercises where contracts have an estimate value (over life cycle) £2 million or where there is a significant reputational or service issue and make recommendations to ICB Board	Committee terms of reference
5.3e Scrutinise and recommend to the ICB all business cases for capital in excess of £2m Scrutinise and approve all business cases for capital between £0.5m and £2m	Committee Terms of Reference
5.3f Approve the annual procurement plan	

5.4 Decisions and functions delegated by the Board to the ICB Quality and Performance Committee	**reference**
5.4a Develop and recommend to the ICB Board the key outcomes, quality and performance priorities to be included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care	Committee terms of reference
5.4b Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (eg System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc)	Committee terms of reference

5.5 Decisions and functions delegated by the Board to the ICB People and Culture Committee	**reference**
5.5a Develop and recommend to the ICB Board approval of the workforce strategy	Committee terms of reference
5.5b Approve annual people plan priorities	Committee terms of reference
5.5c Recommend approval to the ICB Board of the annual workforce and education plans	Committee terms of reference
5.5d Provide assurance and identify areas of risk and mitigation in regards people and culture	Committee terms of reference
5.5e Provide assurance that the ICB and wider system are taking appropriate and sufficient action to recruit and maintain a diverse workforce	Committee Terms of Reference

5.6 Decisions and functions delegated by the Board to the ICB Primary Care Commissioning Transition Committee	**reference**
5.6a Oversee transition of all types of primary care commissioning such that is integrated with other ICB systems and processes	Committee terms of reference
5.6b Primary Care commissioning expenditure: All services, including business cases; final service specifications; procurement recommendations; contract award (CARRs) regardless of value to be approved by Primary Care Commissioning Transition Committee	Committee terms of reference
5.6c Decisions in relation to the commissioning, procurement, management, planning (including carrying out needs assessments), and undertaking reviews, of Primary Medical Services and other ancillary activities that are necessary to exercise the delegated functions	Committee terms of reference
5.6d The management of Delegated Funds in relation to Primary Medical Services	Committee terms of reference
5.6e Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies	Committee terms of reference
5.6f Design and commission Enhanced Services, including re-commissioning of services (in line with the ICB SFIs (put in reference)	Committee terms of reference
5.6g Design and offer Local Incentive Schemes for Primary Medical Services providers	Committee terms of reference
5.6h Make decisions on discretionary payments or support	Committee terms of reference
5.6i Plan and manage Primary Care Networks	Committee terms of refence
5.6j Approve Primary Medical Services provider mergers and closures	Committee terms of reference

5.6k Make decisions in relation to the management of Poorly Performing Medical Services Providers	Committee terms of reference
5.6l Make decisions in relation to the Premises Costs Directions Function	Committee terms of reference
5.6m Make procurement decisions relevant to the exercise of the Delegated Functions in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issues and updated by NHS England and in line with ICB SFIs	Committee terms of reference
5.6n Decision in relation to Ophthalmic services in line with the Delegation Agreement'	Committee terms of reference
5.6o Agreeing LPS Schemes	Committee terms of reference
5.6p Determining applications made in respect of LPS Schemes	Committee terms of reference
5.6q Agreeing arrangements for the delivery of Essential Services, Advance Services, and Enhanced Services across the ICB footprint	Committee terms of reference
5.6r Approving consultations with patients, the public and other stakeholders to the extent required by the duty of public involvement and consultation under section 14Z2of the NHS Act 2006	Committee terms of reference
5.6s Recommend for approval to the ICB Board the Primary Care Strategy	

5.8 Decisions and functions delegated by the Board to the ICB Senior Executive Team	reference
5.8a Consider and prepare an appropriate response to external and internal reviews, making recommendations to the relevant committee or ICB Board	Committee terms of reference
5.8b Ensure that the organisation has appropriate systems in place to support partnership working across the ICB and obtain the appropriate advice and professional expertise in healthcare and public health.	Committee terms of reference
5.8c Provide oversight and delivery of risk management arrangements including a review of the CCG's risk register, ensuring any agreed actions are completed.	Committee terms of reference
5.8d Oversee NHSE assurance planning and responses	Committee terms of reference
5.8e Maintain oversight of the governance and architecture arrangements for the ICB	Committee terms of reference

5.9 Decisions and functions delegated by the Board to the ICS Executive Committee	reference

5.9a To take overall executive responsibility for delivery of shared health and care priorities and plans including: • System strategy and planning for health and care • System delivery and performance for health and care • System transformation delivery for health and care • Ensure that there is co-ordinated and dedicated senior leadership focussed on the delivery of the ICS strategic priorities • Ensure participation and support from all partner organisations in the ICS • Provide Leadership accountability to all programmes of work across ICS	Committee terms of reference
5.9b To agree the overall system configuration, design and collaborative planning processes and agree changes as this develops. This is for recommendation to the ICB, ICP, individual organisations and regulators	Committee terms of reference
5.9c Oversee the development of a set of system-wide strategies which are fit to deliver the ICS objectives, for approval by the ICB	Committee terms of reference
5.9d Oversee delivery of the ICS vision and objectives, providing delegated system-wide decisions, guidance and support to the ICS workstreams and programmes and securing the resources to deliver the plan	Committee terms of reference

5.10 Decisions and functions delegated by the Board to the Clinical and Professional Cabinet	**reference**
As a principle, ICS Devon will ensure that key items for consideration at the Board will have already been presented to the CPC who will provide assurance on firstly whether sufficient clinical and professional input has occurred in the planning and design process and secondly give a senior clinical and professional opinion on the decisions the Board is required to make	Committee terms of reference

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

Chief Medical Officer (as per constitution Medical Director)
Chief Finance Officer (as per constitution Finance Director)
Chief Nursing Officer (as per constitution Director of Nursing)

Individual	Decisions and functions delegated to the individual	ref
Chief Executive Officer	convening a panel to advise on the appointment of ICB Board ordinary members	Constitution 3.5 - 3.7 inc
Chief Executive Officer	Endorse and recommend the ICB internal audit charter and annual audit plan to the audit and risk committee and the ICB Board	SFIs
Chief Executive Officer and Chief Finance Officer	Ensuring all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with	SFIs

7. Decisions and functions delegated to be exercised jointly

Joint Committee	decisions and functions delegated to the joint committee	

Ambulance Joint Commissioning Committee	Approval of commissioning decisions relating to Ambulance Services in accordance with its powers under section 14Z3 and 14Z4 of the National Health Service Act 2006 (as amended) (“NHS Act”) NHS Devon CCG (“the CCG”) has approved the establishment of the Ambulance Joint Commissioning Committee (“AJCC”) and has delegated the exercise of the emergency ambulance functions as specified in the Delegation to the AJCC	

OPERATIONAL SCHEME OF DELEGATION

This schedule of matters delegated to officers (operational scheme of delegation) has been developed in conjunction with the organisation's Standing Financial Instructions and will provide guidance for the ICB. This document should be used in conjunction with the ICB Scheme of Reservation and Delegation, the difference being that this document lays down operational financial limits to the authority of the ICB and others to commit or approve expenditure on behalf of the ICB. Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive Officer.

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 Officer. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

The Standing Financial Instructions set out the financial responsibilities of the Chief Executive the Chief Finance Officer (CFO) and other Executive Directors of the ICB.

The Scheme of Delegation covers only matters delegated by NHSE/I to the ICB and those matters reserved for the ICB Board its committees, Executive officers and/or Partners.

Further delegation may be approved:

a) by the ICB Board in approving specific management policies
b) by the ICB Chief Executive
c) as part of Financial Procedures approved by the Chief Finance Officer (CFO)

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

In accordance with The Scheme of Delegation the ICB 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 ICB Board, its Committees, Partners and employees as indicated in the Scheme of Delegation.

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

Ref	Matters delegated	Delegated to
1	**Bank accounts** (a) Opening bank accounts or procuring banking services in accordance with mandates approved by the Governing Body (b) Addition or removal of signatories to bank accounts	(a) CFO (b) CFO or authorised signatory to the bank accounts (in accordance with the bank account mandated authorities)
2	**Business cases – new commitments outside of delegated budgets** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Senior Executive Team (SET) member and Associate Director of Finance (ADOF) (b) Senior Executive Team (SET) (c) Full business case for ICB approval
3	**Commissioning expenditure in line with delegated budgets for the commissioning of services –** (a) up to £250,000 (b) up to £500,000 (c) £500,001 and above	(a) Delegated budget holder (b) SET member or Associate Director of Finance (ADOF)

		(c) CFO, or, CEO or Director with responsibility for Commissioning of services
4	**Administrative Spend on Goods and Services (Non Commissioning Spend) – Limits for Requisition and/or Invoice approval of delegated budget** (a) up to £500 (b) up to £15,000 (c) up to £50,000 (d) up to £250,000 (e) from £250,001	(a) Designated personal assistants (b) Designated business manager (c) Delegated budget holder (d) SET member (e) Senior Executive Team
5	**Capital schemes including finance leases** (a) up to £500,000 (b) from £500,001 to £2,000,000 (c) over £2,000,000	(a) CFO (b) Finance Committee (c) ICB
6	**All Legal Costs**	Approval through legal advice request form and approved by a relevant Executive. These requests are administered by the governance team

7	**Condemning and disposal** (a) Condemning or disposal of unserviceable items (other than IT equipment) with an estimated replacement cost: (i) up to £100 (ii) £101 to £5,000 (iii) £5,001 and above (b) Condemning or disposal of all unserviceable IT equipment	(a)(i) Designated budget holder (a)(ii) ADOF (a)(iii) CFO (b) Senior Executive Team member responsible for IT
8	**Petty Cash** Petty cash float replenishment up to £500 per week	ADOF
9	**Losses, write-offs and compensation** (a) Losses of cash due to theft, fraud, overpayment etc. – up to £50,000 (b) Fruitless payments (including abandoned capital schemes) – up to £250,000 (c) Write-off or bad debts up to £10,000 (d) Claims abandoned and other – up to £50,000 (e) Damage to buildings, fittings, furniture and equipment, loss of property and equipment in stores or in use due to culpable causes (fraud, theft, arson etc.) – up to £50,000	(a) to (e) CFO or CEO/AO

10	(f) Compensation payments made under legal obligation (excluding clinical negligence) – up to £50,000 (g) Extra contractual payments to contractors – up to £50,000 (h) Ex-gratia payments to staff for loss of personal effects: (i) up to £100 (ii) £101-£500 (iii) above £501 (i) Ex gratia payments for personal injury claims involving negligence where legal advice obtained and followed (j) Other ex gratia payments except cases of maladministration where there was no financial loss to the claimant (k) Any of the above (a) – (j) limits exceeded	(f) to (g) CFO or CEO (h)(i) Designated budget holder (h)(ii) Senior Executive Team member (h)(iii) CFO or CEO (i) CFO or CEO (j) CFO or CEO (k) ICB Board
11	**Verification and High Cost Panel Decisions regarding individual packages of care** (a) Up to £1,000 per week (b) Up to £1,600 per week (c) From £2,000 per week (d) Up to £2,200 (e) Up to £2,500 per week	(a) Quality Assurance Practitioner/ CHC lead Nurse (b) Quality Assurance Lead Nurse or Senior Commissioning Manager individually per week (c) With two band 8a staff of the same or a higher banding (d) Band 8b with one band 8a or higher (e) Head of Quality Assurance

	(f) Up to £6,000 per week (g) Above £6,001 per week **Urgent placements:** Crisis Response Requests (48hr period) until information gathered – (b) above with update and review by (c) and full panel application if required.	(f) Individual Package of Care (IPOC) Panel (g) CNO **and** CFO or CEO or Director of Commissioning

AUTHORISATION OF INVOICES

Individual officers within the ICB have the authority to authorise invoices in the Oracle Finance system in line with the financial scheme of delegation detailed above

(a) up to £500 (band 3-4)

(b) up to £15,000 (band 5-6)

(c) up to £50,000 (band 7-8)

(d) over £50,000 (band 9 or VSM)

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Committee Chairs and Statutory appointments

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)

Each of the Integrated Care Board committees will be chaired by a Non-Executive Member. The proposed chairs are set out in appendix 01.

The ICB is required to appoint to a a number of statutory roles (appendix 02). These roles must be held by members of the ICB Board. These roles are;

- Caldicott Guardian
- Senior Information Risk Owner (SIRO)

- Freedom to Speak up Guardian
- Accountable Emergency Officer (AEO)
- Conflicts of Interest Guardian
- Health and Safety Accountable Officer
- Security Director
- Director of Infection Prevention and Control

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB members are asked to approve the appointment of the Committee Chairs. 2. The ICB members are asked to approve the appointment of the statutory roles within the organisation.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	Committee Chairs of the ICB will support to improve outcomes in population health and healthcare	
Health inequalities	Committee Chairs of the ICB will support to tackle inequalities in outcomes, experience and access	
Workforce	Committee Chairs of the ICB will support to enhance productivity and value for money	
Resources and finance	Committee Chairs of the ICB will support to enhance productivity and value for money and help the NHS support broader social and economic development.	
Legal	ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation	

Engagement and consultation	Committee Chairs of the ICB will support to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, help the NHS support broader social and economic development.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board
Assurance Committee Chairs

Committee	Chair
Audit and Risk Committee	Graham Clarke
Remuneration and Internal ICB Workforce Committee	Kevin Orford
Finance Committee	Kevin Orford
Quality and Performance Committee	Professor Hisham Saleh Khalil
People and Culture Committee	Dr Thandiwe Hara
Primary Care Commissioning Transition Committee	Judith Hargadon

Role	Name/Email	Role this falls under
Vice Chair	Hisham Khalil Hisham.khalil1@nhs.net	Non-Executive Director - Quality
Caldicot Guardian	Darryn Allcorn Darryn.allcorn@nhs.net	Chief Nursing Officer
Senior Information Risk Owner (SIRO)	Andrew Millward Andrew.millward@nhs.net	Director of Communications, HR, IT and Governance, NHS Devon
Freedom to Speak up Guardian	Kevin Orford k.orford@nhs.net	Non-Executive Member - Finance
Accountable Emergency Officer	Darryn Allcorn Darryn.allcorn@nhs.net	Chief Nursing Officer
Conflicts of Interest Guardian	Graham Clarke Graham.clarke8@nhs.net	Non-Executive Director Audit and Risk Chair Audit and Risk Committee
Health and Safety Accountable Officer	Andrew Millward Andrew.millward@nhs.net	Director of Communications, HR, IT and Governance, NHS Devon
Security Director	Andrew Millward Andrew.millward@nhs.net	Director of Communications, HR, IT and Governance, NHS Devon
Director of Infection Prevention and Control	Darryn Allcorn Darryn.allcorn@nhs.net	Chief Nursing Officer
Non-Executive Member - EPRR	Graham Clarke Graham.clarke8@nhs.net	Non Executive Member – Audit and Risk

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Committee Structure and Terms of Reference

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

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Executive summary (250 words max)

In order to fulfil its statutory functions and ensure delivery of its objectives NHS Devon has developed a committee structure to ensure that robust mechanisms are in place for delivery, decision making and assurance.

The Functions and Decisions Map (appendix 1) sets out the role of each part of the Integrated Care System for Devon including NHS Devon Integrated Care Board and its committees.

The Committee Structure (appendix 2) sets out the detailed structure of committees that will support system working

The Terms of Reference for committees reporting to the ICB Board are presented for approval as follows:

Audit and Risk Committee (Appendix A)
Remuneration and Internal ICB Workforce Committee (Appendix B)
Primary Care Commissioning Transition Committee (Appendix C)
Quality and Performance Committee (Appendix D)
Finance Committee (Appendix E)
People and Culture Committee (Appendix F)

ICB Senior Executive Team (Appendix G)
ICS Executive Committee (Appendix H)
Local Care Partnership Oversight Committee (Appendix I)
Clinical and Professional Cabinet (Appendix J)

It is recognised that Integrated Care Boards are new organisations and will be working within the context of the newly formed Integrated Care Systems. It is therefore anticipated that the initial governance structures will require revision following implementation to benefit from learning at local and national level. It is the intention of the Integrated Care Board to complete a full review of its governance arrangements by December 2022.

Committees that have previously discussed/agreed the report, and outcomes of that discussion

None

Key recommendations and actions requested

1. The ICB members are asked to approve the terms of reference

Impact on NHS Devon objectives

Objective	Impact
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	Committees of the ICB will support to improve outcomes in population health and healthcare	
Health inequalities	Committees of the ICB will support to tackle inequalities in outcomes, experience and access	
Workforce	Committees of the ICB will support to enhance productivity and value for money	
Resources and finance	Committees of the ICB will support to enhance productivity and value for money and help the NHS support broader social and economic development.	
Legal	ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation	
Engagement and consultation	Committees of the ICB will support to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, help the NHS support broader social and economic development.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Functions and decisions map

NHS England and NHS Improvement, Department of Health and Social Care, and Local Government Association

- Set the direction and support the commissioning of high-quality services to deliver the NHS Long Term Plan, balancing national direction with local autonomy
- Make decisions about how best to support and assure performance
- Support system transformation and the development of ICSs
- Act as guardians of the health and care framework by ensuring legislative, financial, administrative and policy frameworks are fit for purpose

Clinical and Professional Cabinet

- Promote clinical and professional engagement
- Provide recommendations on priorities
- Ensure plans are supported by evidence of good clinical and professional practice
- Ensure organisational clinical and professional commitment to system plans
- Oversee robust processes for approval of clinical and professional policies and effectiveness

NHS Devon (Integrated Care Board)

- Develop a plan and allocate resource to meet the population's health and care needs
- Establish joint working arrangements with partners that embed collaboration as the basis for delivering the plan
- Establish governance arrangements to support collective accountability for whole-system delivery and performance
- Arrange the provision of health services including contracting arrangements, transformation, development, working with local authority and VCSE sector partners
- Lead system implementation of people priorities (workforce) and data and digital plans

One Devon Integrated Care Partnership

- Develop an integrated care strategy for the population using the best available evidence and data to address health inequalities and wider determinants that drive inequalities
- Champion inclusion and transparency
- Challenge partners to demonstrate progress in reducing inequalities and improving outcomes
- Support place and neighbourhood-level engagement so the system is connected to local needs

Health and Wellbeing Boards

- Set the vision and high-level outcomes and priorities for their areas through Joint Health and Wellbeing Strategies
- Conduct Joint Strategic Needs Assessments (JSNAs)
- Encourage integrated working between health, care, police and other public services

ICS Executive Committee

Overall executive responsibility for delivery of shared health and care priorities and plans including:

- System strategy and planning for health and care
- System delivery and performance for health and care
- System transformation delivery for health and care

Senior Executive Team and Senior Leadership Team

- Responsible for day-to-day management and delivery of NHS Devon functions
- Make recommendations strategy and commissioning delivery plans
- Take day-to-day decisions on performance management and risk management to provide robust assurance to the NHS Devon board

Locality Care Partnerships
(north, south, east, west and Plymouth)

- Co-ordinate, plan and deliver integrated services in localities and alongside communities
- Understand and work with communities, join up and coordinate services around peoples needs, address social and economic factors that influence health and wellbeing and support the quality and sustainability of services

Provider collaboratives
(acute, and mental health, learning disability and neurodiversity)

- Provide joint system leadership to transform services and address quality and efficiency by working together with a shared purpose and effective decision-making arrangements
- Plan, deliver and transform services
- Address unwarranted variation and inequality in access, experience and outcomes
- Improve resilience and ensure that specialisation and consolidation occurs where this provides better outcomes and value

System Quality and Performance Group

- Provide oversight of quality across the system
- Ensure partners work together to address concerns and improve the quality of services

Links with quality and performance committee

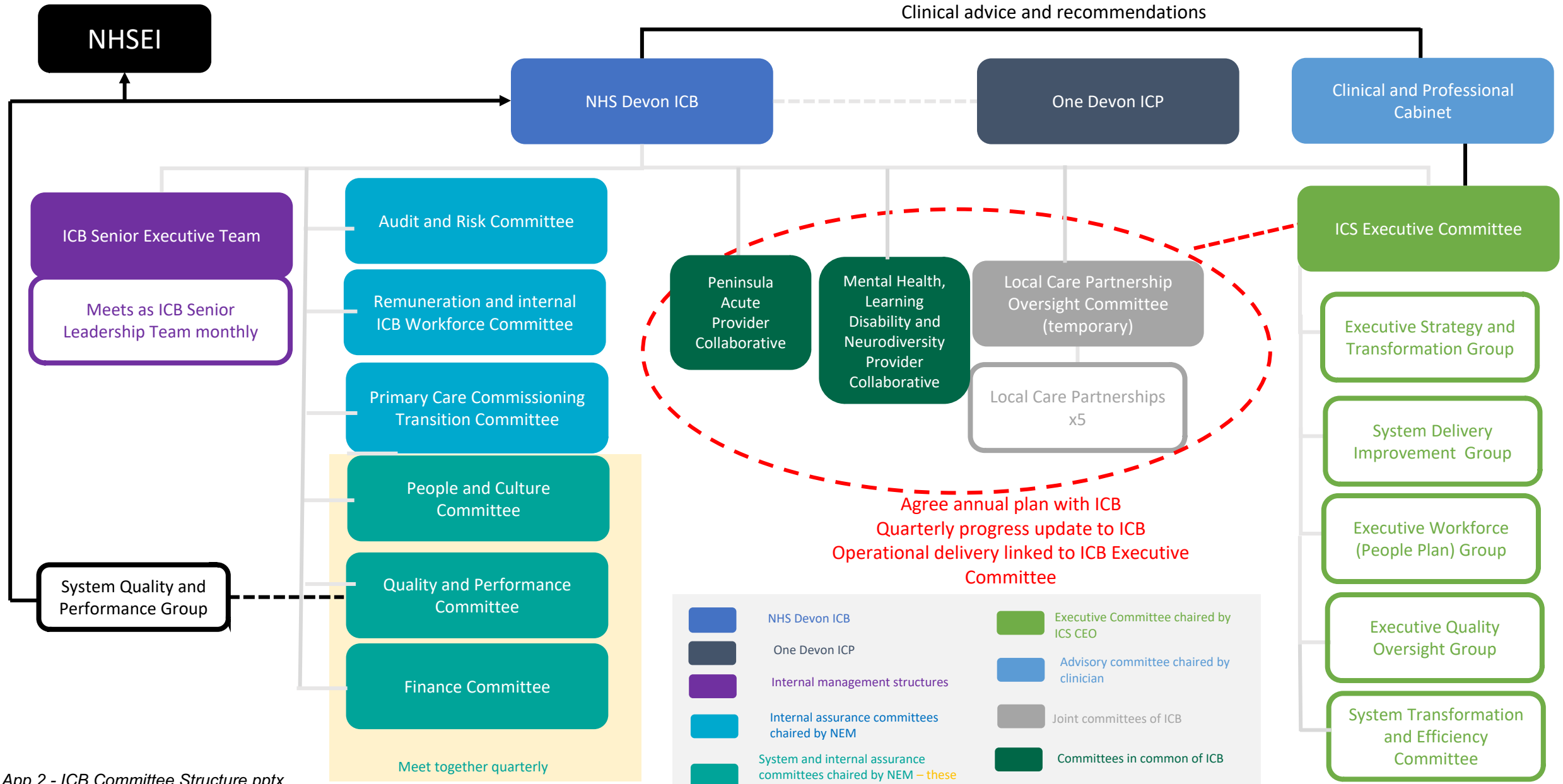
Assurance committees

- Audit and risk
- Remuneration and Internal ICB workforce
- Primary care commissioning transition
- People and culture
- Quality and performance
- Finance

- Provide oversight of NHS Devon functions
- Provide assurance to the board that NHS Devon is meeting its legal and statutory obligations and making progress with its delivery plans

Final Version – 27th June 2022

One Devon governance structure
Final 10.06.22 v12



Audit and Risk Committee
Terms of Reference

1. Constitutional Obligations

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

1.2 These terms of reference are published on the ICB website, and set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders, and may only be changed with the approval of the Board

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

1.4 Members of the public and press are not admitted to meetings of Committees or Sub-committees of the ICB except by specific invitation, or where the admission of public to its meetings is required Public bodies (admission to meetings) Act 1960

2. Authority

2.1 Audit committees are an important part of every NHS organisation as they critically review and report on the relevance and robustness of the governance structures and assurance processes on which the statutory body places reliance. In the context of integrated care systems, the Audit and Risk Committee for the Devon ICB will play a critical role in aligning action between partners and seeking assurances to inform and enable the Board to make informed decisions.

2.2 The Audit and Risk Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;

- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

2.3 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation

2.4 The Local Audit and Accountability Act 2014 (the Act) requires every 'relevant authority' to appoint an 'Auditor Panel' to exercise functions set out in the Act (part 3, section 9). The ICB Board has resolved to nominate its Audit and Risk Committee to act as its Auditor Panel in line with schedule 4, Paragraph 1 of the 2014 Act and details of the Auditor Panel responsibilities and purpose are encompassed within the Audit and Risk Committee's terms of reference in line with the Act.

3. Purpose

3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

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

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

3.4 It is the responsibility of the committee to make recommendations to the Board on determinations about the assurances received surrounding any internal or external audit findings and probity issues on behalf of the ICB

3.5 It will seek assurance that the ICB is fulfilling its statutory duties through continuous monitoring and this will be detailed in the organisation's annual governance statement and annual report, under the relevant Acts, and current national guidance

4. Responsibilities

The Committee's duties can be categorised as follows.

4.1 *Integrated governance, risk management and internal control*

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

b) To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.

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

d) To provide assurance to the Board on the processes of risk management and maintain an oversight of organisational and system risks where they relate to the achievement of the ICB's objectives. The ICB Board maintains overall responsibility for risk management.

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

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

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

h) To work with the Audit and Risk Committees of other partners in the Integrated Care System for Devon to ensure effective and efficient assurance across the system.

4.2 *Internal audit*

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

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

- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;

- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and

- Monitoring the effectiveness of internal audit and carrying out an annual review.

4.3 *Auditor Panel*

4.3.1 The Auditor Panel for Devon ICB forms a subset of the Audit and Risk Committee and shall comprise of the core Membership of the Audit and Risk Committee. This Membership consists of at least 3 Members with a majority who are independent and recognised as non-executive lay Members of the Board.

4.3.2 The Auditor Panel is a non-executive Member Committee and has no executive powers other than those specifically delegated in these terms of reference. In line with the requirements of the Local Audit (Health Service Bodies Auditor Panel and Independence) Regulations 2015 (regulation 6) each Members independence must be reviewed against the criteria laid down in the regulations[2].

4.3.3 The Auditor Panel chairperson and/or Members of the panel can be removed in line with rules agreed by the Board.

4.3.4 If a specially established panel is nominated with new Members (i.e. not from the existing Audit and Risk Committee, a full recruitment process must be followed in line with Regulation 3. This means that any prospective Members who are not on the Board must be appointed in response to an advertised vacancy and after submitting an application.

4.3.5 The Auditor Panel's chairperson shall formally state at the start of each meeting that the Auditor Panel is meeting in that capacity and NOT as the Audit and Risk Committee.

4.3.6 Auditor Panel business shall be identified clearly and separately on the agenda and Audit and Risk Committee Members shall deal with these matters as Auditor Panel Members NOT as Audit and Risk Committee Members.

4.3.7 The Auditor Panel's functions are to:

a) Advise the Devon ICB on the selection and appointment of the external auditor. This includes:

b) Agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules;

c) Making a recommendation to the Board as to whom should be appointed;

d) Ensuring that any conflicts of interest are dealt with effectively;

e) Advise the Board on the maintenance of an independent relationship with the appointed external auditor

f) Advise (if asked) the Board on whether or not any proposal from the external auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable;

g) Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed external auditor;

h) Advise the Board on any decision about the removal or resignation of the external auditor.

4.4 *External audit*

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

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

4.5 *Other assurance functions*

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

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

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

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

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and

- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

4.6 *Counter fraud*

4.6.1 To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.

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

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

4.6.4 To be responsible for ensuring that the counter fraud service submits an Annual Report and Counter Fraud Functional Standard Return (CFFSR), outlining key work undertaken during each financial year to meet the requirements placed on NHS organisations by the Government Functional Standards 013: Counter Fraud.

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

4.7 *Freedom to Speak Up*

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

4.8 *Information Governance (IG)*

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

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

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

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

4.9 *Financial reporting*

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

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

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

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

4.10 *Conflicts of Interest*

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

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

4.11 *Management*

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

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

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

4.12 *Communication*

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

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

5. Membership

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

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

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

5.4 *Chair and vice chair*

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

5.5.2 The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee. However, as Audit and Risk Committee Chair they have the right to attend any committee within the ICB to seek additional assurance on any matters in relation to the remit of the audit committee, and under the authority of the Chair of the ICB

5.5.3 In the absence of the Audit Chair, and if not already described, the Committee members may appoint a Vice Chair from the Non Executive committee membership.

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

5.6 The core Membership of the Committee shall be:

The following Members have voting rights: • Non- Executive Audit and Risk Committee Chair • Non-Executive Chair of the Finance committee • 2 other Non-Executive Members (including 1 with a clinical background)
Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will **not** be eligible to vote: • ICB Chair • Chief Finance Officer or their nominated deputy • Representatives from both internal and external audit • Board Secretary • A clinical representative • Chairs of Audit Committees of other ICS organisations
Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee. *Attendance* Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair. *Access* Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.
Note: The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including

representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

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

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

6. Meetings, Quoracy and Decisions

6.1 The Audit and Risk Committee will meet at least five times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

6.1.1 The Audit and Risk Chair will meet no less than once a year with the external and internal auditors without the Executives present

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

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

6.2 *Quorum*

6.2.1 For a meeting to be quorate a minimum of two Non-Executive Members of the Board are required, including the Chair or Vice Chair of the Committee.

6.2.2 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.

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

7. Decision making and voting

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

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

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

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

8. Register of Interests

8.1 The Register of Interest will be reviewed at each Committee meeting.

8.2 Members will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

9. Behaviours and Conduct

8.1 *Benchmarking and guidance*

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

8.2 *ICB values*

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

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

8.3 *Equality diversity and inclusion*

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

10. Reporting arrangements

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

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

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

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

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

11. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

11.1 The ICB has delegated the following authorities to the Committee:

• Approval of the ICB's operational scheme of delegation that underpins the CCG's overarching Scheme of Reservation and Delegation' as set out in its Constitution / ICB Governance Handbook.
• Approve changes to the provision or delivery of external and internal assurance services.
• Approve the ICB's counter fraud and security management arrangements.
• Approval of the ICB's risk management arrangements in line with the terms of reference of the Audit and Risk Committee. This includes the ICBs Board Assurance Framework and Corporate risk register
• Approval of a comprehensive system of internal control,
• Approval of the arrangements for ensuring information governance arrangements, • appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data.

11. Secretariat and Administration

11.1 The Committee shall be supported with a secretariat function. Which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;

- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;

- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;

- The Chair is supported to prepare and deliver reports to the Board;

- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and

- Action points are taken forward between meetings.

12. Review

12.1 The Committee will review its effectiveness at least annually.

12.2 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END

NHS Devon Integrated Care Board

Remuneration and Internal ICB Workforce Committee

Terms of Reference

1. Constitutional Obligations

1.1 The ICB hereby resolve to establish a Committee of the ICB known as The Remuneration and Internal ICS Workforce Committee.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

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

1.4 Members of the public and press are not admitted to meetings of Committees or Sub-committees of the ICB except by specific invitation, or where the admission of public to its meetings is required Public bodies (admission to meetings) Act 1960

2. Purpose & Responsibilities

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

- Confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and non-executive directors.

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

Make decisions on determinations about pay and remuneration for Very Senior Manager (VSM) employees of the ICB and people who provide services to the ICB and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme.

Approve elements of the nominations and appointments process for Board Members

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Date:	Approved by:	
Date of Review:		
Pathname:		

Remuneration (Part 1)

- Make decisions on any proposed remuneration and terms of service for clinical and non-clinical Board Members, taking into account any national or local guidance as necessary, so that the committees can make an informed decision about the rewards afforded for individual contributions to the ICB/ICP, whilst having proper regard to the ICB/ICP circumstances and performance. This shall include all aspects of salary (including any performance related elements or bonuses), provisions for other benefits and any other contractual terms.

- The committee will make decisions regarding the ICB/ICP Chairs and Non-Executive members roles, their terms and conditions and job description in consultation with and in line with any guidance from NHSE/I https://www.england.nhs.uk/wp-content/uploads/2016/09/ccg-members-roles.pdf

- Assure the Board on pay policy and any annual award for VSM employees of the ICB/ICP including, pensions, remuneration, fees, travelling or other allowances payable to employees and to other persons providing services to 'the ICB/ICP'. This includes overseeing the implementation of appropriate contractual arrangements for Board members, including the proper calculation and scrutiny of termination payments, excluding ill health and normal retirement, taking into account such national guidance as is appropriate.

- Approve policies relating to ICB remuneration

- Consider any payments which deviate from Agenda for Change terms (including those relating to pensions), for very senior managers (VSM) and where appropriate ensure that any approvals are sought such as seeking HM Treasury approval as appropriate and bringing these to the attention of the governing body for approval.

- Approve (in line with NHSEI guidance on "Exit and Severance payments") any exit or terminations payments

Remuneration and internal ICB Workforce Group (Part 2) – *for avoidance of doubt this section seeks assurance on internal arrangements for the ICB and does not include system workforce, OD or HR which are managed by the Executive Workforce Group*

- Scrutinise and assure the ICB on arrangements for Succession Planning and Talent Management

- Scrutinise and assure the ICB on the organisational response to the ICB Staff Survey

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Date of Review:		
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- Ensure that the ICB is meetings its obligations in relation to reporting on workforce issues including (but not limited to) senior pay and equality and diversity (including gender equality) and WRES reporting.

- Ensure that the ICB has the appropriate governance arrangements for the recruitment, employment and remuneration of "hosted" staff on behalf of other organisations

- Approve ICB Policies which relate to contractual Terms and conditions of employment.

- Receive and respond to ICB HR dashboard.

- Provide assurance to the Board on arrangements made for organisational change processes

2.3 The Committee will apply best practice in the decision-making processes, for example, when consideration individual remuneration, the committee will:

- comply with current disclosure requirements for remuneration
- on occasion seek independent advice about remuneration for individuals
- ensure that decisions are based on clear and transparent criteria
- ensure all arrangements are in line with NHS England/CH/SoS/HMRC Business Rules

2.4 The Committee's duties are as follows:

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

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars;

- Determine arrangements for termination of employment and other contractual terms and non-contractual terms.

2.5 For all staff:

- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);

- Determine the arrangements for termination payments outside of contract, and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

2.6 Additional functions include:

- Process in relation to nomination and appointment of (some or all) ICB Board members;
- Process in relation to performance review/ oversight for ICB directors/senior managers;
- Succession planning for the ICB Board;
- Assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR).

3. Membership

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

3.2 The members will consist of at least 4 Non-Executive Members of the Board (one of whom will be the Chair of the Committee)

3.3 The Chair of the Audit and Risk Committee may not be a member of this Committee.

3.4 The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.

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

3.6 *Chair and Vice Chair*

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

- Committee members may appoint a Vice Chair from amongst the ICB Non-Executive members, if not already described.

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

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

3.7 *Attendees*

- Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

- Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:

    - The ICB's Chief Officer of Communications and Corporate Affairs or their nominated deputy
    - Director of Finance or their nominated deputy
    - Chief Executive or their nominated deputy
    - Board Secretary

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

- No individual should be present during any discussion relating to:
    - Any aspect of their own pay;
    - Any aspect of the pay of others when it has an impact on them.
    - The committee will not discuss Non-Executive Member remuneration or succession planning of these positions. This will be discussed at a meeting convened by the Chair and most appropriate senior officer(s), guided by the national framework and with support from HR and Governance. The Business Manager for the Remuneration Committee will formally note the minutes and any actions in accordance with section 9 of these terms of reference.

4. Quorum

4.1 A quorum of the Remuneration and Internal ICB Workforce Committee shall be a minimum of three of the non-executive members, including the Chair or Vice Chair.

4.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of independent Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

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

4.4 People invited to attend, or those in attendance to the Committee do not have the right to vote.

4.5 If the Committee Chair is absent then the Members of the Committee will select a chair for that meeting from the voting Members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the ICB.

4.6 Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

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

5. Register of Interests

5.1 The Register of Interest will be reviewed at each Remuneration and Internal ICB Workforce Committee meeting.

5.2 Members will be asked by the Chair of the Remuneration and Internal ICB Workforce Committee to declare any interests at the beginning of each meeting. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6. Frequency of Meetings

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6.1 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

6.2 The Committee will meet in private.

6.3 The Committee will meet at least twice each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

6.4 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.

7. Reporting arrangements

7.1 The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed.

8. Administration

8.1 The Committee and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend highlighting any concerns to Chair (including interests of members that may conflict with an agenda item)
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Maintaining records of Members appointments and renewal dates
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Providing appropriate support to the Chairperson and Members

8.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to ICB from formal meetings.

9. Review

The Committee will review its effectiveness at least annually.

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END

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Devon Integrated Care Board

Primary Care Commissioning Transition Committee

Terms of Reference

1. Introduction

1.1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to Devon Integrated Care Board (ICB).

1.2. The Devon ICB has established the Primary Care Commissioning Transition Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers, supporting the transition to primary care commissioning operating in the same way as other commissioning.

2. Statutory Framework

2.2. NHS England has delegated to the ICB authority to exercise the primary care commissioning functions in accordance with section 13Z of the NHS Act.

2.3. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board (NHS England) and the ICB.

2.4. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the ICB acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P)

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

2.5. The ICB will also need to, specifically in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.

2.6. The Committee is established as a committee of the Devon Integrated Care Board in accordance with Schedule 1A of the "NHS Act".

2.7. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

3. Role of the Committee

3.1 The Committee is required to oversee the smooth transition of all types of primary care commissioning such that it is integrated with other ICB systems and processes, paying particular attention to the following changes:

- The delegation of commissioning of primary care pharmaceutical, dental and optical services from NHSEI
- The transition of commissioning process for primary medical care into the overall commissioning process of Devon ICB, and
- Developing the enhanced role of localities in developing and supporting primary care.

3.2 As these transitions reach sufficient maturity to ensure full integration of primary care decisions in localities and pan system decision making, the committee's role will be reviewed.

3.3 The Committee will also carry out the following activities:

- To plan, including needs assessment, primary care services in Devon
- To undertake reviews of primary care services in Devon
- To co-ordinate a common approach to the commissioning of primary care services generally
- To manage the budget for commissioning of primary care services in Devon
- To assure a successful transition for the commissioning of primary dental, pharmaceutical and optical services from NHSEI.

3. Much of the responsibility of the committee is delegated to Primary Care Operational Group (PCOG).

3.4 The specific obligations of the PCOG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

- Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:
    a. the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract)
    b. Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")
    c. Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes)
    d. Discretionary' payments (e.g., returner/retainer schemes)
    e. Commissioning urgent care for out of area registered patients.

3.5 Planning the primary medical services provider landscape in Devon, including considering and taking decisions in relation to:

a. The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices
b. Approving practice mergers
c. Managing GP practices providing inadequate standards of patient care, ensuring patients receive appropriate care
d. The procurement of new Primary Medical Services Contracts
e. Dispersing the lists of GP practices
f. Agreeing variations to the boundaries of GP practices
g. Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

3.6 Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions, and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

3.7 Decisions in relation to the pharma Directions Functions.

3.8 The PCOG will review operational contractual issues impacting on primary care delivery working within approved frameworks and decision-making authority from the PCCTC. This includes operational decisions pertaining to the Devon ICS primary medical care commissioning budget and making strategic recommendations to PCCTC.

3.9 In securing the provision of comprehensive and high quality primary medical services in Devon, the committee will carry out the following activities:

- Assure a comprehensive Primary Care service is planned, commissioned and delivered, initially overseeing the commissioning. Assure primary medical services for the population of Devon, co-ordinating a common approach to the commissioning of primary care services
- Contribute to the development of the primary care strategy, ensuring recommendations are in line with the Integrated Care System's Health and Care Strategy,
- Oversee the implementation and delivery of the primary care strategy and work plan
- Review the commissioning budget for primary medical services in Devon
- Advise on decisions on investment on the infrastructure of primary medical services, to ensure adequate and high-quality provision as well as value for money for the public.
- Undertake reviews of primary medical services in Devon, including primary care and quality performance
- Monitor patient safety, clinical effectiveness and patient experience using a quality improvement framework
- Provide oversight across a number of functions, including but not limited to: Primary Care Workforce; Primary Care Premises; Primary Care Information Management and Technology (IM&T); Primary Care Networks
- Escalate issues to the Devon ICB which need further discussion or decision making.
- Discuss and/or make recommendations relating to a full range of primary dental, ophthalmic and community pharmaceutical services, prior to transition to an Integrated Care System (ICS).

- Understand the requirements on taking on further delegated primary care functions, including due diligence, contract transfer, governance and staffing requirements
- Oversee the transition programme and ensure development of the committee and sub-groups in relation to the wider remit

4. Geographical Coverage

4.1 The Committee will cover the NHS Devon ICS area

5. Membership

5.1 The Committee shall consist of:

- Non-Executive Member for Primary Care (Chair) (V)
- Non- Executive Member for Patient and Public Engagement (Vice Chair) (V)
- Primary Care Partner Member on ICB
- Executive Director with responsibility for Primary Care
- Chief Finance Officer or nominated deputy
- Chief Medical Officer
- Chief Nursing Officer or nominated deputy
- Deputy Director of Out of Hospital Directorate with responsibility for Primary Care
- Clinical Strategic Lead for Primary Care
- One nominated Public Health Representative (HSA)
- Provider Collaborative Representative
- Patient Representative (PPG Chair from one of the practices)
- Representative of LCP management

In Attendance

- Devon Local Medical Committee representative
- Devon Healthwatch representative
- ICB Contracting representative
- ICB communications representative
- NHSE/I SW Regional Head of Primary Care, until delegation complete – to be determined to ensure coverage of pharmacy/optometry/dentistry
- Collaborative GP Board representatives, ideally 3, 1 GP, 1 nursing and 1PCN manager to ensure geographical spread of primary care perspective

5.2 The Chair and Vice Chair of the Committee shall be ICB Non-Executive Members (as described in point 16 above).

5.3 The Chair of the Committee may co-opt any clinicians, executive or managing directors, nominated deputies and lead managers as appropriate and particularly, when the committee is discussing areas of risk or operation that are the responsibility of that attendee.

5.4 When a committee member is unable to attend, a nominated formal deputy with sufficient authority may attend in their place.

6. Quorum and decision making

6.1 A quorum of the committee shall be when at least 4 members are present.

6.2 The committee will make decisions within the bounds of its remit. Where there is a significant difference of opinion on the way forward, this should be referred to the senior executive team.

6.3 If both the committee chair and vice chair are absent then the members of the committee will select a chair for that meeting from the members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the ICB.

7. Register of Interests

7.1 The Register of Interest will be reviewed at each committee meeting.

7.2 All members or attendees at the Committee are required to declare potential or actual conflicts of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed.

8. Frequency of meetings

8.1 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities, this will normally, but not exclusively, be monthly.

8.2 The committee has agreed that in the interest of expediency, or when there are few items to be discussed, that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Secretary for purposes of transparency and recording. Where a discussion is required, all members must respond, and the administrator will oversee this to ensure that all members are accounted for.

8.3 Meetings of the Committee shall be held in public, subject to the application of 23(b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

8.4 Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

8.5 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

8.6 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

8.7 Members of the Committee shall respect confidentiality.

8.8 The ICB Team will also comply with any reporting requirements set out in its constitution.

8.9 These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Reporting Arrangements

9.1 The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed

9.2 The Committee will receive reports relevant to its responsibilities from any sub-group or working group as appropriate.

10. Accountability of the Committee

10.1 The Committee is authorised to determine matters within its remit where those matters involve expenditure up to the limit delegated to the Accountable Officer under the Scheme of Delegation, relating to expenditure within the NHS. Where the expenditure involved exceeds these sums the Committee is authorised to make representations to the ICB in respect of those matters. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of any of the members, the Delegation will prevail.

10.2 The ICB has delegated the following authorities to the Committee:

Primary Medical, Primary Ophthalmic, Primary Dental

The basis of NHS England's general rule for ICB responsibility will continue to be in relation to GP registration to ensure operational continuity. At a minimum, ICB must be identified as responsible for: -everyone who is provided with NHS primary medical services -everyone who is usually a resident in England and living in the geography of the ICB, even if they are not provided with NHS primary medical services.
ICB will have regard to NHS England guidance on the discharge of their functions.
ICB and NHS England to make arrangements for the provision of primary ophthalmic services. NHS Act 2006 Section 116A Schedule 3(1), para 30

ICB must publish information about such matters as may be prescribed in relation to primary ophthalmic services. NHS Act 2006 Section 116B Schedule 3(1), para 30
ICB must exercise its powers so as to secure the provision of primary medical services. NHS Act 2006 Section 82B Schedule 3(1), para 3
ICB may make arrangements for the provision of primary dental services. NHS Act 2006 Section 99A Schedule 3(1), para 15
ICB and NHS England must publish information about such matters as may be prescribed in relation to the primary dental services. NHS Act 2006 Section 99B Schedule 3(1), para 15

11. Administration

11.1 The Committee and its sub-groups shall be supported administratively by its Administrator. Their duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation, and circulation of papers in good time
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Arranging meetings for the Chair
- Advising the Committee on pertinent issues/areas of interest/policy developments
- Advising the Auditor Panel on pertinent issues/areas of interest/policy developments
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Providing appropriate support to the Chairperson and Committee Members

11.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members.

- Maintain a log of summary written reports provided to ICB from formal meetings.

12. Review

12.1 The Committee will review its effectiveness at least annually.

12.2 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END

Quality and Performance Committee

Terms of Reference

1. Constitutional Obligations

1.1. The Devon Integrated Care Board (ICB) hereby resolve to establish a Committee of the ICB known as the Quality and Performance Committee (committee). The Committee is established in accordance with NHS Devon ICB Constitution, Standing Orders and Scheme of Delegation and to support assurance of quality functions.

1.2. These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

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

2. Purpose & Responsibilities

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

2.3. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care. The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

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3.1 The Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

3.2 The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

4. MEMBERSHIP AND ATTENDANCE

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

4.2 The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

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

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

Chair and vice chair

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

4.6 If a Chair has a conflict of interest then the co-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Members

- Non Executive Member – who leads on quality (Chair)
- Non Executive Member (Deputy Chair)
- ICB Chief Nursing Officer
- ICB Chief Medical Officer

- 2 x Non Executive members with lived experience (e.g. Healthwatch, patient safety partners)
- Other representatives (1 acute provider representative, 1 primary care representative, 1 local authority lead).

5. MEETING QUORACY AND DECISIONS

5.1 The Committee shall meet on a monthly basis (to be determined by the ICB). Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

6. Quoracy

6.1 There will be a minimum of two Non-Executive Members, plus at least the Chief Nursing Officer or Chief Medical Officer, one provider representative and one Local Authority representative.

6.2 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.

Decision making and voting

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

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

6.5 Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

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

7. RESPONSIBILITIES OF THE COMMITTEE

7.1 The responsibilities of the Quality Committee will be authorised by the ICB Board.

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7.2 It is expected that the Quality Committee will:

- Seek and receive assurance that there are robust processes in place for the effective management of all elements of quality (safety, effectiveness, positive experience, well-led and sustainable, and equitable)
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Seek assurance from the Executive Quality Group on the ICB key statutory requirements
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites.
- Oversee monitoring and reporting of methods of measurement defined by the ICS IQPR of national and local priorities relevant to the delivery functions of the wider Devon System.
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes
- Seek assurance that appropriate mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report)

- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (eg System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc)
- To maintain oversight and scrutiny of the Continuing Health Care Service for adults, Individual Placements Team and children's continuing health care.
- To maintain oversight and scrutiny of quality within Primary Care and the nursing/residential care sector
- To maintain oversight and scrutiny of the quality of local maternity services

8. ACCOUNTABILITY and REPORTING ARRANGEMENTS

8.1 The Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

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

8.3 The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

9. BEHAVIOURS AND CONDUCT

ICB values

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9.1 Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

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

10 . DECLARATIONS OF INTEREST

10.1 All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

11. SECRETARIAT AND ADMINISTRATION

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

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

12. REVIEW

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12.1 The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

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

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

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Finance Committee
Terms of Reference

1. Constitutional Obligations

1.1 The ICB hereby resolve to establish a Committee of the ICB known as the Finance Committee

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

2. Purpose & Responsibilities

2.1 The Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board for matters relating to:

- system resources allocation to move towards equitable financial distribution and support the reduction of health inequalities and improve population health
- performance against strategic plans and strategic financial performance:
- performance and delivery through Locality Care Partnerships.
- Efficiency, productivity and value for money in the use of resources across the ICB footprint;
- Financial performance of the ICB;
- Financial performance of NHS organisations within the ICB footprint.

2.2 The Committee will also make decisions on key strategic and financial issues as set out in the Terms and Reference and delegated by the ICB Board

2.3 NHS England and NHS Improvement have outlined the role of the ICS in the delivery of integrated care in the paper 'Integrating care: Next steps to building strong and effective integrated care systems across England'. The ICS's role is to serve four fundamental purposes:

- improving population health and healthcare;
- tackling unequal outcomes and access;
- enhancing productivity and value for money;

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- helping the NHS to support broader social and economic development.

2.4. The 2021/22 Operational Planning Guidance sets out the headline requirements for all ICSs from July 2021, including the collective management of system resources and performance, clearly defined at system, place-based and organisational level. ICSs are expected to be increasingly involved in the oversight process and support of organisations in their system, in partnership with NHS England and NHS Improvement. Oversight arrangements will reflect both the performance and relative development of an ICS. The Committee will contribute to the wider System Oversight Framework held by the ICS Board, in particular with responsibility for providing the evidence for the domain "Finance and Use of Resources".

2.5 The Finance Committee will have a remit which encompasses two primary areas of responsibility.
(Part A), the Committee will receive assurance that the ICB is meeting its statutory duties and functions in relation to finance.
(Part B) the committee will receive assurance on the arrangements for system financial management and monitor delivery of system financial plans.

This balanced approach will ensure that the governance focus of the Committee spans both current performance and risk as well as strategic development and system effectiveness. Committees will have a core membership spanning both areas of its responsibility, which can be enhanced as required by the addition of co-opted attendees or participants who are invited to contribute to the debate and deliberation of the Committee. The decision on the use of co-opted attendees or participants rests with the Chair of the Committee.

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

3. Membership

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

3.2 The Committee members must include:

- Non-Executive Member of the Board who leads on Finance (Chair);
- Another Non-Executive Member (Vice Chair)
- Audit Committee Chair (NEM) (non-voting)
- Chief Financial Officer of the ICB;
- Chief Transformation and Strategic Planning Officer of the ICB;
- Director of Delivery of the ICB.
- Medical Director

3.3 Members will possess between them knowledge, skills and experience in:

- accounting;
- risk management;
- strategic and financial planning;
- technical or specialist issues pertinent to the ICB's business.

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

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

3.6 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.

3.7 The Chair may ask members to leave the meeting if this is required to effectively manage conflicts of interest.

3.8 The Chair of the Committee may co-opt any non-voting Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.

3.10 When a Committee Member is unable to attend, the chair may ask for a nominated formal deputy with sufficient authority to attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

4. Quorum

4.1 For a meeting to be quorate a minimum of 50% members is required, including the Chair or Vice Chair.

4.2. 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.

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

4.4. Decision-making and voting

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

4.4.2. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

4.4.3. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication. Where any such action has been taken between meetings, then these will be reported to the next meeting. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.

5. Register of Interests

5.1 The Register of Interests will be reviewed at each Committee meeting.

5.2 Members will be asked by the Chair of the Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6. Frequency of Meetings

6.1 The Committee will meet at least 6 times a year. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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

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

7. Reporting arrangements

7.1 The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed.

8. Responsibilities and Statutory Functions

8.1 The remit and responsibilities of the committee are as follows:

Part A - ICB Financial Management

Overview

- Scrutinise and recommend to the ICB the five year financial plan following joint meeting with Quality and Performance and People and Culture Committees.
- to agree the strategic financial framework of the ICB and monitor performance against it;
- to have oversight of the ICB financial information systems and processes to be used for financial planning in line with the strategy and national guidance;
- to have oversight of changes to NHS and non-NHS funding regimes and ensure that plans for the use of funding available to the ICB focus on achieving the best outcomes for the local population;
- to have an awareness of national ICB level financial submissions.
- Approve the ICB Financial policies following input from Audit and Risk

Committee.

- Contract sign off in line with financial limits set out in Scheme of Reservation and Delegation
- Detailed review and recommendation to ICB of Section 75 agreements
- Active identification and review of mitigations for financial risk as set out in the Assurance Framework.
- Monitor response to internal or external audit recommendations relating to financial systems, financial planning, efficiency and productivity.
- Approval of ICB contracts for commissioning and corporate support subject to limits set out in SORD.

Financial monitoring information

- to receive assurance on the effective monitoring of the ICB in-year financial performance against plan, with consideration of relevant data and KPIs as appropriate, identifying key issues and risks requiring discussion or decision by the Board;
- to oversee and challenge the financial position and financial impacts (both short and long-term) to support decision-making;
- to be assured that all plans and reports are supported by robust activity and financial information;
- to be assured that there is robust financial and activity modelling to support the ICB priority areas;
- be assured that appropriate information is reported to manage financial issues, risks and opportunities across the ICB;
- to consider and comment on strategic risks on the corporate risk register.

Performance

- to be assured that monitoring is in place to support the management of the system financial target and the ICB 's own financial targets;
- to agree key outcomes of the ICB financial strategy;
- to scrutinise and report to the Board key service performance which should be taken into account when assessing the financial position.

Capital

- to receive assurance on the ICB estates strategy and plan to ensure it properly balances clinical, strategic and affordability drivers;
- to receive assurance that the estates plan is built into system financial plans;
- to maintain effective oversight of future prioritisation and capital funding bids.
- Scrutinise and recommend to the ICB all business cases for capital in excess of £2m

- Scrutinise and approve all business cases for capital between £0.5m and £2m

Procurement

- To recommend the procurement strategy for onward approval by ICB
- To approve the annual procurement plan
- Develop and review procurement policies and procedures for approval by ICB
- Approve decisions to procure through open tender or other approved processes for services with a value in excess of £2m including arrangements for management and contract award.

Part B – System Financial Management

Resource Allocation

- to recommend to the ICB proposals to allocate resources where appropriate across ICS partners to address finance and performance related issues that may arise;
- to consider all major and material investment/disinvestment service changes or efficiency schemes prior to submission to the Board for approval where appropriate.
- Improve population health and healthcare delivery by making recommendations for the prioritisation of resources to support improvement in health outcomes and increased efficiency and value for money of the delivery of healthcare across the ICS;
- Support the ICS objective of tackling unequal outcomes and access by ensuring that resources are prioritised to support programmes that reduce health inequalities and / or increase social justice and health equity;
- Support the ICS to support broader social and economic development, by making recommendations for the use of resources aligned to national priorities and the strategic objectives as set out through the integrated care partnership;
- to agree the proposed process regarding the deployment of system-wide transformation funding, noting the additional responsibilities and freedoms to manage system transformation funds should the ICS move into domain 1 following SOF assessment and rating.

Enhance Productivity and Value for Money:

- Assure the delivery of enhanced efficiency, productivity and value for money through the application of rigorous management of resources, prioritisation and benefits realisation approaches;

- Assure that financial resources are used in an efficient way to deliver the objectives of the ICS;
- to receive exception reports on any material breaches of the delivery of agreed efficiency improvement plan including the adequacy of proposed remedial action plans.

Financial monitoring information

- oversee the development of an approach with partners, including the ICB health and care partnership, to ensure the relationship between cost, performance, quality and environment sustainability are understood;

- to be assured that the system has developed a medium- and long-term financial plan which demonstrates ongoing value and recovery;
- to have oversight of the financial position of ICS partners, and how this relates to the system control total to ensure that we achieve the best financial outcome for the system;
- To have oversight of delivery against system savings plans
- to receive in year financial performance reports from ICS partners which are based on common approaches, estimates and judgements.
- Receive and review the system financial report including
    - Financial position
    - Efficiencies
    - Productivity
    - Capital
    - Workforce spend (agency, bank, substantive)

Capital

- to have oversight of the system estates and digital strategies and plan to ensure they properly balance clinical, strategic and affordability drivers;
- to scrutinise the system capital programme against the capital envelope and consider actions that need to be taken to ensure that it is appropriately and completely used;
- to maintain effective oversight of future prioritisation and approval of capital funding bids.
- Ensure that plans for capital schemes are aligned and delivering productivity and efficiency benefits.

9. Administration

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9.1 The Committee and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend highlighting any concerns to Chair (including interests of members that may conflict with an agenda item)
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Maintaining records of Members appointments and renewal dates
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Providing appropriate support to the Chairperson and Members

9.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to ICB from formal meetings.

10. Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

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People and Culture Committee
Terms of Reference

1. Constitutional Obligations

1.1 The ICB (Integrated Care Board) hereby resolve to establish a Committee of the ICB Board known as The People and Culture Committee.

1.2 These terms of reference set out the Membership, remit, responsibilities, and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

2. Purpose & Responsibilities

2.1 The purpose of the People and Culture Committee is to provide strategic direction, assurance and oversight of strategic people issues, inclusion, and organisational development, identifying key issues and risks requiring discussion or decision by the ICB Board.

2.2 The People and Culture Committee is authorised by the Board to create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members.

2.3 The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and SoRD but may /not delegate any decisions to such groups.

3. Membership

The core Membership of the Committee shall be:

The following Members have voting rights:

- ICB Non-Executive Member (Chair)
- ICB Non-Executive (Deputy Chair)
- ICB CEO
- ICB Primary care lead
- Provider Organisation CEO
- LA Lead CEO
- Director of Strategic Workforce
- Director of Communications, HR, Governance and IT

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To enable collaborative working in its truest form, the Committee members, or their nominated deputies, will be system representatives from both health and care
Attendees do not have voting rights and will attend the Committee by invitation.
The Chair of the Group may co-opt any specialty or subject matter expertise representation as appropriate and particularly, when the Group is discussing areas of risk or operation that are the responsibility of that attendee.
Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

4. Quorum

4.1 A quorum of the People Board shall be a minimum of 4 and will be dependent on agenda items. This will include at least one non-executive.

4.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of independent Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

4.3 People invited to attend, or those in attendance to the Committee do not have the right to vote.

5. Register of Interests

5.1 The Register of Interests will be reviewed at each meeting.

5.2 Members will be asked by the Chair of the People and Culture Committee to declare any interests at the beginning of each meeting. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6. Frequency of Meetings

6.1 The People and Culture Committee must consider the frequency and timing of meetings needed to allow it to discharge all its responsibilities and will meet at least quarterly.

6.2 The meeting of the People and Culture Committee may be as a committee on its own or together with other assurance Committees of the ICB Board.

7. Reporting arrangements

7.1 The People and Culture Committee will report directly to the ICB Board and will also report a summary of its activities to the Regional People Board at regular intervals determined through the People and Culture Committee forward planner.

7.2 The Committee Chair shall report formally to the ICB Board on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB Board. The Committee shall make recommendations to the ICB Board on any area within its remit where action or improvement is needed.

7.3 The Committee is authorised by the ICB to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

7.4 The Executive Workforce (People Plan) Group will report into this committee, and may include the following but is not limited to:

- **looking after our people** – with quality health and wellbeing support for everyone
- **belonging in the NHS and social care** – with a particular focus on tackling the discrimination that some staff face
- **new ways of working and delivering care** – making effective use of the full range of our people's skills and experience
- **growing for the future** – how we recruit and keep our people, and welcome back colleagues who want to return.

8. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

8.1 The ICB Board has delegated the following authorities to the Committee:

- Recommend the approval of the workforce strategy
- Approve Annual People Plan Priorities.
- Recommend approval of the annual workforce and education plans to the ICB Board.
- Provide assurance and identify areas of risk, together with assurance on mitigation of these risks, to report and escalate to the ICB Board at regular intervals.
- Provide assurance that the ICB and wider system are taking appropriate and sufficient action to recruit and maintain a diverse workforce

9. Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Records of members' appointments and renewal dates and the Committee is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Committee.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

Review

- The Committee will review its effectiveness at least annually.
- These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the ICB Board for approval.

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Devon ICB Senior Executive Team
Terms of Reference

1. Constitutional Obligations

1.1 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Senior Executive Team (SET)

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

1.3 All management functions of the ICB (with the exception of those delegated to individuals or another committee or reserved to the Governing Body) are delegated to the SET for day to day management and delivery. The SET will make recommendations on delivery of strategy and commissioning plans and take day to day decisions on performance management and risk management to provide robust assurance to ICB Board

2. Purpose & Responsibilities

2.1 Promote the values of the ICB and create an organisation-wide culture, which enables clinicians, managers and staff to work, both in partnership and individually, to effectively deliver safe and high-quality services.

- Provide effective leadership and direction to the work of the ICB, coordinating and directing the operations of the ICB in accordance with the strategic direction set by the ICB Board, ensuring delivery on behalf of the ICB Board
- Deploy the resource of the organisation effectively and efficiently to deliver the strategies and plans of the organisation
- Oversee the operational commissioning and contracting of healthcare for the Devon population
- Ensure that the ICB takes appropriate steps to meet all its statutory duties and meets legislative requirements and regulatory guidance.
- Maintain oversight of programmes supporting the development and implementation of strategy, performance, quality and enabling work programmes such as workforce, digital and estate

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- Maintain oversight of the governance and architecture arrangements for the ICB.
- Consider and prepare an appropriate response to external and internal reviews, making recommendations to the relevant committee or ICB Board
- Support robust clinical and corporate governance across the ICB
- Review and discuss the implications and implementation of key policy documentation issued by NHSE, DH and other statutory authorities and make recommendations to ICB Board or other committees.
- Ensure that the organisation has appropriate systems in place to support partnership working across the ICB and obtain the appropriate advice and professional expertise in healthcare and public health.
- Provide oversight and delivery of risk management arrangements including a review of the CCG's risk register, ensuring any agreed actions are completed.
- Oversee NHSE assurance planning and responses
- Take decisions and action on any other appropriate matter within the delegated authority of its individual members.

3. Membership

The meeting will be chaired weekly by the ICB Chief Executive and its membership includes:

Chief Executive Officer
Chief Medical Officer
Chief Finance Officer
Chief Nursing Officer
Chief Delivery Officer
Chief Transformation and Strategic Planning Officer
Chief Communications and Corporate Affairs Officer
Director of Workforce Strategy
Director of Commissioning, elective and urgent care
Director of Commissioning, primary, community and mental health care
Director of Finance Operations
Director of Digital
Chief of Staff

The Chair of the Committee may co-opt any non-voting Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.
Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place by approval from the Chair (CEO). Deputies will have the decision making and voting rights of the person he/she is representing.

4. Register of Interests

4.1 Executives and any attendees will be asked to declare any new interests at the beginning of each meeting. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

5. Frequency of Meetings

5.1 The ICS Executive Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

6. Reporting arrangements

6.1 The Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed.

6.2 Accountable to the ICB and ICP

6.3 SET will report to the ICB and ICP on the performance of its duties as reflected within these ToRs at each meeting of these groups

6.4 Delegated decision making will be afforded through officer powers of individual members and any decisions documented and form part of the Chairs report for visibility to the ICB.

6.5 The Group Operates on the basis of consensus decision-making. The Chair will promote this model of working

7. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

7.1 The ICB has delegated the following authorities to the Committee:

• Consider and prepare an appropriate response to external and internal reviews, making recommendations to the relevant committee or ICB Board
• Ensure that the organisation has appropriate systems in place to support partnership working across the ICB and obtain the appropriate advice and professional expertise in healthcare and public health.
• Provide oversight and delivery of risk management arrangements including a review of the CCG's risk register, ensuring any agreed actions are completed
• Oversee NHSE assurance planning and responses
• Maintain oversight of the governance and architecture arrangements for the ICB

8. Administration

8.1 The committee and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend highlighting any concerns to Chair (including interests of members that may conflict with an agenda item)
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Maintaining records of Members appointments and renewal dates
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Providing appropriate support to the Chairperson and Members

9.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members.
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to ICB from formal meetings.

10. Review

SET will review its effectiveness at least annually.

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

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ICS Executive Committee
Terms of Reference

1. Constitutional Obligations

1.1 The ICB hereby resolve to establish a Committee of the ICB known as the ICS Executive Committee.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

2. Purpose & Responsibilities

2.1 Acts as the Executive arm of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) to support development of the system wide vision and strategy, and to oversee and support the delivery of a prioritised programme portfolio that enables the strategy.

Provides a forum for Senior Leaders from each health and social care partner organisation to plan and deliver on strategic health priorities which require collaborative working across the ICS footprint.

Acts as a point of coordination by facilitating a maturing of relationships and integrated working between partners, building on work carried out in each Locality and collaborative health groups.

Leads the development of the Integrated Care System (ICS) through the transition process and agree plans for further development post-establishment.

2.2 Responsibilities;

- Ensure that there is co-ordinated and dedicated senior leadership focussed on the delivery of the ICS strategic priorities
- Ensure participation and support from all partner organisations in the ICS
- Provide Leadership accountability to all programmes of work across ICS

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- Make strategic recommendations to the ICB and other groups on direction, pace, resourcing and variance against plan/benefit outcomes

- Ensure that the delivery of the operational plan is supported by robust risk management arrangements by receiving update reports and monitoring mitigating actions.

- To agree the overall system configuration, design and collaborative planning processes and agree changes as this develops. This is for recommendation to the ICB, ICP, individual organisations and regulators

- Oversee delivery of the ICS vision and objectives, providing delegated system-wide decisions, guidance and support to the ICS workstreams and programmes and securing the resources to deliver the operational plan and meet standards

- Oversee the development of a set of system-wide strategies which are fit to deliver the ICS objectives, for approval by the ICB.

- Agree workstream boundaries in terms of time, cost, scope and quality and coordinate across workstreams.

- Agree the level of programme management support for each programme

- Receives updates, risk reports and escalations from ICS programmes and projects to ensure achievement against agreed deliverables and outcomes

- Monitor delivery of the ICS plan at the strategic level agreeing corrective measures and proposals and providing assurance to the ICB Board on progress.

- Ensures that all service change is supported by appropriate involvement and engagement with communities.

- Oversee the ICS development plan and provide leadership to all processes required for establishment of the new organisation and associated structures.

- Recommend decisions as appropriate to the ICB and NHSE/I.

3. Membership

The core Membership of the Committee shall be:

• Chief Exec ICSD (Chair) • ICB Executive Directors • ICB Partner Members (Provider/Foundation Trusts, Local Authority, Primary Care, Population Health) • Chairs of ICS Executive Groups (Strategy and Transformation, Delivery, Workforce, Finance and Quality) • Clinical Leads of ICS Executive Groups • Chairs of LCPs
The Chair of the Committee may co-opt any non-voting Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.
Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

4. Register of Interests

4.1 The Register of Interest will be reviewed at each ICS Executive Committee meeting.

4.2 Members will be asked by the Chair of the ICS Executive Committee to declare any interests at the beginning of each meeting. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

5. Frequency of Meetings

5.1 The ICS Executive Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

6. Accountability and Reporting arrangements

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6.1 Accountable to the ICB and ICP

The ICSEC will report to the ICB and ICP on the performance of its duties as reflected within these ToRs at each meeting of these groups

The following groups will provide regular reports including risk management and escalations to the ICS Executive Committee

- Executive Strategy and Transformation Group
- Executive Delivery Improvement Group
- Executive Workforce (People Plan) Group Board
- Executive Quality and Oversight Group
- Executive Finance Group

Delegated decision making through officer powers of individual member

Operates on the basis of consensus decision-making. The Chair will promote this model of working.

7. Administration

7.1 The ICS Executive Committee will meet monthly

Administration by the office of the Chief Executive of the ICS

Formal minutes of the meetings will be recorded and will normally be confirmed as accurate at the next meeting of the group

8. Review

These Terms of Reference will be reviewed by the ICB and ICP not later than 31st September 2022.

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Local Care Partnership (LCP) Oversight Committee
Terms of Reference

1. Constitutional Obligations

1.1 The ICB hereby resolve to establish a Committee of the ICB known as the Local Care Partnership (LCP) Oversight Committee.

1.2 These terms of reference set out the Membership, remit, responsibilities, and reporting arrangements of the Committee and shall have effect as if incorporated into the ICB Constitution and standing orders.

2. Purpose & Responsibilities

2.1 Place-based partnerships are a critical component of statutory Integrated Care Systems (ICS) as set out in the Health & Care Act 2022. In the Integrated Care System for Devon - "One Devon" – our five place-based partnerships are defined as Local Care Partnerships:

- East LCP
- North LCP
- Plymouth LCP
- South LCP
- West LCP

2.2. All our LCPs are a collaboration of planning and delivery partners across health, local authorities, the third sector, and wider community, who take collective responsibility for improving the health and wellbeing of residents within their place-based locality.

2.3. The LCP Oversight Committee will oversee the rapid development of our five LCPs in alignment with the Integration White Paper, *"Joining up care for people, places and populations",* and support them to:

- Improve health and wellbeing of their communities and tackle inequalities
- Consistently provide high quality services that remove unwarranted variation in outcomes
- Achieve national standards and / or targets across the LCP
- Effectively utilise the available financial allocation and resources across the LCP

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2.4. The **purpose** of the LCP Oversight Committee is to:

- Provide leadership, oversight, and senior strategic advice to support the rapid development of Local Care Partnerships in Devon
- Empower Local Care Partnerships to deliver solutions that meet the needs of their communities by providing a framework within which to operate where appropriate
- Maintain a close relationship with other ICB Committees (for example, the Provider Collaborative Committee) identifying interdependencies and reducing duplication where possible
- Ensure that agreed programmes of work are being delivered effectively, reviewing any specific reporting by exception.

2.5. The **responsibilities** of the LCP Oversight Committee include:

- Working collaboratively with the LCP leadership teams to define LCP functions and activities, including where work is done best across the system
- Setting out an agreed gateway process by which LCPs may be conferred with delegated authority and resource from the ICB
- Agreeing how enabling resource (e.g. Data and Business Intelligence) may be accessed by LCPs to support their development, and delivery of their priorities
- Ensuring effective and safe governance arrangements are established in each LCP
- Maintaining oversight of LCP development across Devon. This will inform decisions relating to 'at scale' planning and ensure compliance with national guidance on the development of place-based partnerships.
- Maintaining effective communication about LCP development across Devon with all relevant partners across the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

3. Membership

The core Membership of the Committee shall be:

- [Name TBA] (Chair) - Chief Delivery Officer, Devon Integrated Care Board
- Lou Higgins – Acting Director, East and North LCPs
- Anna Coles – Director, Plymouth LCP
- Derek Blackford - Director, South LCP
- Emma Herd – West LCP
- ***Each LCP will also field either the Chair or Vice Chair of their LCP Executive***

The following Members have voting rights: ▪ [Name TBA] (Chair) - Chief Delivery Officer, Devon Integrated Care Board ▪ Lou Higgins – Acting Director, East and North LCPs ▪ Anna Coles – Director, Plymouth LCP ▪ Derek Blackford - Director, South LCP ▪ Emma Herd – West LCP ▪ Attending Chairs or Vice Chairs
The Chair of the Committee may co-opt any non-voting Clinicians, Executive or Managing Directors, nominated deputies and lead managers as appropriate and particularly, when the Committee is discussing areas of risk or operation that are the responsibility of that attendee.
Note: When a Committee Member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

4. Quorum

4.1 For the LCP Oversight Committee to be considered quorate at least 75% of the membership needs to be in attendance, one of whom will be the Chair.

4.2 A decision put to a vote at the meeting shall be determined by a majority of the votes of independent Members present. In the case of an equal vote, the Chair of the Committee shall have a second and casting vote.

4.3 People invited to attend, or those in attendance to the Committee do not have the right to vote.

4.4 If the Committee Chair is absent then the Members of the Committee will select a chair for that meeting from the voting Members present – this will be overseen by the most senior officer responsible for governance as the Chair needs to be an independent representative of the ICB.

5. Register of Interests

5.1 The Register of Interest will be reviewed at each LCP Oversight Committee meeting.

5.2 Members will be asked by the Chair of the LCP Oversight Committee to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6. Frequency of Meetings

6.1 The LCP Oversight Committee will meet bi-monthly from July 2022 – March 2023, at which point its effectiveness will be reviewed.

7. Reporting arrangements

7.1 The Committee Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Committee shall make recommendations to the ICB on any area within its remit where action or improvement is needed.

8. Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

8.1 The ICB has delegated the following authorities to the Committee:

• TBC
•
•
•
•
•

9. Administration

9.1 The Committee and its subgroup shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees

- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend highlighting any concerns to Chair (including interests of members that may conflict with an agenda item)
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Maintaining records of Members appointments and renewal dates
- Ensuring that action points are taken forward between meetings
- Ensuring that Committee Members receive the development and training they need.
- Providing appropriate support to the Chairperson and Members

9.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the Committee adheres to the required frequency of attendance by Members
- Maintain a decisions log of reporting arrangements into each formal meeting of the Committee from sub-committees and follow up with chairs of sub-committees as appropriate.
- Maintain a log of summary written reports provided to ICB from formal meetings.

10. Review

10.1 The Committee will review its effectiveness at least annually.

10.2 It is anticipated that as the LCPs mature there may be an opportunity for the LCP Oversight Committee to be stood down in order that each LCP Locality Executive Committee becomes a formal committee of the ICB, with commensurate delegated authority.

10.2 These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END

Clinical and Professional Cabinet
Terms of Reference

1. Constitutional Obligations

1.1 The ICB hereby resolve to establish an advisory group of the ICB known as Clinical and Professional Cabinet.

1.2 These terms of reference set out the Membership, remit, responsibilities and reporting arrangements of the group and shall have effect as if incorporated into the ICB Constitution and standing orders.

2. Purpose & Responsibilities

2.1 Clinical and Professional Cabinet (CPC) will be a formal part of the assurance and decision making process of the ICS. It will be co-chaired by the ICS CNO and CMO and the membership will consist of the senior clinical and professional leads of the ICS and representation from each LCP in order to achieve diverse and system focussed clinical and professional expertise rather than organisational representation.

2.2 Its key responsibilities will be to ensure that ICS strategy and plans are clinically and professional practice driven, that there is adequate clinical and professional engagement and that clinically or best practice informed key decisions continues beyond the lifetime of CCG Governing Bodies.

2.3 The purpose of the clinical and professional cabinet is to make recommendations to the ICB Executive and:

1) Oversee mechanisms and infrastructure for clinical and professional engagement and review effectiveness (at system and local level) as set out in the Devon ICS Clinical and Professional Leadership Framework April 2022
2) Act as a single point of contact for clinical and professional advice and recommendations on priorities to the ICB, ICP and ICE Executive Committee and co-ordinate inputs to all workstreams
3) Ensure that system strategies and proposals for service change are supported by evidence of good clinical and professional practice (including ICS workstreams)
4) Ensure that system strategies and proposals for service change will contribute to the reduction of Health Inequalities and improvement of population health
5) Ensure organisational clinical and professional commitment to system plans
6) Oversee robust processes for approval of clinical and professional policies and clinical and professional effectiveness

Version:	Date Approved:	Author: Head of Governance
Date:	Approved by:	
Date of Review:		
Pathname:		

3. Membership

The core Membership of the Cabinet shall be:

The following Members have decision making rights:

- Chief Medical Officer ICB – Chair
- Chief Nursing Officer ICB – Chair
- Medical Directors (service providers)
- Directors of nursing (service providers)
- Clinical/Care Professional LCP leads
- Principle social worker(s)
- AHP lead(s)
- Pharmacy lead(s)
- Midwifery lead(s)
- Primary care clinical lead planned care
- Primary care clinical lead urgent care
- Primary care clinical lead
- 1 GP representative for each locality (LCP)
- Director of Public Health (rep)
- Clinical Leads of each Executive Group x5
- Healthwatch Representative

Due to the important role of the Committee in providing advice and support to the ICB and Partner organisations it is important that members contribute to fully to meetings. The arrangements below should be followed if members are unable to attend:

When a member is unable to attend, a nominated formal deputy with sufficient authority should attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

When it is not possible to send a suitable deputy a written contribution may be made to the Chair. This contribution will be considered by those present at the meeting and documented in the output of the meeting including any recommendations.

The Chair of the group may co-opt any non-voting Clinicians, Executive or Managing Directors and lead managers as appropriate and particularly, when the

group is discussing areas of risk or operation that are the responsibility of that attendee. **Any attendees do not have decision making rights**

4. Quorum

4.1 A quorum of the group shall be 5 members include one of the Chairs.

4.2 Decisions will be made by consensus. Where differences of opinion are expressed these will be fully recorded in the minutes of the meeting and recommendations to the ICB Board or other committees

5. Register of Interests

5.1 The Register of Interest will be reviewed at each Cabinet meeting.

5.2 Members will be asked by the Chair of the Cabinet to declare any interests at the beginning of each meeting. If a Member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

6. Frequency of Meetings

6.1 The Cabinet must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

7. Reporting arrangements

7.1 The Cabinet Chair shall report formally to the ICB on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the ICB. The Cabinet shall make recommendations to the ICB on any area within its remit where action or improvement is needed.

8. Statutory Functions, Cabinet Oversight and KPIs (Internal Monitoring)

8.1 As a principle, ICS Devon will ensure that key items for consideration at the Board will have already been presented to the CPC who will provide assurance on firstly whether

sufficient clinical and professional input has occurred in the planning and design process and secondly give a senior clinical and professional opinion on the decisions the Board is required to make

9. Administration

9.1 The Cabinet and its sub group shall be supported administratively by its Administrator his or her duties in this respect will include:

- Agreement of agendas with the Chair and attendees
- Preparation, collation and circulation of papers in good time
- Ensuring that those invited to each meeting attend
- Taking the minutes and helping the Chair to prepare reports to the ICB
- Keeping a record of matters arising and issues to be carried forward
- Maintaining records of Members appointments and renewal dates
- Advising the Cabinet on pertinent issues/areas of interest/policy developments
- Ensuring that action points are taken forward between meetings
- Providing appropriate support to the Chairperson

9.2 Following each meeting, the Administrator will:

- Maintain an attendance log and follow up as appropriate after each meeting to ensure the cabinet adheres to the required frequency of attendance by Members.
- Maintain a decisions log of reporting arrangements into each formal meeting of the cabinet and follow up with chairs of sub-groups as appropriate.
- Maintain a log of summary written reports provided to ICB from formal meetings.

10. Review

The Cabinet will review its effectiveness at least annually.

These Terms of Reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of references will be submitted to the Board for approval.

END

Version:	Date Approved:	Author: Head of Governance
Date:	Approved by:	
Date of Review:		
Pathname:		

NHS Devon Integrated Care Board (ICB) meeting

One Devon Integrated Care Partnership Founder Member

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)
Integrated Care Systems have two statutory components; the Integrated Care Board and the Integrated Care Partnership (ICP). The ICP is a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. ICPs will a) be required to be established in every system; b) have a minimum membership required in law (the ICB and Local Authorities) and c) will be tasked with producing an integrated care strategy for their area. The Integrated Care strategy will address the broad health and social care needs of the population including

determinants of health such as employment, education, environment and housing issues. ICBs and Local Authorities will be required by law to have regard to the Integrated Care Strategy when making decisions, commissioning and delivering services.

The ICB has led a process of co-production with a wide range of stakeholders to agree how the ICP will work and, most importantly, how it will continue to involve and engage with a network of the organisations and individuals across the county. The ICP is being co-chaired on an interim basis by Sarah Wollaston NHS Devon) and Councillor James McInnes (Devon County Council) and formal governance arrangements are being developed

The ICB and each of the Local Authorities are asked to nominate a founder member to be a part of the ICP. It is proposed that Jane Milligan (CEO NHS Devon) is nominated as the ICB founder member on the ICP.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB is asked approve Jane Milligan as the ICB's founder member on the One Devon Integrated Care Partnership

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	The Integrated Care Strategy will aim to improve the health and care outcomes and experiences for the population for which all partners will be accountable.	
Health inequalities	The Integrated Care Strategy will address the determinants of health.	

Workforce	ICBs and Local Authorities will be required by law to have regard to the Integrated Care Strategy when making decisions, commissioning and delivering services.	
Resources and finance	ICBs and Local Authorities will be required by law to have regard to the Integrated Care Strategy when making decisions, commissioning and delivering services.	
Legal	ICBs and Local Authorities will be required by law to have regard to the Integrated Care Strategy when making decisions, commissioning and delivering services.	
Engagement and consultation	The Integrated Care Partnership will be the most important forum for joint working across health and social care and will ensure engagement with population.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Standing Financial Instructions

Date of committee		Date report produced
01 July 2022		20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)
The ICB is required to fulfil its statutory duty to carry out its functions effectively, efficiently and economically. The Standing Financial Instructions (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. 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.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB Board are asked to review and approve the Standing Financial Instructions.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services		
Health inequalities		
Workforce		
Resources and finance	The SFIs will support to enhance productivity and value for money and help the NHS support broader social and economic development.	
Legal	The SFIs will ensure that the ICB is compliant with statutory and regulatory guidance.	
Engagement and consultation		

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds

of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

NHS Devon Integrated Care Board Standing Financial Instructions

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, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England is 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.

Contents

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; and
- conforming to the requirements of these SFIs

3.2 Accountable Officer

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

3.2.2 The chief 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)
- meeting the financial targets set by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance statement and annual accounts & reports are signed;
- ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and
- the chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

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

4.1.4 In addition, the chief financial officer should have financial leadership responsibility for the following statutory duties:

- the duty of the ICB to perform its functions as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and

- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.1.5 The 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) 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 existing Shared Services provider; and

- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks;

5.2 Banking

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

5.2.2 The chief financial officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and

- the ICB has effective cash management policies and procedures in place.

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; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The chief 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; and
- where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

7.1.1 The chief 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.

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

7.1.9 Retrospective expenditure approval should not be encouraged. 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; and
- overseeing delivery of human resource services to ICB employees.

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

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

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

9. Annual reporting and Accounts

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; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;

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

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

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

9.1.4 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 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); and
- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10. Losses and special payments

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

10.1.2 The 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 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Assurance Committee.

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

11. Fraud, bribery and corruption (Economic crime)

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

11.1.2 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 and Risk Assurance Committee and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

11.1.3 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 .

12. Capital Investments & security of assets and Grants

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; and
- for every capital expenditure proposal, the chief financial officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

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; and
- 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; and
- complies with NHS England policies and directives and with this guidance

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; and
- to a voluntary organisation, by way of a grant or loan.

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

13. Legal and insurance

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

- engagement of solicitors / legal advisors;
- approval and signing of documents which will be necessary in legal proceedings; and
- Officers who can commit 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.

Queries: England.assurance@nhs.net

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Standards of Business Conduct Policy

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)

The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following three public service values which are central to the work of the ICB.

- Accountability – everything done by those who work in the NHS must be able to stand all tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct
- Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in

decisions affecting patients, officers, members and suppliers, and in the use of information acquired in the course of NHS duties

- Openness – there should be sufficient transparency about NHS activities to promote confidence between the ICB and its staff, patients and public.

The NHS Devon ICB Standards of Business Conduct policy seeks to describe the public service values which underpin the work of the NHS and to reflect the current guidance and best practice to which all individuals within NHS Devon Integrated Care Board (the ICB) must have regard about their work for the ICB.

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB members are asked to approve the policy for adoption.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	The policy will ensure all employees are able to support to improve outcomes in population health and healthcare	
Health inequalities	The policy will ensure all employees are able to support to tackle inequalities in outcomes, experience and access	
Workforce	The policy will ensure all employees are able to support to enhance productivity and value for money	
Resources and finance	The policy will ensure all employees are able to support to enhance productivity and value for money and help the NHS support broader social and economic development.	

Legal	ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation	
Engagement and consultation	The policy will ensure all employees are able to support to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, help the NHS support broader social and economic development.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Standards of Business Conduct policy

NHS Devon Integrated Care Board

Owner(s):	Directorate Contact Details: D-ICB.governance@nhs.net	
Approved by:	Date of formal approval	Review Date: July 2023
Date Issued:		Version 1
All policies are held centrally by Governance: d-ICB.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1	01.07.22	New Policy

Equality, diversity and inclusion statement

NHS Devon Integrated Care Board is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184
County Hall
Topsham Road
Exeter EX2 4QL

Contents		
Section	**Title**	**Page**

1. Introduction

1.1 This policy seeks to describe the public service values, which underpin the work of the NHS and to reflect the current guidance and best practice to which all individuals within NHS Devon Integrated Care Board (the ICB) must have regard about their work for the ICB.

1.2 This policy includes specific requirements relating to the Bribery Act 2010 which came into force in July 2011 and NHS England: Managing Conflicts of Interest in the NHS: Guidance for staff and organisations which provides guidance on the following:

- Definitions
- Declarations
- Management
- Transparency
- Breaches

1.3 The ICB aspires to the highest standards of corporate behaviour and responsibility.

1.4 The Code of Conduct and Code of accountability in the NHS (second revision July 2004) sets out the following three public service values which are central to the work of the ICB.

- **Accountability** – everything done by those who work in the NHS must be able to stand all tests of parliamentary scrutiny, public judgements on propriety and professional codes of conduct
- **Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers, members and suppliers, and in the use of information acquired in the course of NHS duties
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between the ICB and its staff, patients and public.

1.5 All individuals within the ICB must abide by the Seven Principles of Public Life ("Nolan Principles") as set out by the committee on Standards of Public Life and set out in the ICB constitution and Appendix A of this policy.

1.6 Additionally, to support the management of conflicts of interest, the ICB must:

- **Do Business appropriately**: Conflicts of interest are easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are adequate from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny
- **Be proactive, not reactive**: Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possibility, for instance by:
  - Considering potential conflicts of interest when electing or selecting individuals to join the Integrated Care Board or other decision-making bodies
  - Ensuring individuals received proper induction and training so that they understand their obligations to declare conflicts of interest;
  - Agreeing in advance how a range of possible conflicts of interest situations and scenarios will be handled, rather than wait until they arise.
- **Be balanced and proportionate**: Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision making is transparent and fair whilst not being overly constraining, complex or cumbersome
- **Be transparent**: Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident.

2. Scope of Policy

2.1 NHS England recommends the following principles for ICBs in relation to management of conflicts of interest:

a) Decision-making must be geared towards meeting the statutory duties of ICBs at all times, including the triple aim. Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering direct or indirect financial, personal, professional or organisational interests.

b) ICBs have been created to give trust/foundation trust, local authority, and primary medical services (general practice) provider nominees a role in decision-making. These individuals will be expected to act in accordance with the first principle, and while it should not be assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations, the possibility of actual and perceived conflicts of interest arising will remain. For all decisions, ICBs will carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not these outweigh the value of the knowledge they bring to the process.

c) The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in decision-taking need to be declared, recorded and managed appropriately.

2.2 This policy therefore applies to:

- The Board of the Integrated Care Board.
- Non-Executive Members of the ICB;
- All decision makers attending committee's or sub-groups of the ICB
- Clinical leads and clinicians working for the ICB
- The ICB's employees (whether their remit is clinical or corporate) to include employees of the wider Devon system hosted by the ICB;
- Third parties' action on behalf of the ICB under a contract (including contract for services);
- Students and trainees (including apprentices) working with the ICB;
- Agency staff engaged by the ICB;
- Volunteers; and
- Secondees.

2.2 In this policy, "third party" refers to any individual or organisation that staff may come into contact with during the course of their work for the ICB, and includes actual and potential clients, suppliers, distributors, business contacts, agents, advisers, and government and public bodies, including their advisors, representatives and officials, politicians and political parties.

2.3 All ICB staff should be impartial and honest in the conduct of their official duties and should not abuse their official position for personal gain or advantage. It is the responsibility of all staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their ICB duties or is detrimental to the performance of their ICB duties.

2.4 The standards of business conduct and managing conflicts of interest guidance defined in the NHS Constitution should be adhered to by all staff. It is therefore important that all members of staff are aware of what is expected regarding the conduct of business in the NHS. If staff require further guidance or if they have any doubt about how to proceed, they should refer the matter to the

Governance team via the following email address D-ICB.governance@nhs.net .

2.5 The guiding principle for this policy is to ensure that decisions are made in the public interest by avoiding undue influence. The definition of a conflict of interest, based on current NHS guidance, is:

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

3. ICB Constitution

3.1 All ICB staff must carry out their duties in accordance with the ICB Constitution [add in link here]. The Constitution sets out the statutory and governance framework in which the ICB operates and there is considerable overlap between the contents of this policy and the provisions of the ICB Constitution. The ICB Constitution is the main governing document under which, the ICB operates.

3.2 The ICB's staff must at all times refer to and act in accordance with the Constitution to ensure that current processes are followed. In the event of any doubt, staff should seek advice from their line manager or the Governance team.

4. Bribery and Corruption

4.1 It is the policy of the ICB to conduct all of our business in an honest and ethical manner. The ICB is committed to acting with integrity in all our business dealings and relationships and to implementing effective systems to prevent bribery. Bribery and corruption are punishable for individuals by up to ten years imprisonment and if the ICB is found to have taken part in corruption, we could face an unlimited fine and face incalculable damage to our reputation. The ICB therefore takes its legal responsibilities very seriously.

4.2 The ICB has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from the implementation of the Bribery Act 2010. Under this act, there are four main offences:

- Individuals who give, promise or offer bribes
- Individuals who request, agree to receive or receive bribes
- Individuals who bribe or offer to bribe a foreign public official
- Companies who fail to prevent bribery.

4.3 The ICB will uphold all laws relevant to countering bribery and corruption, including the Bribery Act 2010, in every aspect of our conduct, including our dealings with public and private sector organisations and the delivery of treatment and care to patients.

4.4 All ICB staff are required not to use their position to gain financial advantage. Additionally, staff who are in any way involved with approving invoices or requisitioning goods and services must make sure that they adhere to the Ethical Code of the Chartered Institute of Purchasing and Supply

4.5 Staff who are engaged in the process for awarding other contracts for services must ensure that fair and open competition (as required by NHS standing orders) applies. Staff must ensure that they do not misuse or make available internal information of a "commercial in confidence" nature (staff with concerns about disclosure of information should refer to the ICB's Freedom to Speak

Up: Raising Concerns (whistleblowing) Policy.

4.6 The Bribery Act 2010 places specific requirements on potential bidders and suppliers of contracts. Potential bidders should be referred to the ICB's Procurement Strategy.

4.7 The ICB is keen to prevent fraud and encourages staff with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. ICB staff must inform the Chief Finance Officer or Alice Lee, Alicelee1@nhs.net Local Counter Fraud Specialist immediately who will decide on the appropriate course of action to be taken. ICB staff must not ignore any suspicion and must not under any circumstances investigate the matter themselves or inform colleagues or members of the public about their suspicions.

4.8 Anonymous letters, telephone calls or e-mails are occasionally received from individuals who wish to raise matters of concern, but not through official channels. While the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The Chief Finance Officer and LCFS will make appropriate enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

4.9 ICB staff can also call the NHS Fraud and Corruption reporting line on 0800 028 40 60 or https://cfa.nhs.uk/about-nhscfa/contact-us. This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced and trained staff and any caller who wishes to remain anonymous may do so.

4.10 All ICB staff are required to read through the ICB's Anti-Fraud and -Bribery policy in conjunction with the completion of training provided by the LCFS.

5. Raising a Concern or Reporting a breach

5.1. It is the duty of every member of staff to speak up about genuine concerns in relation to criminal activity and breaches of legal obligations (including negligence, breach of contract or breach of administrative law, miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace).

5.2 The ICB has a Freedom to Speak Up: Raising Concerns (whistleblowing) Policy which sets out the arrangements for raising and handling staff concerns. The process for reporting specific concerns relating to fraud are described in the Anti-Fraud and Bribery policy and in section four of this document.

5.3 Any such breaches must be reported to the governance team and an investigation will be undertaken and reported to the Conflicts of interest guardian and line manager of the employee. Any recommendations from the investigation will be clearly documented and actioned by the line manager in accordance with the timelines allocated. Assurance will be sent to the Board Secretary who will finalise the report for the Conflicts of Interest guardian and Audit and Risk Committee. Any disciplinary action required will be discussed with HR and the line manager and the disciplinary policy will be applied.

6. Declaration of Interest

6.1. This section describes the ICB's policy in relation to the identification and management of conflicts of interest for staff. Adherence to these provisions is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the organisation

and the personal interests, associations and relationships of its staff or representative family members.

6.2. ICB staff should not allow their judgement or integrity to be compromised. They should be, and be seen to be, honest and objective in the exercise of their duties and should understand fully their terms of appointment, duties and responsibilities.

6.3. Failure to adhere to these provisions relating to the declaration of interests may result in removal from office, formal action (up to and including termination of employment) and constitute the criminal offence of Fraud and/or Bribery, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicion that a relevant personal interest may not have been declared should be reported to the ICB Board Secretary.

Examples of situations to be avoided are:

- Authorising the discharge of a patient into a nursing home in which you, your family, friend, or business acquaintance has a financial interest
- Purchasing, authorising, or persuading another ICB employee to purchase or authorise the purchase of goods or services from an organisation in which you have a financial interest
- Using the ICB's resources i.e. time or materials or NHS email address to provide private gain through a private company in which you, your family, friends, or business acquaintances have a financial interest

The ICB is required to maintain a register of interests to record formally, declarations of interest of:

All ICB employees, including:

- All full and part time staff
- Any staff on sessional or short-term contracts
- Any students and trainees (including apprentices and work placements)
- Agency workers
- Casual workers
- Joint/shared posts
- Externally Seconded staff
- Volunteers
- Any self-employed consultants
- Other individuals engaged by the ICB under a contract for services

- Any staff such as, but not limited to, general practice, local authority, SWAST or other body who are involved with ICB business or ICB decision making processes
- Members of the Integrated Care Board and Integrated Care Partnership
- All members of the ICB's committees, sub-committees/sub-groups, including:
  a) Co-opted members
  b) Appointed deputies
  c) Any members of committees/groups from other organisations including General Practice
  d) Any members of specific groups
  e) Any individual directly involved with the business or decision- making of the ICB/ICP.

6.4. It is the responsibility for the line manager to review employee's completed declaration of interests for ICB members, employees and contractors form. Any actions identified to mitigate the risk will

be discussed with the employee and line manager. Further review may be completed with the governance team if required. Positive declarations should be shared with Procurement and relevant Contract Managers.

6.5 In addition, any self-employed consultants or other individuals working for the ICB under a contract for services should make a declaration of interest as part of the ICBs HR process and in accordance with this guidance, as if they were ICB employees. Managers who agree contracts with these individuals are responsible for ensuring that a declaration of interests is made before commencement of work.

6.6 All ICB staff must declare any interest which is less than three years old, or if older, relevant (i.e. a continuing shareholding or Directorship), either on appointment or when the interest is acquired, which may directly or indirectly give rise to an actual or potential conflict of interest or duty. Interests can be captured in five different categories:

Financial Interests	**Indirect Interests**
Individual may get direct financial benefits from the consequences of a commissioning decision	Individual has a close association with an individual who has any type of interest in a commissioning decision
Examples include: • Directorship or employment in a private or public company or other organisation which is doing, or may do, business with health or social care organisations • A shareholder (more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or may do, business with health or social care organisations • A management consultant for a provider • Secondary employment • Receipt of secondary income from a provider • Receipt of a grant from a provider • Receipt of any payments (e.g. honoraria, one off payments, day allowances, travel or subsistence) from a provider • Receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role • Having a pension that is funded by a provider (where the value of this might be affected by their success or failure).	**Examples include:** • Spouse / Partner • Close relative e.g., parent, grandparent, child, grandchild or sibling • Close friend - any confusion relating to the declaration of friendship should be discussed with the Head of Governance to ensure that all declarations are appropriate (e.g. a friend who works as a checkout operator in a shop that supplies the NHS need not be declared but a contracts manager with an NHS supplier should be • Business partner • Any other relationship which may influence or may be perceived to influence the judgement of the individual (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house) • Where the individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.
Non-financial Professional Interests	**Non-financial Personal Interests**
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	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

Examples include: • An advocate for a particular group of patients • A GP with special interest e.g. in dermatology, acupuncture etc. • A member of a particular specialist professional body (routine GP membership of the RCGP, BMA or a medical defence organisation would not usually in itself amount to an interest which needs to be declared) • An advisor to for the CQC or NICE • A medical researcher	**Examples include:** • A voluntary sector champion for a provider • A volunteer for a provider • A member of a voluntary sector board or any position of authority in or connection with a voluntary organisation • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure groups with an interest in health • A financial advisor.
General Interest This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the ICB. Similarly, if you have made a declaration that you are a member of the ICB or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the ICB to ensure consistency across organisations and vice versa	

6.7 All individuals undertaking work for or on behalf of the ICB should declare details of their roles and responsibilities held within the ICB. This includes:

- Directorships, including non-executive directorships held in private companies or PLCs (Public Limited Company, with the exception of those of dormant companies)
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the ICB
- A position of authority in an organisation (such as a charity or voluntary organisation) in the field of health and social care
- Any interest that they (if they are registered with the General Medical Council - GMC) would be required to declare in accordance with paragraph 55 of the GMCs publication Management for Doctors or any successor guidance
- Any interest that they (if they are registered with the Nursing and Midwifery Council) would be required to declare in accordance with guidance. Material share holdings of companies seeing to do business with the ICB
- Any research funding or grants that may be received by the individual from the ICB or from any organisation seeking to do business with the ICB
- Contracts commissioned by the ICB in which the individual has a beneficial interest
- A member of a lobby or pressure groups with an interest in health
- Interests in pooled budgets that are under separate management (any relevant company included in this fund that has a potential relationship with the ICB)

6.8 When considering if an interest is relevant, the Financial Reporting Standard No 8 (issued by the Accounting Standards Board) specifies that influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest.

6.9 Lead Clinical Professionals who form part of the ICB's Local care partnerships should ensure that they complete the declaration form, where necessary, in Appendix B and return this to the governance team. This declaration need only highlight Directorships and employments with organisations, from whom the ICB commissions services. It is recommended that member practices should ensure that they maintain their own internal register of interests to support this requirement from NHS England.

6.10 Conflicts or declarations of interest should be given at the following points:

- **On appointment** – applicants to the ICB or its Integrated Care Board should be asked to declare any relevant interests. When appointment is made, a formal declaration of interests should again be made and recorded

- **At meetings** – All attendees should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it should be declared in meetings where matters relating to that interest are discussed.

- Where a conflict of interest is identified, appropriate action to manage this should be agreed before or at the beginning of the meeting. Advice on appropriate management may be sought from the governance team. Actions taken must be recorded in the minutes of the meeting"

- **On changing role or responsibility** – it is the responsibility of all staff to ensure that their details held on the register are up to date with the most current employment details

- **On any other change of circumstances** – whether the individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the ICB or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising

- **Annually** – as part of the PADR process, all staff should confirm if they have any conflicts of interest and fill out the appropriate declaration in Appendix B. Nil returns are required on annual basis if there are no interests to declare.

6.11 Staff should not seek or accept preferential rates or benefits in kind for private transactions carried out with companies with which they have had, or may have, official dealings on behalf of the ICB (except where schemes are introduced for the benefit of staff).

6.12 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they must make a verbal declaration before witnesses, and provide a written declaration within 28 days of a relevant event to the Governance team via the following email D-ICB.governance@nhs.net .

6.13 Such declarations will also be documented by the minute taker in the minutes of the meeting and communicated by the minute taker to the Governance team via email to D-ICB.Governance@nhs.net

6.14 Declarations over six months old and which are deemed no longer relevant need not be declared, but a transparent audit record trail will be held in line with the retention periods of the records management policy – recommendation is corporate records are held for 6 years.

6.15 All employees will be asked to review and update their declaration of interests annually via the appraisal process. This will require staff submitting their form to the governance team directly to confirm they have no interests to declare or where a conflict exists D-ICB.governance@nhs.net.

6.16 NHSE has set a requirement for ICBs to include a robust process for managing any breaches, which is held by the Governance Team and for anonymised details of the breach to be published on the ICBs website for the purpose of learning and development. This process is set out at Section 5.

A breach is where there is 'knowledge that an individual has knowingly failed to disclose one of the following':

- a declaration of financial interest,
- a declaration of non-financial professional interest
- a non-financial personal interest
- an indirect interest
- a gift, hospitality or sponsorship received

7. Managing Conflicts of Interest and the Register of Interests

7.1. The ICB needs to have in place principles and procedures for the minimising, managing and registering potential conflicts of interest which could be deemed or assumed to affect the decisions made by those involved in the ICB. These decisions could include the awarding of contracts, procurement, policy, employment and other decisions. A copy of the declaration of interest form can be seen in Appendix B

7.2. If members have any doubt of the relevancy or pertinence of a current or potential interest, or an interest of another individual connected to them, this should be discussed with the Governance team, who will provide an independent view. If in doubt, the individual concerned should assume that a potential conflict of interest exists.

7.3 Any conflicts of Interest which are no longer of relevance (i.e. resigned Directorships) will remain on the ICB register for a period of six months. After which the declaration must be approved for removal by the Line Manager, Director or committee chair where the conflict of interest is reported.

The register of interests for the ICB can be found on its website. https://devonccg.nhs.uk/?s=conflict+of+interest and is updated at least annually.

7.4 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an individual believes that substantial damage or distress may be caused, to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the ICB, who should seek appropriate legal advice where required, and the ICB should retain a confidential un-redacted version of the register(s).

7.5 In line with GDPR staff have been informed about the public nature of the DOI register and as such are aware that information is kept up to date, for clear purpose and for no longer than necessary. To support this further the ICBs privacy/fair processing notice is available to view on the public website or available through contacting d-ICB.dataprotection@nhs.net or the ICB data protection officer.

8. Managing Conflicts of Interest at Meetings and Minute taking at Meetings

8.1 ICBs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making.

8.2 The chair of a meeting of the Integrated Care Board or any of its committees, sub-committees or groups has ultimate responsibility for deciding whether there is a conflict of interest and for taking the appropriate course of action in order to manage the conflict of interest.

In the event that the chair of a meeting has a conflict of interest, the vice chair is responsible for deciding the appropriate course of action in order to manage the conflict of interest. If the vice chair is also conflicted, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s)

To support chairs in their role, they will have access to a Conflict of Interest register prior to meetings, which will include details of any declarations of conflicts which have already been made by members of the ICB or meeting members.

The chair will ask at the beginning of each meeting if anyone has any conflicts of interest to declare in relation to the business to be transacted at the meeting. Each member of the meeting should declare any interests which are relevant to the business of the meeting regardless of whether or not these interests have previously been declared.

8.3 It is essential that the ICB ensures complete transparency in its decision-making processes through robust record-keeping and clear minutes.

It is important that an effective record is made and kept in the form of clear minutes of any interests that arise, the agenda item concerned and their subsequent management.

If any conflicts of interest are declared or otherwise arise in a meeting, the chair must ensure the following information is recorded in the minutes:

- who has the interest?
- the nature of the interest and why it gives rise to a conflict, including the magnitude of any interest.
- the items on the agenda to which the interest relates.
- how the conflict was agreed to be managed; and
- evidence that the conflict was managed as intended (for example recording the points during the meeting when particular individuals left or returned to the meeting).

8.4 Any changes to the register of interest or new declarations must be recorded in the minutes and immediately notified to the Governance Team email: d-ICB.governance@nhs.net

9. Procurement Decisions

9.1 The ICB is also required under NHS England Statutory guidelines to maintain a register of healthcare procurement decisions, to be updated any time a healthcare procurement decision is made and to include:

- The details of the decisions.
- Who was involved in making the decision (i.e. Integrated Care Board or committee members and others with decision making responsibility);
- A summary of any conflicts of interest in relation to the decision and how this was managed by the ICB; and
- The award decision taken.

The procurement policy contains templates for completion and is available on the NHS Devon Integrated Care Board web site https://devonccg.nhs.uk/?s=procurement+policy

9.2 The Register of Healthcare Procurements is published on the website for NHS Devon Integrated Care Board's and a hard copy can be obtained from the ICB Finance and Contracting Team at d-

ICB.financeenquiries@nhs.net . The Procurement Register (of Healthcare Procurement decisions) must be updated whenever a healthcare procurement decision is taken - an annual compilation of all ICB healthcare contracts can be located on the website. https://devonccg.nhs.uk/

9.3 All declaration of interests relating to procurement made by ICB staff will be reviewed by the Finance Committee on a quarterly basis.

9.4 As part of any procurement (healthcare or non-healthcare) process, it is a statutory requirement as well as good practice to request that bidders must declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the commissioners must decide how best to deal with it to ensure that no bidder is treated any differently to any other.

9.5 It would not be appropriate to declare the bidder's conflicts on the register of healthcare procurement decisions, as it may compromise the anonymity during the procurement process. Commissioners must, however, retain an internal audit trail of how the conflict or perceived conflict was dealt with, which will allow them to provide information at a later date if required.

9.6 Meetings of all committees and working groups within the ICB must minute any declarations of conflicts of interest – the template for minutes is held on the respective ICB intranet site. Updates must be forwarded to the respective Governance Team to ensure the master register is updated appropriately.

9.7 Where members of any decision making body have an interest which could conflict with the decision being made, it is recommended that they either be excluded from the relevant parts of the meeting(s) or take part in discussions but not take part in the vote.

9.8 The Chair of the meeting has responsibility for deciding whether a conflict of interest exists and the appropriate course of action. Decisions regarding interests and any appropriate actions will be made on an individual basis. All decisions and details of the management of conflicts of interest should be recorded in the minutes of meetings and published on the Register of Interests.

9.9 Arrangements must be made regarding conflicts of interest for the following situations:

- If the Chair has a conflict of interest - it must be decided which other Integrated Care Board or committee member will take on the role and make any decisions regarding conflicts of interest.
- If 50% or more of Integrated Care Board or committee members have a conflicting interest, but the committee remains quorate.

9.10 The ICB will undertake an audit of conflicts of interest management as part of their internal audit program on an annual basis. The results of the audit would be reflected in the ICB's annual governance statement and should be discussed in the end of year governance meetings with NHSEI

9.11 A flow chart summarising the process for declaring conflicts of interest is attached as appendix C

10. Gifts and Hospitality

Gifts

10.1 All offers of gifts of any nature offered to a ICB staff, Board and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the ICBs business should be declined, whatever the value. (Subject to this, low cost branded

promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6). The person to whom the gifts were offered should also declare the offer that the fact that the offer which has been declined can be recorded on the register of gifts and hospitality to D-ICB.governance@nhs.net

10.2 Gifts from non-suppliers and non-contractors can be accepted with regard to items of little financial value (i.e. Less than £50.00) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register.

10.3 However, Gifts offered from such sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common-sense approach should be adopted as to whether or not this is the case.

10.4 Gifts with a value of over £50 can be accepted on behalf of the organisation, but not in a personal capacity and must be declared. Prior written approval must be obtained from the appropriate line manager following due consideration in cases where it is deemed appropriate to accept a gift. The declaration should be done by completing the form attached (Appendix D). In such cases, it should be clarified with the donor that it is accepted on behalf of the ICB and will be shared with colleagues. Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50

10.5 In addition, as from June 2016, the Association of the British Pharmaceutical Industry (ABPI) publish 'transfers of value' of benefits or sponsorships in cash or in kind to healthcare organisations and individual healthcare professionals. For each declaration the ICB is provided annually with details to access the pre-publication disclosures allocated to the ICB. The entries can be checked and challenged prior to being published on the public ABPI website. A record of gifts, hospitality and sponsorship is published on the ICB website.

Hospitality

10.6 A blanket ban on accepting or providing hospitality is neither practical nor desirable from a business point of view. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would benefit the NHS or ICB.

10.7 Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; and the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting. Hospitality of this nature (i.e. tea, coffee or light refreshments) does not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register, unless it is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business in which case all such offers (whether or not accepted) should be declared and recorded.

10.8 Hospitality under £25 can be accepted and does not need to be declared. Hospitality between £25 and £75 can be accepted but must be declared. If the value of the hospitality is over £75, it must be declared and should be refused unless senior approval is given.

10.9 There is a presumption that offers of hospitality which go beyond modest or of a type that the ICB itself might offer, should be politely refused. A non-exhaustive list of examples includes:

- Hospitality of a value of above £75; and
- In particular, offers of foreign travel and accommodation.

10.10 There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in the above paragraph may be contemplated. Express prior approval should be sought from a senior member of the ICB (e.g., the ICB governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the ICBs register of gifts and hospitality. Hospitality of this nature should be declared to individual who has designated responsibility for maintaining the register of gifts and hospitality, and recorded on the register, whether accepted or not.

10.11 In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the ICB's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from the Board Secretary as there may be particular sensitivities, for example if a contract re-tender is imminent.

10.12 Prior written approval should be obtained from the appropriate line manager following due consideration, in cases where it is deemed appropriate to accept hospitality in excess of £75. The declaration should be completed using the template in Appendix D.

10.13 In respect of the Integrated Care Board, where it is deemed appropriate to accept hospitality in excess of £75, Integrated Care Board members must obtain prior approval from the Chief Officer. Lay members and the Chief Officer will obtain prior written approval from the Chair, and the Chair will inform the Chair of the Audit and Assurance committee, Conflicts of Interest Guardian and Board Secretary.

10.14 Staff should consider if offers of hospitality made outside of works time will be indirectly linked to the ICB, if so, they should treat the offer of hospitality as if it were offered within work time and seek appropriate approval as documented above.

10.15 Further information regarding specific commercial sponsorship, hospitality and gifts ie from the pharmaceutical industry can be located in the NHS Devon Integrated Care Board Working with Industry and Sponsorship Policy

10.16 Members of staff should declare any such sponsorship or potential sponsorship within the register of gifts and hospitality/commercial sponsorship and in particular note that:

- Trips, conferences etc. financed by external organisations (e.g. suppliers) should be declared
- Any offers of sponsorship that could possibly breach the guidance on "Commercial Sponsorship – Ethical Standards for the NHS", should be declared
- Professional registration and/or status should not be used in the promotion of commercial products or services
- Bias may be generated as a result of sponsorship arrangements. Due care should be taken to ensure that professional judgement and impartiality are not affected
- Conditions which compromise professional independence or judgement, or impose such conditions on other professionals should not be agreed or practised
- Offers by suppliers to pay the travelling/accommodation costs for ICB staff should be declined unless the Director of Finance gives prior approval for the potential supplier to take responsibility for the costs
- If there are any financial implications associated with potential interests not yet entered into, staff are strongly advised not to proceed further until permission has been granted in writing

- All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded, completing the form attached (Appendix D) and sending it to the Governance team via D-ICB.governance@nhs.net

10.17 All gifts will be registered in the Register of Gifts, Sponsorship and Hospitality and published on the ICB website.

10.18 It is the responsibility for the line manager to review the employee's completed Declarations of Gifts, Hospitality and Commercial Sponsorship form and state their reasoning why the gift, hospitality or commercial sponsorship has been accepted or declined on behalf of the ICB. Further review may be completed with the Governance team if required. Positive declarations should be shared with Procurement and relevant Contract Managers.

10.19 If in any doubt, staff should seek advice from their line manager, the Governance Team or Local Counter Fraud Specialist on 07813 540022.

11. Commercial Sponsorship

11.1 ICB staff, Integrated Care Board and committee members, and GP member practices may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the ICB or their GP practices.

11.2 All such offers (whether accepted or declined) must be declared so that they can be included on the ICB's register of gifts and hospitality, and the team or individual designated by the ICB to provide advice, support, and guidance on how conflicts of interest should be managed should provide advice on whether or not it would be appropriate to accept any such offers.

11.3 If such offers are reasonably justifiable and otherwise in accordance with this statutory guidance then they may be accepted. The ICB has in place a commercial sponsorship group who consider prior approval for acceptance of such sponsorships as part of good governance and due diligence. This group reports to the Audit and Risk Committee no less than annually.

11.4 Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

11.5 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the ICB's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency;
- The ICB should make it clear that sponsorship does not equate to endorsement of a

company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare involvement with arranging sponsored events to their ICB.

11.6 Before entering into any sponsorship agreement, the ICB should:
- Satisfy itself, with reference to information available, that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement or impact on it in any way e.g., checking financial standing by referring to company accounts
- Assess the costs and benefits in relation to alternative options where applicable, and to ensure that the decision-making process is transparent and defensible, which will be determined by the relevant Director
- Ensure that legal and ethical restrictions on the disclosure of confidential patient information, or data derived from such information, are complied with. Additionally, disclosure for research purposes should not take place without the approval of the appropriate research ethics committee
- Determine how clinical and financial outcomes will be monitored
- Ensure that sponsorship agreements have break clauses built in to enable the ICB to terminate the agreement if it becomes clear that is not providing expected value for money or clinical outcomes

11.7 Therefore, the following must be adhered to:
- Meetings, events or conferences organised by the ICB may be sponsored by a commercial company subject to the approval of the Integrated Care Board or delegated authority through the relevant Director (Appendix D).
- Publicity at the event by the company is allowed but it should be separate from the educational content or purpose of the meeting. Promotion of the sponsor should be secondary to the event.
- An acknowledgement of the support received will be made.
- Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods and services.

11.8 The ICB will publish on an annual basis a list of sponsoring organisations as part of its publication scheme.

11.9 On receipt of a completed form declaring the offer of Gifts, hospitality or sponsorship the Governance team will review and confirm that the correct procedure has been followed. In addition, the Governance team will confirm to the individual and their line manager that an appropriate entry has been made on the register of Gifts, hospitality or sponsorship.

12. Outside Employment

12.1 Staff are advised not to engage in outside employment which may conflict with, or be detrimental to, their NHS work. Any outside employment must be done in the staff members' own time

12.2 Employees of the ICB (depending on the details of their contracts as regards to outside employment and private practice) are required to inform the ICB if they are engaged in or wish to engage in outside employment in addition to their work with the ICB (using the form in Appendix B) and obtain express permission to do this The ICB reserve the right to refuse permission where it believes a potential conflict may arise with their ICB employment. Examples of work which might conflict with the business of the ICB may include:

- employment with another NHS body
- employment with another organisation which may be in a position to supply goods/services to the ICB
- self-employment, including private practice, in a capacity which may be in conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB

12.3 All staff are asked to review and agree their conflict of interests annually as part of the annual appraisal process and inform the governance team directly where a conflict arises. In addition, where a register of interests is included in a committee meeting papers each individual is responsible for checking the content and identifying any updates required.

13. Personal Conduct

13.1 Lending or Borrowing
The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.

It is a particularly serious breach of the Devon ICB Disciplinary policy for any member of staff to use their position to place pressure on someone in a lower pay band, a business contract, or a member of the public to loan them money.

13.2 Gambling
No member of staff may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among colleagues.

13.3 Trading on Official Premises
Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

13.4 Collection of money

Charitable collections must be authorised by the Board Secretary

- Flag Day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Please note that all collections must be considered as to whether they may be inadvertently be supporting extremism causes.

- Permission is not required for informal collections amongst immediate colleagues on an occasion like birthdays, retirement, marriage or a new job.

14 Prevent

14.1 If you have concerns regarding the possibility of a potential link to extremism or radicalisation in relation to the areas covered by this policy please refer to the PREVENT Policy available on the ICB website, as this will provide guidance on how to seek advice. Alternatively contact the ICB Prevent Lead: d-ICB.safeadults@nhs.net Tel:01803 396350

- This policy will be reviewed by the Head of Governance every three years from approval, or as required due to:
    - Legislative changes;
    - Good practice guidance;
    - Case law;
    - Significant incidents reported;
    - New vulnerabilities; and
    - Changes to organisational infrastructure.

15 Further Information

15.1 Disciplinary action may be taken against any individual who fails to comply with the requirements set out in this document, in accordance with the ICB's Disciplinary Policy.

15.2 This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the ICB Constitution, ICB staff should refer to:

- Anti-Fraud and -Bribery policy
- Freedom to Speak Up: Raising Concerns (whistleblowing) Policy).Arrangements for declaring member's interests
- NHS England: Managing Conflicts of Interest: Statutory Guidance for ICB's https://www.england.nhs.uk/commissioning/pc-co-comms/coi/
- Co-Commissioning conflicts of interest audit: https://www.england.nhs.uk/commissioning/wp- content/uploads/sites/12/2016/04/co-comms-coi-audit-summ-rep.pdf
- NHS England Guidance on appearance of bias: http://www.england.nhs.uk/revalidation/ro/con-of-int/
- The National Health Service Act 2006 & the Health and Social Care Act 2012;
- The Code of Conduct for NHS Managers 2002;
- The Nolan Principles on Conduct in Public Life;
- Commercial Sponsorship – Ethical Standards for the NHS
- The NHS Codes of Conduct and Accountability; (NHS Appointments
- Commission & Department of Health – amended July 2004);
- Policy for the sponsorship of activities and joint working by the pharmaceutical industry with ICBNHS Devon Integrated Care Board; Working with Industry and Sponsorship Policy V3
- The Code of Practice on Openness in the NHS; and
- The Code of Conduct and Code of accountability in the NHS (second revision July 2004).

Further information and/or guidance on any aspect of this policy can also be obtained from the Head of Governance and the Governance team d-ICB.governance@nhs.net

Appendix A

Nolan Principles

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

1. Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

2. Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

3. Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

4. Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

5. Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

6. Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

7. Leadership – Holders of public office should promote and support these principles by leadership and example.

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

Declaration of interests for ICB members, employees and contractors

Please return a signed copy by email to D-ICB.Governance@nhs.net and to d-ICB.hr@nhs.net

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

Name	
Position within or relationship with the ICB	
ICB meetings attended	
Is this in addition to interests currently recorded or replaces all existing information? ***(Delete as appropriate)***	• In addition to interests currently recorded • Replaces all existing information

Please provide details of interests held, complete all that are applicable.

Type of interest *See overleaf for more 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*

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

I do / do not *(delete as applicable)* give my consent for this information to published on registers the ICB holds.

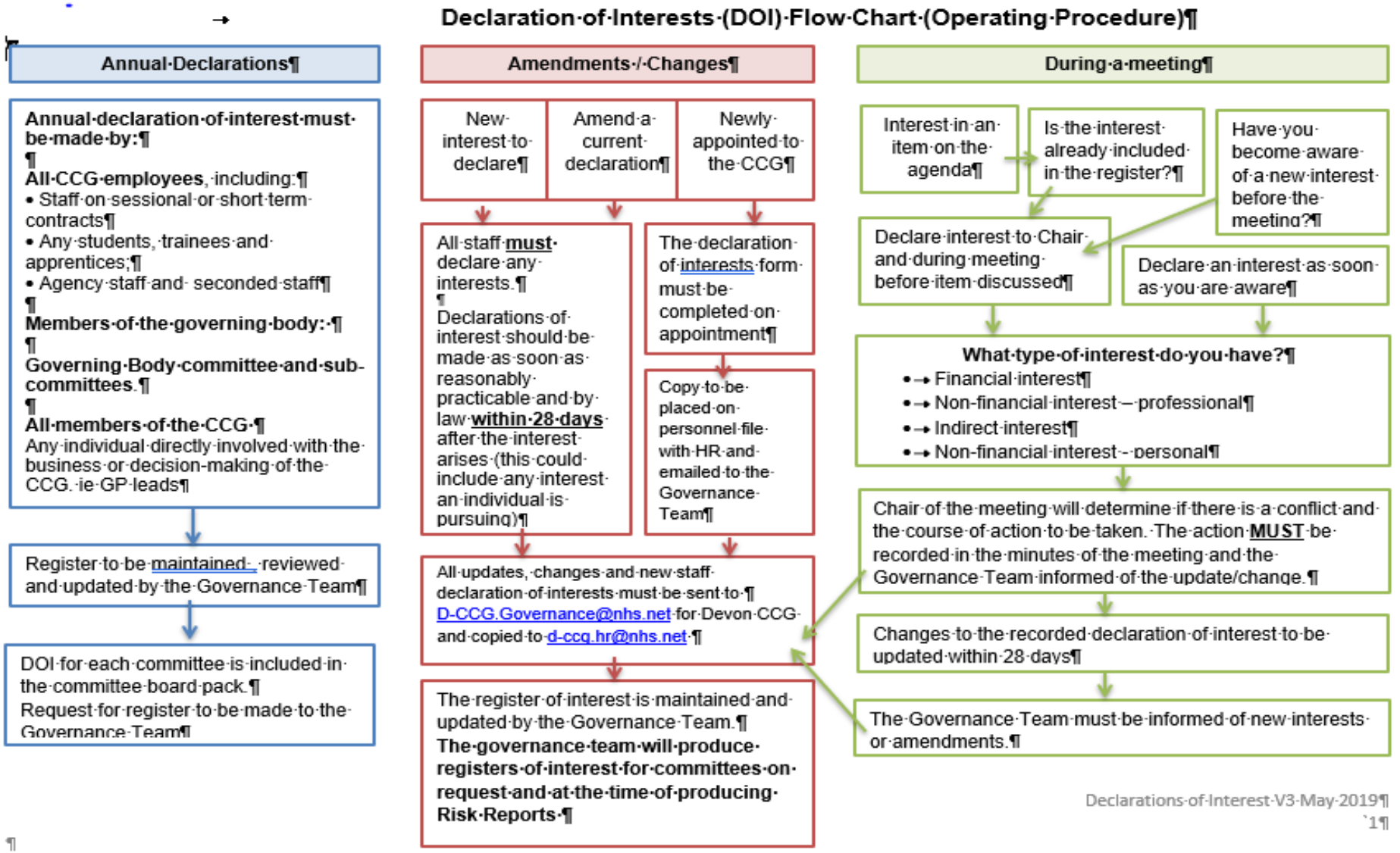
If consent is NOT given please state reasons:

Employee name		Employee signature		Job title		Date	
Manager name **		Manager signature		Job title		Date	

It is the responsibility of the line manager to review employee's completed declaration of interests form and will conduct a review to determine if a conflict does or perceived conflict exists. Any actions identified to mitigate the risk will be discussed with the employee and line manager and recorded on the form. **The form must be signed by the line manager

Types of conflicts of interest

Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is: • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include: • Spouse / partner; • Close relative e.g., parent, [grandparent], child, [grandchild] or sibling; • Close friend; • Business partner.
General Interest	This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the ICB. Similarly, if you have made a declaration that you are a member of the ICB or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the ICB to ensure consistency across organisations and vice versa


Declaration of Interests (DOI) Flow Chart (Operating Procedure)
Annual Declarations
Annual declaration of interest must be made by:
All CCG employees, including:
• Staff on sessional or short term contracts
• Any students, trainees and apprentices;
• Agency staff and seconded staff
Members of the governing body:
Governing Body committee and sub-committees.
All members of the CCG
Any individual directly involved with the business or decision-making of the CCG. ie GP leads
Register to be maintained, reviewed and updated by the Governance Team
DOI for each committee is included in the committee board pack.
Request for register to be made to the Governance Team
Amendments / Changes
New interest to declare
Amend a current declaration
Newly appointed to the CCG
All staff must declare any interests.
Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include any interest an individual is pursuing)
The declaration of interests form must be completed on appointment
Copy to be placed on personnel file with HR and emailed to the Governance Team
All updates, changes and new staff declaration of interests must be sent to D-CCG.Governance@nhs.net for Devon CCG and copied to d-ccg.hr@nhs.net
The register of interest is maintained and updated by the Governance Team.
The governance team will produce registers of interest for committees on request and at the time of producing Risk Reports
During a meeting
Interest in an item on the agenda
Is the interest already included in the register?
Have you become aware of a new interest before the meeting?
Declare interest to Chair and during meeting before item discussed
Declare an interest as soon as you are aware
What type of interest do you have?
• Financial interest
• Non-financial interest – professional
• Indirect interest
• Non-financial interest – personal
Chair of the meeting will determine if there is a conflict and the course of action to be taken. The action MUST be recorded in the minutes of the meeting and the Governance Team informed of the update/change.
Changes to the recorded declaration of interest to be updated within 28 days
The Governance Team must be informed of new interests or amendments.
Declarations of Interest V3 May 2019
1

Appendix D

Declarations of Gifts, Hospitality and Commercial Sponsorship

Name & Job Title	
Details of gift, hospitality or commercial sponsorship	
Date of offer	
Date of receipt (if different)	
Estimated value	
Supplier or Name making offer	
Nature of business	
Details of previous offers or acceptance by from this person/company making the offer.	
State any conflict of interest with provider, supplier/pharmaceutical company	
Declined or accepted	
Reason for accepting or declining	
Comments	

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

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

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

Signed: _____ Date:

Signed (line Manager): _____ Date

Position: _____

Please return by email to D-ICB.Governance@nhs.net and provide a signed hard copy to your team administrator for inclusion in your personnel file. If you have any queries, please contact the Governance Team

For Governance Team action Initials……	Respond to individual to confirm the declaration has been added to the database. Confirm DOI register check for any potential conflict Date……

Appendix E

Standard Operating procedure
Hire of Rooms

Standard operating procedure to be followed by staff member taking a room booking from a person external to the ICB

In 2011, the Government set out the 'Prevent' strategy to tackle violent extremism of all kinds, as well as some aspects of non-violent extremism. Prevent is part of the Government's counter-terrorism strategy, (CONTEST 2018), and is ultimately about safeguarding people and communities from the threat of terrorism. Since 2015, the ICB has had a statutory duty to "have due regard to the need to prevent people from being drawn into terrorism" (Counter Terrorism and Security Act). For more detail please see the ICB Prevent Policy

https://devonccgICB.nhs.uk/about-us/safeguarding

To ensure the ICB is compliant with statutory duties, amongst others, the ICB is required to ensure that its premises are not used by extremists.

The ICB will make available their meeting rooms to staff, partner organisations and for official Council business free of charge and subject to corporate needs may make the rooms available to other organisations and the public for a charge.

The ICB will not permit its accommodation to be let:

- For political rallies or demonstrations
- For purposes which are illegal i.e. be they forbidden by law or unauthorised by official or accepted rules
- For functions attended by people whose presence may cause civil unrest or division within the community
- To an organisation or individual which has been banned by law.

The ICB also reserve the right to cancel any booking where it considers:

1. that such events may be contrary to the interest of the general public or contrary to any law or act of Parliament. Any bookings will also be subject to consideration from the police to ensure the safety of the community and staff is assessed against the request for a venue booking.

2. the users of the premises may do something that may cause or pose a risk of loss, damage or significant expense to the ICB or harm the reputation of the ICB

The ICB will ensure that the application of any part of this process does not discriminate directly or indirectly against anyone on the grounds of race, disability, sex, gender reassignment, sexual orientation, religion or belief, age, marriage or civil partnership.

Each Business Manager is responsible for setting the terms of hire and booking arrangements.

Staff who are responsible for the hiring of any ICB owned premises/rooms should complete the Home Office online E-Learning Module level 3 on Prevent available via ESR

Staff should ensure that there is appropriate consideration of inadvertently supporting extremism when engaging outside speakers.

When booking a room for an outside speaker, the following questions will assist staff in determining whether a booking is considered controversial or there is any risk associated with the booking:

1. Establish what the venue will be used for and what type of event the customer is wishing to hold.

2. Is the name given linked to any community group or organisation?

3. Request a copy of the programme details and names of any speakers.

4. Request all contact details (address, mobile, home and business contact number).

5. If the customer is not a local resident, establish why they are holding an event in this area.

6. Ask the customer if they have used any other venues in the country, if so contact the previous venue(s) to establish what the event was.

If you are concerned with the answers provided by the customer, speak to your manager. If the manager deems it appropriate, they will cross reference the booking details provided with the web links and contacts below, or ask you to do so (in the order listed):

1. Inform the Corporate Services Manager

2. Check the government list of proscribed organisations https://www.gov.uk/government/publications/proscribed-terror-groups-or-organisations--2 (provides a list of all known terrorist groups within UK and Ireland).

3. Contact the ICB Prevent Lead : d-ICB.safeadults@nhs.net Tel:01803 396350

4. Contact Devon and Cornwall Police Prevent Team:
   Make the referral by downloading and completing the form from: https://www.devon-cornwall.police.uk/advice/your-community/prevent-reporting-and-preventing-radicalisation-terrorism-and-extremism/, then email the referral form to: prevent@devonandcornwall.pnn.police.uk Tel: 101 The Prevent lead may support you in this or make the referral.

NHS Devon Integrated Care Board (ICB) meeting

NHS Devon ICB Policies

Date of committee	Date report produced
01 July 2022	20 June 2022

Author(s)		Report approved by	
Name and title:	Ginny Snaith, Board Secretary	**Name and title:**	Andrew Millward, Chief Communications and Corporate Affairs Officer, NHS Devon
Phone:		**Date:**	
Email:	g.snaith@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary (250 words max)

In line with the NHS Devon Constitution, the ICB is required to have a number of policies which underpin the functions and duties of the organisation.

A database of all policies is maintained by the governance team and a process is in place to support regular review and update which ensures that policies remain in line with any statutory or regulatory guidance. The approval of policies is co-ordinated through the governance committee structure. This process is overseen by the Audit and Risk Committee which provides assurance to the ICB Board.

The majority of policies in operation in the CCG will continue to be used in the ICB

until their scheduled review date. However a number of policies are key to the safe operation of the ICB and are therefore presented for approval to the ICB at this first meeting. These key policies are

1. Risk Management Policy
2. Health and Safety Policy
3. Emergency Planning Resilience and Response Framework
4. Safeguarding Policies (Adults and Children)
5. Information Governance Framework
6. Counter Fraud, Bribery and Corruption Policy
7. Confidentiality and DPIA Policy

Committees that have previously discussed/agreed the report, and outcomes of that discussion
None

Key recommendations and actions requested
1. The ICB members are asked to approve the policies for adoption.

Impact on NHS Devon objectives	
Objective	**Impact**
Objective 1	
Objective 2	
Objective 3	
Objective 4	

Does this report have implications in any of the areas highlighted below?		
Area	**Yes (summarise implications)**	**No**
Quality of services	The policies will ensure all employees are able to support to improve outcomes in population health and healthcare	
Health inequalities	The policies will ensure all employees are able to support to tackle inequalities in outcomes, experience and access	
Workforce	The policies will ensure all employees are able to support to enhance productivity and value for money	
Resources and finance	The policies will ensure all employees are able to support to enhance productivity and value for money and help the NHS	

	support broader social and economic development.	
Legal	ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation	
Engagement and consultation	The policies will ensure all employees are able to support to improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, help the NHS support broader social and economic development.	

NHS Devon has made every effort to ensure this report does not discriminate (directly or indirectly) against employees, patients, contractors, or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability.

Risk Management Framework

NHS Devon Integrated Care Board

Author (s): Ginny Snaith Board Secretary	Contact Details: g.snaith@nhs.net	
Approved by: Integrated Care Board	Date of formal approval (Pending 01 July 2022)	Review Date: July 2023
Date Issued:		V0.1
All policies are held centrally by Governance: **d-icb.governance@nhs.net**		

Document Change History: Risk Management Framework Policy		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1	**01.07.22**	**New Policy**

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net
Post: Patient Advice and Complaints Team
FREEPOST EX184, County Hall, Topsham Road, Exeter, EX2 4QL

Risk Management Framework Contents		
Section	**Title**	**Page**

Risk Management Framework

1. Statement of Intent

1.1 The objective of this risk management framework is to ensure that the organisation is best placed to deliver the strategic objectives set out in its operational plan. At the forefront of this framework is the need to protect members of the public and staff, and best utilise the assets of the organisation and identifying any risk that may affect NHS Devon Integrated Care Board (hereafter known as the ICB) in the achievement of its objectives, for example, risks in relation to clinical, quality, safety, financial, patient experience, performance, reputation and business conduct must be assessed, and appropriate actions taken.

1.2 In the ICB risk management is not the responsibility of one role or one individual, it is the responsibility of everyone.

1.3 The ICB is committed to ensuring that risk management is a key part of the ICB's role of improving the health of the local population and ensuring an outstanding level of patient safety through commissioning high-quality services that meet the needs of local people. The ICB also has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk which could affect the function of the ICB. This includes both the risk to the organisation and the risk to those individuals to whom the ICB has a duty of care.

To this end:

- risks within the organisations are identified, assessed, treated and monitored and are integral to the governance of the ICB
- all elements of the commissioning process, including needs assessment, tendering, contract management and evaluation, include robust risk assessment and monitoring mechanisms

1.4 Risk management is a continuously evolving process and engagement of all staff and partners is essential for its successful implementation. Therefore, the ICB will work with its partners to promote robust risk management across its whole health and social care economy, to improve patient safety and learning from all incidents.

1.5 It is not the intention of the ICB to use risk management to stifle risk taking and/or innovation. Risk is inherent in all activity. The risk management systems ensure that risk is identified in line with the ICB risk appetite, the level of risk will be deemed acceptable as part of the overall impact of the project or process.

1.6 All managers and staff need to acknowledge risks in line with the Nolan Principles of openness and transparency. The overall approach within the ICB will be one of help and support of each other, rather than recrimination and blame. The ICB is committed to this approach.

1.7 This framework is designed to coordinate risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register and its supporting documents across the ICB, namely: assurance framework (AF), corporate risk register (CRR) and team risk register (TRR). This will enable the ICB to facilitate improvements in patient safety, quality of care, ICB reputation and financial governance and provide reports that will contribute to the monitoring and auditing of all risks inherent within the organisation through the appropriate forums.

2. Introduction

2.1 This document is the risk management framework for the ICB. The ICB is committed to a framework that identifies and takes appropriate action to minimise risk to patients, stakeholders and the ICB through a comprehensive system of internal assurances and controls whilst providing maximum potential for flexibility, innovation and best practice in delivery of its vision, mission and objectives.

The ICB will adopt corporate objectives and will actively identify and report any risks, threats and opportunities to these organisation's objectives.

A risk is something which, if it arises, may impact on an organisation's ability to achieve its objectives successfully – this can be at any level of the organisation. Risk is recorded on the following risk registers as described in section 10:

- Assurance Framework
- Corporate Risk Register
- Team Risk Register
- Project Risk

2.2 The ICB approach to risk management is supported by its committees and working groups who manage and have oversight of risk at both a strategic and operational level. The ICB culture is of devolved accountability, empowered decision making and corporate responsibility. In line with their operating models, all delegated functions by the Integrated Care Board are managed through the committee governance arrangements, therefore, this framework is based on proportionate governance structures, policies and procedures which ensure risk is managed in the place or by the person(s) where the most value is added.

2.3 Key success factors for embedding risk:

- Risk management is everybody's business
- Risks are understood and managed effectively
- Leadership behaviours and accountability drive a risk aware culture
- Risk aware behaviours are underpinned through performance management
- Compliance with legal and statutory requirements
- Compliance with national guidance
- Proactive risk management

2.4 Risk management is viewed by the ICB as an integral part of good management practice which underpins the organisations objectives and enables the prioritisation of its resources in line with risks. An integrated approach to risk management is embedded so that lessons learned can be understood and applied across all functions of the ICB.

3. Purpose and Scope

3.1 This framework is intended for use by all members and employees (clinical, managerial, specialist and administrative) of the ICB.

This includes, but is not limited to:

- staff employed by the organisation
- those engaged in duties for the organisation under a letter of authority
- honorary contract or work experience programme
- volunteers
- any other third party such as contractors or support services organisation
- students or visitors.

3.2 The ICB will continuously strive to ensure that there are effective governance and risk management systems and arrangements in place and that these are monitored on an on-going basis.

3.3 Work is underway to develop system-wide arrangements for risk management. This framework will be revised if required to accommodate these new arrangements whilst ensuring that the principles of good governance and accountability are maintained.

3.4 All staff must be familiar with the contents of this document and, more importantly, what it means in terms of implementation and applicability to their role.

3.5 The purpose of this framework is to provide a consistent defined systematic approach to identifying, reporting and managing risk in both organisations. This policy provides a framework for the embedding of risk management in all activities within the organisations.

3.6 The framework provides a method by which organisational understanding of risks in all its constituent parts, control measures, importance of actions, review and ownership is robustly assured through the ICB governance structure.

3.7 Risk management is the responsibility of everyone either directly or indirectly working with the ICB to achieve its objectives. The ICB risk management are:

- To adopt an integrated approach to the management of risk and to integrate risk into the overall arrangements for clinical and corporate governance.
- To support the achievement of the ICB objectives
- To comply with national standards
- To have clearly defined roles and responsibilities for the management of risk
- To commission a high-quality service for patients and continuously strive to improve patient safety
- To ensure that risks are continuously identified and assessed, and that they are treated, either by avoidance (by discontinuing a specific activity), taking or increasing the risk in order to pursue an opportunity, removing the risk source, changing either the likelihood/probability or consequence, sharing or transferring the risk, or retaining the risk by informed decision
- To use risk assessments in informing the overall business planning/investment process in the ICB
- To encourage open and honest reporting of incidents through the use of a single incident reporting system
- To establish clear and effective communication that enables information sharing.
- To foster an open culture that allows organisation wide learning

4. Definitions

4.1 **Risk** - the chance of something happening that will have an impact upon objectives. It is measured in terms of likelihood/probability and impact. Refer to appendix 1 for examples of likelihood/probability and impact of risk, along with the 5x5 risk scoring matrix.

4.2 **Clinical risks**: defined as “those risks which have a cause or effect which is primarily clinical or medical” examples include clinical care activities, consent issues and medicines management.

4.3 **Corporate or organisational and business risks**: defined as “those risks which primarily relate to the way in which the ICB is organised, managed and governed”. Examples include human resource issues and corporate governance risks concerning the establishment of an effective organisational structure with clear lines of authorities and accountabilities. The risk events can include inappropriate decision making and

delegation of authorities; all can result in sub optimal performance and losses for the ICB.

4.4 **Team Risk Registers**
Team risk registers have been established, using a standard risk template to record risks that have been removed from the corporate risk register and to record risks that are not considered corporate risks and are being managed operationally. This will provide assurance that any residual risk is managed and where necessary escalated to the corporate risk register. See section 8

Corporate Risk Register	Team Risk Registers
High level operational risk monitored by the Executive Team Risk will have an organisational wide impact These are risks which cannot be managed at Team level Risks that exceed the risk score as described in the risk Appetite appendix 1 Risks removed from the CRR may be transferred to a Team risk register for ongoing monitoring	Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans Emerging risk to allow discussion and articulation of the risk may include discussion prior to potential escalation to the corporate risk register Risks that have been removed from the corporate risk register and require less frequent review Lower level risks, if still current and presenting a risk, even if they had reached the risk appetite for the area in question, to be reviewed at least annually to ensure controls are still appropriate and operating as expected and the scoring doesn't need amending

4.5 **Specific risk areas**: Behind the comprehensive areas of risk above there are more clearly identified risk areas that the ICB may encounter and need to manage:

Change	These concern risks that programmes and projects do not deliver agreed benefits within an agreed budget, and/or introduce new or changed risks that are not effectively identified and managed.
Legal and Compliance	These include Health & Safety; Data Protection, Employment practices; employment legislation; the NHS constitution; freedom of information; civil contingencies; deprivation of liberty and regulatory issues.
Operations	These concern the day to day concerns that the ICB is confronted with as it strives to deliver its strategic objectives. They can be anything from loss of key staff to process failure. It covers risk events such as failure by a third party to deliver a service for the operational, breakdown in partnership with third party, failure to manage internal change etc. Operational risks are largely short or medium term where impact is high/medium, and likelihood/probability is low to high
Information & Technology	These concern the day to day issues the ICB is confronted with as it drives to deliver its strategic objectives. They can be anything from loss of data to failure of a key IT system. It covers risk events such as cyber security a technological breakdown, loss of hard or soft copy data, failure by a third party to deliver a service breakdown in partnership with third

	party, failure to manage internal change etc
People	These concern insufficient staff resources (capacity and capability). These risks can have a significant impact on the performance and reputation of the ICB.
Strategic	These concern the long-term strategic objectives of the ICB. They can be affected by external factors such as the economy, changes in the political environment, technological changes, and in legal and regulatory changes. The strategic risks are mainly significant risks that can potentially impact the whole of the ICB.
Clinical	These concern risks that arise directly from the commissioning of healthcare to patients. This includes safeguarding, clinical errors and negligence, healthcare associated infection and failure to obtain consent.
Reputational	It is important that the reputation of the ICB is protected through robust systems of communication with stakeholders. Systems of communication with external stakeholders that contribute to minimise risk need to be in place, including regular meetings, patient surveys, publications and public meetings. The ICB has a large and diverse range of stakeholders with whom it needs to develop and maintain engagement

4.6 **Risk Management** – Includes all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate, monitoring and reviewing progress.

4.7 **Risk Management Process** - the systematic application of management policies, procedures and practices to the tasks of establishing the context, identifying and analysing, evaluating, treating, monitoring and communicating risk.

The risk management process is a continual cycle and is the responsibility of everyone in the organisation.

5. Accountabilities and Responsibilities

5.1 The management of risk is a key organisational responsibility. The Board of the Integrated Care Board holds overall responsibility for the ICB's risk management framework and is supported by the Chief Executive Officer and Executives. The Audit and Risk Committee will provide assurance on risk management to the Integrated Care Board.

5.2 For risk management to be part of operational activity throughout the ICB, it is important that individual accountability is clearly defined. All staff must accept the management of risks as one of their fundamental duties and must have a sense of ownership and commitment to identifying and minimising risks. Risk issues are present in the ICB at all times and the day to day management of those risks is the responsibility of all staff employed by the ICB.

5.3. As a commissioner of healthcare, the ICB is committed to ensuring that services are provided to high standards, and that any risk to patients, staff or the organisation are treated by a process of identification, assessment, management, and, any mitigations to risk applied. To facilitate understanding and ownership of responsibility for risk management the ICB encourages a culture of openness and honesty in relation to reporting adverse incidents and near misses. Adverse incident reporting will be used in a positive way as learning opportunities to eliminate or reduce risks in the future.

5.4. Key responsibilities for risk management are:

Chief Executive Officer	The Chief Executive Officer has the responsibility for having an effective risk management system in place within the ICB. This is to ensure that the ICB is meeting statutory requirements and adhering to guidance issued by the Department of Health in respect of governance.
Executives	Executives are required to have an ability to understand the ICB risk environment, including knowledge and understanding of the strategies that have been adopted by the ICB and the risks inherent in any transformation strategies.
Chair of the Integrated Care Board	The Chair of the Integrated Care Board is required to have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control are in place for all aspects of governance, including financial and risk management, including any risks to the delivery of the QIPP programme.
Non-Executive Member	The non-executive member of the Integrated Care Board with a lead role in overseeing key elements of governance and systems of internal control (Audit and Risk Committee Chair), is required have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management. The Audit and Risk Committee Chair is also the Conflict of Interests Guardian.
Chief Nursing Officer/ Caldicott Guardian	The Chief Nursing Officer within the ICB has a lead role for the safeguarding of children and of vulnerable adults and consideration of nursing and patient safety at all times. The chief nursing officer also oversees clinical audit and clinical best practice development and benchmarking. The Chief Nursing Officer is the Caldicott Guardian and has a direct route to escalate risk to the SIRO.
Chief Finance Officer	The Chief Finance Officer has overall responsibility for the integrity of the system of internal financial controls, financial risk and for specific responsibilities as set out in the standing financial instructions. The chief finance officer: • Holds executive responsibility for financial risk management, financial performance management and is accountable to the Chief Officer. • Has professional responsibility for internal audit • Ensures the effectiveness of the organisations financial control systems, including counter fraud measures • Ensures that the significant financial risks faced by the ICB are identified and managed effectively
Senior Information Risk Owner	The SIRO is an executive who is familiar with and takes ownership of the organisation's information risk management policy and acts as an advocate for information risk on the Integrated Care Board. The SIRO in turn provides assurances to the organisation's Chief Executive Officer.
Most senior officer	The most senior officer overseeing risk management will advise the Integrated Care Board (and managers) on matters of good governance

overseeing risk management	within statutory and regulatory frameworks and being accountable for a range of corporate issues. They are accountable to the Chief Executive Officer, Executives and Non-Executive Member for governance, for the management of the board assurance framework (BAF) and corporate risk register (CRR). This individual will share responsibility for ensuring functions are exercised effectively, efficiently, economically, with robust governance and in accordance with the terms of the ICB Constitution as agreed by their partner members.
Operational Senior Managers	Each senior manager is operationally responsible for ensuring effective structures and systems for managing risks, reflecting this framework, exist within their team/department. • Ensuring risk management is incorporated into all processes • Ensuring that the risk management strategy and other information is disseminated to all staff within the ICB • Identifying staff within the ICB who are responsible for taking risk management forward and making their roles, responsibilities and accountabilities clear both to them and to other staff • Ensuring that all staff have received corporate induction and specific local induction regarding risk management processes and are aware of their personal responsibility for risk management • Undertaking regular and thorough self-assessment for risk and demonstrating outcomes from the assessment process, including action plans and evidence of implementation • Ensuring appropriate risks are entered onto the risk register • Ensuring that a robust process of self-audit and review exists for all risk related objectives and activity. • Ensuring that documentary evidence exists for all risk management activity and to demonstrate that ICB standards and legal and statutory requirements are being met • Ensuring that risk related governance objectives are achieved.
Managers	Managers have specific operational responsibilities in relation to their area of work. Managers are also responsible for ensuring that risks within their area are identified, assessed, monitored and captured on the corporate risk register in accordance with this framework.
All Staff	All members of staff are accountable for their own working practice and behaviour and this is implicit in contracts of employment and reflected in individual job descriptions. It is the duty of all members of staff to ensure that all actions taken are in the best interest of the organisation and that they do not expose the organisation to unnecessary levels of risk. All staff are required to follow the processes set out within this framework with regard to the identification of risk within their sphere of work. Individual accountability must be clearly defined and reflected in objective setting and performance reviews through line management accountabilities. • Be alert to risks and recognise their duty to report them through their line management arrangements so that appropriate action can be taken. • Be aware of existing risk assessments related to their area of work and relevant procedures or control measures to be adopted to reduce identified risks

	• Contribute to minimising risks wherever possible • Be familiar with the ICBs risk management framework (this document) and associated standard operating procedures • Recognise their duty under legislation to take reasonable care for their own safety and of others that may be affected by the ICBs business • Report incidents and serious incidents requiring investigation (SIRI) as per the respective policies, which should be read in conjunction with this policy • Attend all relevant risk management training as required by this framework and job description. • Ensure the action field on the CRR should be appropriately completed, i.e. it should detail the actions needed to strengthen control and/or assurances further.
Information Asset Owners (IAOs)	The ICB's Information Asset Owners (IAOs) shall ensure that information risk assessments are performed at least annually. IAOs will submit the risk assessment results to the SIRO for review. IAOs are senior individuals involved in running the relevant business areas. Their role is to understand and address risks to the information assets they 'own'. IAOs are likely to be supported by Information Asset Administrators (IAAs) e.g. User Administrators who are operational staff with day to day responsibility for managing risks to their information Assets. The ICB's Information Asset Register holds a list of all the current IAOs and IAAs.
Partnership working arrangements	The ICB is committed to the continuing development of partnership working with other health and social care and other organisations. In commissioning quality services, the ICB needs to be acutely aware of accountability arrangements and the management of risks in partnership working arrangements. There is an understanding that in addition to internal risks, there are also external risks that the ICB shares with partner organisations such as NHS England, Local Acute Trusts, Local Authority, social care and other partner stakeholders. These risks need to be assessed and where necessary appropriate 'risk sharing' management arrangements set in place. When partnership agreements are being developed risk management will be specifically addressed. This will need to incorporate clear lines of accountability and responsibility for staff working across partner organisations. Within the agreement there will be an explicit statement that sets out how the risk management structures and systems of the organisations will link and how decisions will be made, and which organisations will lead on the management of a specific identified risk. The ICB will work closely with partner organisations to achieve a shared ownership of risks facing the health economy and the solutions that are implemented. The ICB expects risk management to be a priority for those from whom it commissions services.
Contractors	Contractors and temporary staff are required to follow ICB policies and procedures as well as being aware of risk assessments within their area of work.
Commissioning services	The ICB commissions health services on behalf of the registered population of Devon. The ICB must be informed of, and where necessary, consulted on, all significant risks that arise from the service level agreements with other healthcare providers. The failure of a commissioned service to deliver services as agreed would

	be a significant threat to the achievement of one or more objectives of the ICB. Therefore, risks must be systematically identified, assessed and analysed in the same way as other risks to the ICB with clear accountabilities defined. Risk associated with commissioned services will feature in the corporate risk register to enable the ICB to be fully informed on its risk profile.

6. Risk Appetite

6.1 The Good Governance Institute states:

"*The resources available for managing risk are finite and so the aim is to achieve an optimum response to risk, prioritised in accordance with an evaluation of the risks. Risk is unavoidable, and every organisation needs to take action to manage risk in a way that it can justify to a level which is tolerable. The amount of risk that is judged to be tolerable and justifiable is the "risk appetite*".

Risk appetite is therefore 'the amount of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.' (HMT Orange Book definition)

The ICB has articulated their risk appetite by creating the following statements:

> The NHS Devon ICB recognises that risks is a natural part of health and social care provision. The ICB will manage and mitigate risk whenever possible to optimise patient safety. Whenever possible, we will look to take calculated risks where the potential results outweigh the costs.
>
> Management should implement specific limits or tolerance levels that are aligned with those overall limits set by the Board of the ICB at departmental, functional and operational risk levels.

Our risk appetite statement helps our staff and our stakeholders to understand the level of risk the Integrated Care Board are prepared to accept for the system. It describes the levels of risk we are prepared to tolerate and how they will be treated and by whom.

Appetite Level	Described as
None	**Avoid:** the avoidance of risk and uncertainty is a Key Organisational objective
Low	**Minimal** (as little as reasonably possible): the preference for ultra-safe delivery options that have a low degree of inherent risk and only for limited reward potential.
Moderate	**Cautious:** the preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.
High	**Open:** willing to consider all potential delivery options and choose while also providing an acceptable level of reward (and VfM).
Significant	**Seek:** Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk. **Mature**: Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

Appendix 1 indicates the overarching risk score and management response expected to review and agree actions to address risks identified and held on the corporate risk register.

6.2 The Integrated Care Board will on an annual basis set specific limits for the levels of risk the ICB is comfortable to tolerate in the pursuit of its objectives.

7. Risk Capture

7.1 Risk will be captured by all parts of the organisation via the reporting system. A Risk

Template must be completed by the risk owner with the support of the directorate risk coordinator. Risks must then be approved by the responsible Executive before being added to the risk register.

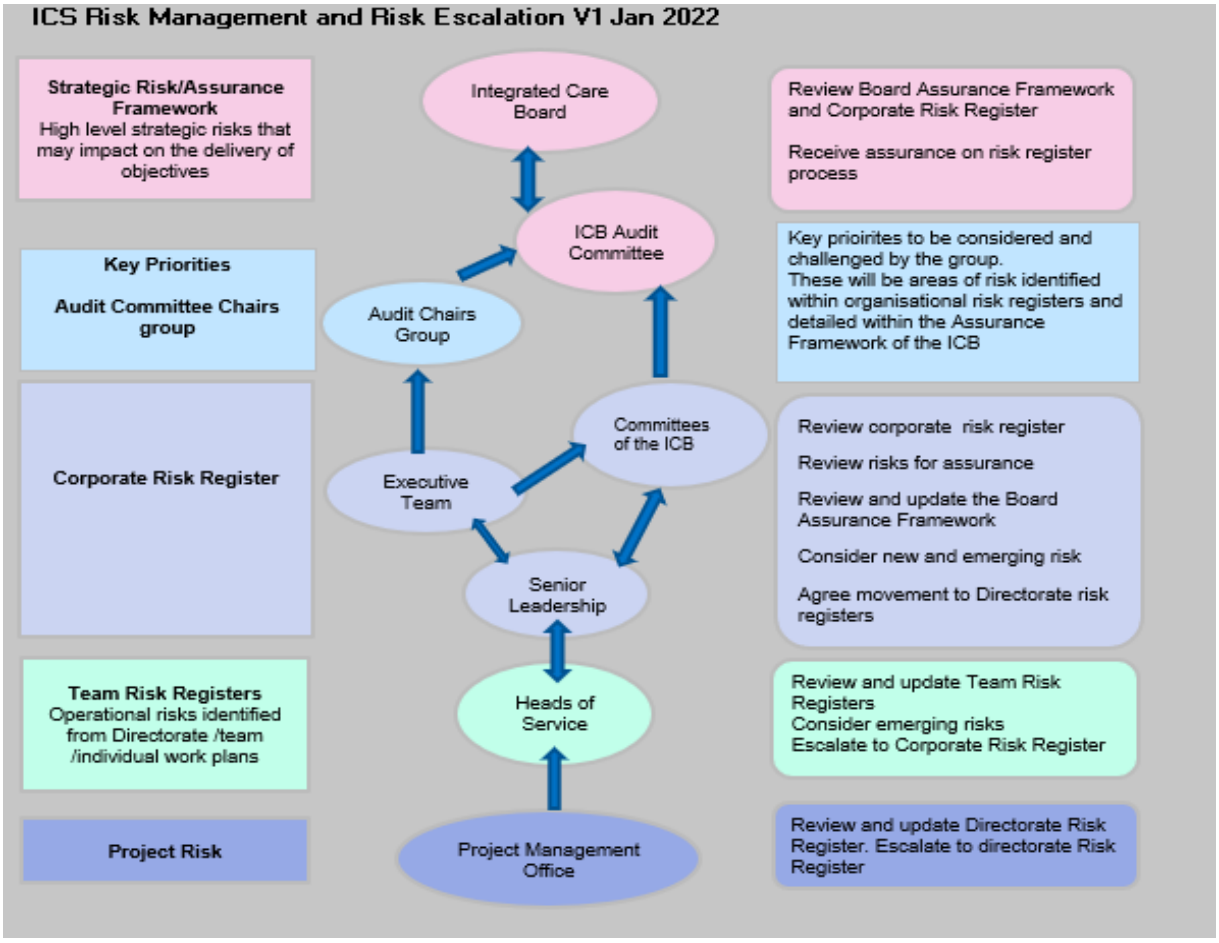
Expert advice and guidance from the Governance Team will assist to provide as accurate an assessment as possible.

Risk information should be captured for the following fields using the template in Appendix 4.

Risk description	An identity by which the risk is known throughout the life of the risk in the organisation e.g. There is a risk that……
ICB Objective	The risk must be linked to one of the ICBs objectives
Executive Lead	Is the identified Director who is lead for the risk and who is corporately responsible for ensuring that the mitigating action plans are put in place and that risk scores are reduced. The Executive Lead must have approved the risk prior to adding to the corporate risk register for committee approval.
Risk Owner	Will be the senior officer leading on the area of work in which the risk has been identified.
Risk Coordinator	Maintaining consistency in reporting, ensuring use of language is appropriate and the content of the risk register is kept up.
Risk Rating	This is the assessment of likelihood/probability and impact of the risk before controls are considered (Appendix 1 risk scoring matrix)
Controls	Are identified and put into place to mitigate the causes identified. Gaps in the controls are identified and remedied.
Assurances	Provide the ICB with confidence that the risk is being fully managed and reported. Gaps in these assurances are identified and remedied.
Actions	These are the activities in place to drive the risk down to a more acceptable risk rating level. Updates are made to the risk register to confirm actions completed. The action field on the CRR should be appropriately completed, i.e. it should detail the actions needed to strengthen control and/or assurances further.
Reporting	Risk is reported via a named committee, which includes Integrated Care Board and Integrated Care Board Committees.
Residual Risk Rating	This is the risk level that remains (likelihood/probable and impact) after controls have been put into place.
Adequacy of Controls and Assurances	This will provide reassurance that the risk is being managed and impact has been mitigated.

8. Risk Monitoring and Review

8.1 Risk will be scrutinised in the following way:



Team Level – Team risks shall be reviewed at team meetings to ensure that risks are continually monitored, accurately reflecting current position and that the Executive Director is satisfied that the current position of risks within their department is a true and accurate reflection of the department risk profile.

Executive Directors will have responsibility for agreeing the addition of risks to the team risk register, escalation to the CRR or removal of risks from the corporate risk register to be recorded on team risk registers which will be monitored at team level.

Risks must not appear on the CRR and Team Risk Register (TRR) at the same time – They must be stepped down (transferred) or escalated as appropriate with Executive approval

Risks removed from the CRR, with Executive approval and agreement from the responsible committee must be added (transferred) to the TRR for regular review to ensure that the risks remain in view and can be escalated to the CRR with Executive approval should the risk score change in line with the risk appetite.

Senior Executive Team– will act as the ICB's senior risk committee. All risks will be brought before the group monthly as a specific agenda item for review and recommendation of any additions and changes. Additionally, the group will ensure that the Risk Register is used to develop the agendas for meetings to ensure that all high-risk areas are reviewed on a regular basis. The Senior Executive Team will review the board assurance framework twice a year as a specific agenda item

Integrated Care Board Committees – As appropriate, committees will provide assurance of the risk process. The Committees will provide assurance that collectively the board assurance framework and the corporate risk register form a true reflection of the risk profile of the organisation, that evidence of robust risk management is in place on captured risks and that those risks are accurately assessed prior to Integrated Care

Board reporting.

Integrated Care Board – The Integrated Care Board is ultimately accountable for risk management in the ICB and assure themselves through the risk register and the board assurance framework that risks to achieving the vision, priorities and aims/objectives in the ICB are being managed effectively.

The Integrated Care Board is ultimately responsible for:

- approving the risk management framework
- the system of internal control and risk management
- insuring that national and ICB clinical governance issues are addressed

The Integrated Care Board will agree appropriate courses of action where it appears that risks are not being effectively managed.

Audit and Risk Committee – The non-executive director/lay member for probity and governance chairs the Audit and Risk Committee which reports directly to the Integrated Care Board. The committee's primary role is to conclude upon the adequacy and effective operation of the ICB's internal control system. The committee's work will focus on the framework of risks, controls and related assurances that underpin the delivery of the ICBs objectives in the board assurance framework. Members of the Audit and Risk Committee are presented with the board assurance framework for the ICB as specified in the ICB's constitution.

The Audit and Risk Committee Chair will provide a summary to the Integrated Care Board of its assurances and where necessary request deep dives to be undertaken in areas of risk where further assurances are required. The Audit and Risk Committee provides assurance to the Integrated Care Board that the risk management process that is in place is designed effectively to provide a robust risk management framework.

8.2 Risks should be reviewed by each risk owner as a matter of good practice in accordance with the timescales indicated in the table below or following a review of actions assigned to the risk to understand if the profile of each risk has altered across its constituent parts.

Risk Level;	Frequency of review by risk owners	Management of risks
Low Risk	No less than Quarterly	Managed by teams
Medium/Moderate Risk	Monthly	Managed by directors
High Risk		Report to Executive Team
Significant Risk		Report to Audit and Risk Committee / Integrated Care Board

A monthly review of each Risk by the Risk Owner is considered to be best practice, with the risk coordinator supporting the risk manager to maintain an accurate risk register for the ICB.

The most senior officer holding the risk portfolio is responsible for the ICB risk register as a whole, and requires the support of all directors, risk managers, risk owners and risk coordinators to add and review all risks.

Risk will be reviewed as detailed in the following table:

Governance Level	Frequency	Reported	Risk Register Owner

Team/Directorate	At least Quarterly	All risks relating to relevant Team/ Directorates	Risk Co-ordinator with Risk Owners
Non Active Team/Directorate	At least annually	This includes risks de-escalated from CRR or team risk	Risk Co-ordinator with Risk Owners
Senior Executive Team	Monthly	Risk Register and board assurance framework	most senior officer holding the risk portfolio
Audit and Risk Committee	As specified in the ICB constitution	Risk Register and board assurance framework	most senior officer holding the risk portfolio
Quality and Performance Committee	At every meeting	Safety and Quality Risks	Chief Nursing Officer/ Caldicott Guardian
Primary Care Commissioning Transition Committee	At every meeting	Primary Care Risks	Director responsible for Primary Care Commissioning
Finance Committee	At every meeting	Finance Risks	Chief Finance Officer
People and Culture Committee	At every meeting	People and Culture (workforce) risks	Director for People
Integrated Care Board	In accordance with the constitution	board assurance framework (BAF)	most senior officer holding the risk portfolio

9. Risk Reporting

9.1 Risk reporting will be facilitated by the governance team on behalf of the Integrated Care Board , Executive Team and Audit and Risk Committee and will provide the appropriate risk register report for each of the areas listed above.

9.2 Team risk registers will be updated by the named risk owner with assistance from the risk co-ordinator no less than monthly and discussed and reviewed at team meetings no less than quarterly. Lower level risk non active on a team risk register should be reviewed annually to ensure controls are still appropriate.

10. Risk Registers

10.1 Level at which risk is managed, recorded and monitored

Level of Risk	Risk Register	Risk Score	Risk Impact
Strategic	**Board Assurance Framework** (BAF) The BAF serves as the key document to assure the Integrated Care Board that risk management is in place to address risks to the organisation's principal objectives **Section 11** **Appendix 5**	**Significant risk 15 to 25**	**Requires Board level and Executive Director scrutiny and oversight** **Supports the annual governance report**
Corporate	**Corporate risk register** High level operational risk monitored by the Senior Executive Team Risk will have an organisational wide impact These are risks which cannot be managed at Directorate level	**High risks 8 or above or in accordance with risk appetite appendix 1**	**High level operational risk** **Monitored by the Executive Team** **Organisational wide impact** **Cannot be managed at Directorate level.**
Team	**Team risk registers** Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include risk that have been removed (transferred) from the corporate risk register	**Moderate to low or Residual risk score in accordance with the risk appetite appendix 1**	**Operational** **Managed at team or programme level**
Project	**Risk and Issues logs** Relate to specific time limited projects If further escalation is required Head of PMO will discuss with the most senior officer with portfolio responsibility for risk.	**Issues logs refer to risk specific to providers that ICB should be aware**	**Relate to specific time limited projects**

The board assurance framework will be overseen by the most senior officer holding the risk portfolio, who is responsible for reporting and presenting to the Integrated Care Board for approval no less than annually. The corporate risk register is also overseen by the most senior officer holding the risk portfolio, delegating any actions through governance. The Chair of the Integrated Care Board and chairs of relevant Committees will lead the discussion on these risk registers, seeking assurance and hold the executives to account when appropriate.

The ICB captures corporate risks on a single database.

The risk assessment process provides a systematic examination of the ICB's work processes and enables the reporting of a ICB wide risk profile to the appropriate level as described above. Appendix 1 contains the matrix that is to be used when scoring the

identified risks.

10.2 On identification of a new risk to be added to the corporate register, the risk register template Appendix 4 must be completed as fully as possible and submitted to the executive director whose area of responsibility the risk impacts for approval. A new risk must not be added to the corporate risk register without the approval of the responsible executive.

10.3 Requests for new risks to be added to the risk register will be reviewed by the Governance Team to ensure that:

- All required information fields are completed
- They do not duplicate an existing risk
- That they do not contradict an existing risk

10.4 Each team, directorate and committee will capture their risks in the corporate risk register for their area of responsibility. This is typically done by the nominated risk coordinator for the team or directorate, following instructions from the director, head of department or risk owner. The risk coordinator is not responsible for the risk, they will act as a resource to ensure that the risk is regularly reviewed and updated. Risk coordinators collectively form the risk coordinators group, where learning and best practice can be shared to add value and consistency to the ICB's risk register entries.

- Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include those risks that have been de-escalated or transferred from the corporate risk register.

- Risks exceeding a rating of 15 (significant) will be reported on the Corporate Risk Register and presented to the Executive Team, Audit and Risk Committee and Integrated Care Board .

- The Executive Team will discuss the potential escalation of other corporate risks to the board assurance framework depending on the perceived impact to corporate priorities and objectives

- Provider performance issues and risks, that raise serious patient safety concerns, should be separately recorded on the CRR (not subsumed into the over-arching provider performance risk currently recorded on the CRR). The responsible Executive will approve the addition of the risk to the CRR and the Quality and Performance Committee will agree to the recording of such risks on the CRR.

10.6 **Controls**

The controls are the systems, measures and management actions that are in place to manage or mitigate the effects of the key risks. In some instances, they may be tried and tested systems that have been audited and are proven to control risks. At a high level, for example, a management structure is an organisational control as are the governance arrangements themselves. In other instances, they are more likely to be management actions that are required to manage a specific risk that has been identified.

As the Department of Health's guidance recognises "The relationship between a risk and control is not necessarily straightforward. One specific risk may be mitigated by a number of controls. Some of those controls may only be effective when operating in conjunction with other controls and one control may relate to more than one risk."

Examples of key controls include:

- Governance processes; statutory frameworks, e.g. governance frameworks (standing orders, standing financial instructions and scheme of delegation)
- Management structure and accountabilities

- Risk management processes
- Communications and patient and public feedback
- Compliance with regulatory standards
- Management processes
- Policies and procedures

10.7 **Assurances**

For each of the risks and controls a source of assurance is set out, i.e. what provides evidence that the organisation has identified the risks and has controls in place. Assurances may be internal or external e.g. internal audit reports, a report to Integrated Care Board or Integrated Care Board Committees. The process for gaining assurance about the effectiveness of the key controls is to triangulate the relevant evidence.

10.8 **Gaps in Controls and Assurances:**

The effectiveness of the controls and supporting assurance will be evaluated for any gaps. Further action needs to be identified to address the gaps in controls and assurances that have been identified.

11. Board Assurance Framework (BAF)

11.1 All principal objectives and their associated risks are set out in the Integrated Care Board Board Assurance Framework (BAF). The BAF serves as the key document to assure the Integrated Care Board that risk management is in place to address risks to the organisation's principal objectives. The BAF (template shown at Appendix 5) is also a source for identifying links to ICB's Corporate Risk Register and risk management plans.

The BAF identifies where there are risks to the ICB's principal objectives, the controls in place to mitigate those risks and the assurance available to the Integrated Care Board that the risks are being managed. The BAF also indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps. Our risk appetite in relation to the risks associated with each principal objective is given in the BAF. Assurance scoring will be used to evaluate the level of assurance given.

The Audit and Risk Committee will review the BAF quarterly. The Integrated Care Board will review the BAF quarterly.

Integrated Care Board Board Assurance Framework		**Timescale**
Maintenance Coordination and Updating	Governance Team	Ongoing and at least bi-monthly
Review and sign off	Executive Directors	Ongoing and at least bi-monthly
Monitoring	Senior Executive Team Audit and Risk Committee Integrated Care Board	Twice a year Quarterly Quarterly via Audit Chairs Report

12. Mitigating Action

12.1 Mitigating action describes the part of the risk assessment process when decisions are made about how to treat risks that have been identified. The options for mitigating action are:

- **Reduce Risk:** For risks with high likelihood/probability and impact, risk reduction measures are absolutely essential. Take direct action to reduce the level of risk to an

acceptable level. Current 'ongoing' controls and actions to be continually monitored and actions planned to be implemented. Actions recorded must be 'SMART' (specific, measurable, agreed, realistic and time bound). This will require defined actions to be allocated to individuals, implementation dates agreed and implementation status to be monitored.

- **Transfer Risk:** It may be that the risk can be transferred to another organisation by way of a contractual agreement (for instance the private sector) or shared with partner organisations. In some instances, a risk may be insurable either totally or in part (e.g. legal liability, property, motor vehicle). However, it must be remembered that responsibility for statutory functions cannot be fully transferred and the reputational implications of risks need to be managed.
- **Manage Risk**: For risks with a higher likelihood/probability but a low impact the approach should be to manage and control the risk, i.e. by improving and documenting processes, providing adequate training and education or by implementing controls and procedures to regularly monitor and review the situation.
- **Contingency Plan**: If the likelihood/probability is low but the impact high contingency plans (or business continuity plans) should be developed. The purpose of contingency plans is to ensure the organisation's critical business functions or processes can continue at an acceptable level.
- **Accept Risk:** If the likelihood/probability is low and the impact is low, it is reasonable to do nothing and to accept certain risks. The ultimate aim of the risk management system is to reduce all risks to a level that the organisation is willing to accept. A decision taken not to implement any additional controls or actions indicates that the cost of control will exceed the benefits of risk reduction. When deciding on this management strategy, care will need to be taken to ensure consequences of the defined risk are fully considered, e.g. potential breach of legislation, reputational loss. Current 'ongoing' controls and actions (established 'routine' controls) will need to be monitored.
- **Terminate Risk**: The risk may be so serious that adding controls or modifications do not reduce the risk to an acceptable level. At this stage withdrawal from the activity may be considered.

13. Incident Reporting

13.1 The routine reporting of adverse events, incidents and 'near misses', is an essential requirement of the ICB's risk management framework policy.

All staff are required to report non-clinical incidents and near misses using the processes agreed within the ICB.

Detailed guidance regarding incident reporting and investigation is contained within the NHS Devon ICB policy for the management of incidents (including serious incidents) https://devonccg.nhs.uk/?s=serious+incidents

All staff should be encouraged to report incidents. This will be achieved through awareness training and by on-going support from the quality directorate for serious incidents. Staff can report an incident via a link available on all staff laptops.

The ICBs will comply fully with the commitment to identify record, investigate and report incidents and serious untoward incidents to the appropriate agencies including the appropriate NHS reporting bodies.

14. Risk Training

14.1 As described in section 5 - Accountabilities and Responsibilities- all staff are responsible for complying with the risk management framework policy. This will ensure that all identified remedial actions are taken for risks identified within their

area of responsibility.

14.2 All staff must familiarise themselves with the Risk Management Framework Policy and develop an understanding of what is expected of them in line with risk management within the ICB.

Staff will be offered risk management training commensurate with their duties and responsibilities.

The ICB will implement a structured programme of Risk Management training. As detailed in appendix 7.

Risk Management Presentations, which are kept under review, are available to all staff within the ICB as part of continuous training.

All staff can request additional risk management training through the Governance Team d-ccg.governance@nhs.net

14.2 Annual risk awareness training for Integrated Care Board members, Executives and their senior officers (direct reports), will be facilitated by the most senior officer holding the risk portfolio.

14.3 In addition:

a. Staff new to the organisation will receive risk management training via the induction programme.
b. Support and training for Executive Directors, Deputy Directors, Associate Directors and key managers is ongoing throughout the year via the risk updating process.
c. All staff must ensure that they have the knowledge, skills, support and access to expert advice necessary to implement the strategies, policies and procedures associated with this Policy
d. Details of the risk management framework will be available to all employees of the ICB and communicated to stakeholders and the public. Via the following:
    - Induction programme
    - Local induction via team risk co-ordinator
    - Risk assessment
    - ICB staff bulletin
    - Risk reports to the Board of the Integrated Care Board and sub committees
    - Risk reports to identified committees/groups to review and support programme risk. Escalating to corporate risk register as necessary

e) Risk management training will be reported annually to the Audit and Risk Committee.

15. Monitoring Effectiveness and Compliance

15.1 The government financial reporting manual requires ICBs to prepare a governance statement as part of the annual report and accounts. This is referred to as the annual governance statement (AGS) and is part of the ICBs annual report. This also includes the Head of Internal Audit Opinion.

15.2 Each year the ICB is required to carry out an internal audit of its risk management processes and report this within the AGS. This includes any recommendations for improvement.

a. The AGS is reviewed and approved annually by the Audit and Risk Committee

before being submitted to the Integrated Care Board as part of the annual report and accounts.

b. The Audit and Risk Committee also review risk though papers submitted throughout the year. In addition to risk reports being submitted to:
   - Quality and Performance Committee
   - Finance Committee
   - People and Culture Committee
   - Primary Care Commissioning Transition Committee
   - Senior Executive Team

The committees listed can also request information on specific risks to seek further assurance and details of actions being taken to address the risk.

16. Document review and Version Control

16.1 The risk management framework policy will be reviewed every year, or sooner should any changes be made to national guidance.

16.2 Changes will be issued as amendments to the policy and be clearly entered on page 2 of this document.

Appendix 1

Summary of Risk Appetite and Acceptable Risk Score

Risk Category	Definition	Appetite/ tolerance	Residual / Acceptable Risk Score	Rationale
Public, Patient and staff Safety (people)	These concern insufficient staff resources (capacity and capability). These risks can have a significant impact on the performance and reputation of the ICB.	Low	4	Patient and staff safety is of the highest importance and the ICBs will not accept any risks that threaten this. The ICB will aim to commission quality services for our patients.
Provider Performance (quality / patient experience)	Risk events such as failure by a third party to deliver a service, breakdown in partnership with a third party, or failure to manage internal change etc.	Moderate	8	The ICB challenges provider performance so as to help improve the service to patients and the public,
Statutory and mandatory compliance and governance. National policy	These include health and safety, data protection, employment practices, employment legislation, the NHS Constitution, Freedom of Information Act, Civil Contingencies Act, Deprivation of Liberty and regulatory issues.	Low	4	The ICB complies with all applicable legislation and will not accept any risk which (if realised) would result in non-compliance.
Financial Statutory Duties	In line with Constitutional requirements and standing financial instructions.	Low	4	Achieving financial balance both within the ICBs and in the wider local health economy is both a strategic priority and a statutory duty. Therefore the ICB will not accept any risk that (if realised) will threaten this.
Fraud and negligent financial loss	This is in line with Anti-Fraud and bribery act and NHS Protect requirements.	Low	4	The ICB will not tolerate financial losses from fraud and negligent conduct as this represents corporate failure to safeguard public resources.
Commissioning	These relate to the day to day concerns the ICBs are confronted with when striving to deliver strategic objectives. They can be anything from loss of key staff to process failure.	Moderate	8	Innovative approaches for commissioning incorporate inherent risk, which can impact on the delivery of outcomes. These concern risks that programmes and projects do not deliver agreed benefits within agreed budget and/or introduce new or changed risks that are not effectively identified and managed.
Reputation	It is important that the reputations of the ICB are protected through robust systems of communication with stakeholders. .	Low	4	The ICB will maintain high standards of conduct, to safeguard both the organisation and public and stakeholder confidence.
Strategic	Strategic risks can be defined as the uncertainties and untapped opportunities embedded in strategic intent and how well they are executed. As such, they can impinge on the whole organisation, rather than just an isolated department or locality.	High	12	Were the ICB to fail to deliver its strategic priorities, the reputation of the ICB would be compromised, jeopardising its ability to carry out its core purpose and/or meet its strategic objectives
Engagement	The processes of engaging with and involving stakeholders in commissioning decisions	Moderate	8	The ICB will work with its member practices and other organisations (including but not restricted to other ICBs and local authorities) to ensure the best outcome for patients and communities. We are willing to accept the risks associated with a collaborative approach.
Information and technology	These can be anything from loss of data to failure of a key IT system	Moderate	8	We manage our systems to minimise the threat of risk events such as a technological breakdown, loss of hard or soft copy data, failure by a third party to deliver a service, failure to manage internal change etc.
Innovation	Commissioning intentions and operating plan	High	12	We encourage a culture of innovation and are willing to accept risks associated with this approach where they do not threaten risk areas that the ICB are not prepared to accept (as defined above e.g. quality patient care / safety).

Risk Assessment Scoring Guidelines

Risk Assessment Scoring Guidelines - Using the management response guidance at the bottom of this page:

- If a risk falls into one of the boxes numbered **15-25** immediate action is required, so far as is reasonably practicable. (Risk score of 25 can only be approved by the Accountable Officer)
- If a risk falls into one of the boxes numbered **8-12** prompt action is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **4-6**, risk reduction is required, so far as is reasonably practicable.
- If a risk falls into one of the boxes numbered **1-3** further risk reduction may not be feasible or cost effective.

Assessing the likelihood/probability of risk

Score	Description	Definition
5	Almost Certain	Very likely. The event is expected to occur in most circumstances as there is a history of regular occurrence at the ICB or within the NHS.
4	Likely	There is a strong possibility the event will occur as there is a history of frequent occurrence at the ICB or within the NHS.
3	Possible	The event may occur at some time as there is a history of ad-hoc occurrence at the ICB or within the NHS
2	Unlikely	Not expected but there is a slight possibility it may occur at some time.
1	Rare	Highly unlikely, but it may occur in exceptional circumstances. It could happen but probably never will.

Risk scoring matrix (5x5 scores for impact & likelihood/probability)

		Likelihood/probability of Risk Occurring				
		1 Rare	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
Impact	**1 low**	**1**	**2**	**3**	**4**	**5**
	2 Minimal	**2**	**4**	**6**	**8**	**10**
	3 Moderate /Medium	**3**	**6**	**9**	**12**	**15**
	4 High	**4**	**8**	**12**	**16**	**20**
	5 Significant	**5**	**10**	**15**	**20**	**25**

Risk scoring categorisation	
1-3	**Low risk**
4-6	**Medium/moderate risk**
8-12	**High risk**
15-25	**Significant risk**

Overarching Risk Score and Management Response				
Risk Ranking	**Low**	**Medium/moderate**	**High**	**Significant**
	1-3	**4-6**	**8-12**	**15-25**
Rectifying Action	**Business as usual. Acceptable but continue to monitor.**	**Management responsibility must be specified, and actions set out over time**	**Senior Management attention needed. Actions set out within defined timescale to address control weaknesses**	**Immediate action required to mitigate the risk and address gaps in control or arrange contingencies**
Monitor	**At operational / departmental level**	**At operational / departmental level**	**Senior management**	**Executive level**
Escalation	**Risk Register**	**Risk Register**	**Risk Register**	**Integrated Care Board Risk Board Assurance Framework**
Acceptable Risk Score for Appetite	**5**	**8**	**12**	**15**

Assessing the impact of risk

Appendix 2

Score	Public staff and patient safety (physical or psychological harm)	Quality/complaints/ audit	Finance	Staff	Service delivery	Environment estate and IT
Catastrophic	• Incident leading to avoidable death or serious permanent harm due to a failure of process, breach of policies or protocols/procedures or safe working practices. • An event which adversely impacts on a large number of patients or multiple permanent injuries or irreversible health effects, or serious safeguarding issues • Increased mortality rates or serious incidents/never events indicating failure of the services to deliver patient safety, requiring immediate intervention such as suspension of service or escalation.	• Totally unacceptable level or quality of treatment/services. • Gross failure of patient safety if findings not acted upon. • Inquest/Ombudsman's enquiry with identification of gross failure to meet national standards of care or treatment. • Totally unsatisfactory patient outcome or experience	Serious impact on financial position of ICB	Non delivery of key objective / service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff	Sustained failure to meet standards and / or national requirements. Serious impact on overall performance and possible intervention Serious long-term impact (nationally and locally) on reputation, prolonged interest and DoH / Select Committee overview Serious breach with potential for ID theft or over 1000 people affected	Permanent loss of service or facility Catastrophic impact on environment, multiple breach and prosecution Damage will spread beyond one item of equipment and take over 1 week to repair
Major	• Major injury leading to long term incapacity or disability (not irreversible) • Requiring time off work for >14 days • Increased length of hospital stay by >14 days • Mismanagement of patient care with long term effects, including • Safeguarding • Increased mortality rates or serious incidents/never events indicating urgent interventions e.g. risk summit, improvement plan or contractual action	• Non -compliance with national standards with significant risk to patients if unresolved • Multiple complaints or an independent review • Low performance rating • Critical report (internal or external) • Mismanagement of patient care – long term effects	Significant impact on financial position of ICB	Uncertain delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>5 Days) Loss of key staff	Major impact on overall performance which puts achievement of standards and / or national requirements at risk. National and local interest and impact on reputation specific to an issue – prolonged interest Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected	Loss / interruption of service or facility > 1 week Major impact on environment, multiple breach and prosecution notice issued Equipment will be out of action less than 1 week to repair

Moderate	• Moderate injury requiring professional intervention and leading to long term incapacity or disability • Requiring time off work 4-14 days • RIDDOR reportable incident • An event which impacts on a small number of patients including safeguarding • Increased length of hospital stay by 4-15 days • An increasing mortality rate or serious incidents/never events trend requiring monitoring with action plan to mitigate risk	• Treatment or service has significantly reduced its effectiveness • Formal complaint with potential to go to independent review • Repeated failure to meet internal standards • Major patient safety implications if findings are not acted upon • Mismanagement of patient care – short term effects	Significant impact on financial position of ICB	Late delivery of key objective / service due to lack of staff Unsafe staffing levels or competence (>1 Day)	Failure to meet internal standards with some impact on overall performance of the ICB. Local interest and impact on reputation specific to an issue Serious breach of confidentiality e.g. up to 100 people affected	Loss / interruption of service or facility > 1 day Moderate impact on environment, improvement notice issued Equipment shut down immediately and restarted in less than half a day.
Minor	• Minor injury or illness requiring minor intervention • Requiring time off work >3 days • Increased length of hospital stay by 1-3 days • Mortality rates within normal limits or individual serious incidents that require monitoring	• Overall treatment or service suboptimal • Formal complaint – local resolution • Single failure to meet internal standards • Minor implications for patient safety if unresolved • Reduced performance rating if unresolved • Unsatisfactory patient experience – easily resolvable	Minor impact on financial position of ICB	Low staffing levels that reduces the service quality	Failure to meet internal standards with some impact on overall performance Short term local interest and impact on reputation specific to an issue Serious potential breach & risk assessed high e.g. unencrypted clinical records lost. Up to 20 people affected	Loss / interruption of service or facility > 1 day Minor impact on environment, single breach of legal requirement Moderate damage to equipment easily repairable.
Insignificant	• Minimal injury requiring no/minimal intervention or treatment • No time off work • Mortality rates or serious incidents require routine monitoring.	• Peripheral element of treatment or services suboptimal. • Informal complaint / enquiry • Unsatisfactory patient experience not directly related to patient care	Minor impact on financial position of ICB	Nil	Failure to meet individual employee objectives Minimal impact Potentially serious breach. Fewer than 5 people affected or risk assessed as low, e.g. files were encrypted	Loss / interruption of service or facility > 1 hour Minimal or no impact on environment Little damage to equipment

Appendix 3

Glossary

Definitions	Risk Management
Action	An action must detail the actions needed to strengthen control and/or assurances further. The action field on the CRR should be appropriately completed, to demonstrate the actions being taken to mitigate the risk
Acceptable Risk	The maximum score associated with a specific risk that the ICB is willing to tolerate.
Accident	An unintended event or series of events that result in death, injury, loss or environmental damage.
Adverse Event	An undesired outcome that may or may not be the result of error.
Assurance	Confirmation that the control environment that is in place is robust and that the controls are working so as to ensure that they will have the desired impact on the risk identified.
Assurance Framework	Links organisational objectives with identified risk to achieving those objectives, via the risk register. It identifies gaps in the control and assurance environment, along with the actions required in order to mitigate risks and control them as far as reasonably practicable.
Board Assurance Framework	A method for the effective and focused management of the principal risks that arise in meeting the ICB objectives.
Corporate Risk Register (CRR)	A scored list of clinical, organisational, financial and strategic risks to the organisation, identified by the Executive Directors, by sub-committees of the Board or by processes of assurance. Controls and assurances in relation to these risks are also set out in the ICB Risk Register.
Consequence	Is the most likely impact on the organisation should the risk materialise
Control	Is something that helps minimise the likelihood/probability of a risk occurring, or if it does occur reduces the consequence of that risk.
Executive Lead	Is an identified Director who is the lead for the risk and who is corporately responsible for ensuring that the mitigating action plans are put in place and that the risk scores are reduced.
Gaps in Control	Those areas where there are inadequate controls in place to manage a strategic risk or where the existing controls are not effective.
Gaps in Assurance	Those areas where there is insufficient assurance that the controls in place are adequate and effective
Hazard	A source of potential harm.

Incident	An incident is any occurrence which gives rise to, (or, in the case of a near miss narrowly avoids giving rise to), unexpected or unwanted effects involving the safety or well-being of any person on ICB premises or employed by the ICB. It also refers to the loss of or damage to property, records or equipment that are on ICB premises or belong to the ICB. The term therefore includes accidents, clinical incidents, security and confidentiality breaches, violence, and any other category of event, which does or could result in harm. It also includes failures of medical or other equipment.
Likelihood	Is a measure of the frequency of the specific risk being realised?
Operational level risks:	Those risks that impact on the day to day activities of the organisation and its associated activities. These risks are likely to be associated with a Committee or Transformation Programme, although this may not always be the case. Specifically, these are those risks rated as being low or medium and will be managed locally on team risk registers.
Probability	The likelihood of a specified event or outcome occurring. This is measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probability is expressed along a scale ranging from 'rare' to 'almost certain' By definition, a risk is a probability of a loss or an opportunity. As such, risks are modelled with probability and impact and Appendix 2 should be used to determine this, alongside a clear trajectory to be agreed between the Risk Owner and Executive Lead
Residual Risk	A risk that remains after all efforts have been made to mitigate or eliminate, risks associated with a business process or investment. After a risk assessment, a residual, risk may be known but not completely controllable.
Risk	The chance of something happening that will have an impact upon objectives. It is measured in terms of consequences and likelihood/probability.
Risk Analysis	A systematic process to understand the nature of, and deduce the level of, risk.
Risk Appetite	The amount and type of risk that an organisation is prepared to seek, accept or tolerate
Risk Assessment	The overall process of risk identification, risk analysis and risk evaluation.
Risk Avoidance	A decision not to become involved in, or to withdraw from, a risk situation.
Risk Co-ordinator	Is the identified individual who ensures that all relevant risks for their, directorate, team or department are visible on the risk register, and who will liaise with the senior member of the governance team to ensure risks are reported effectively and escalated as necessary to the board assurance framework .
Risk Criteria	Terms of reference by which the significance of risk is assessed.
Risk Evaluation	Process of comparing the level of risk against risk criteria.
Risk Exposure	The level of risk that an organisation or process or project is exposed to.
Risk Identification	This is the process of determining what, where, when, why and how something could happen.

Risk Level	Is calculated using the Risk Matrix to multiply the selected consequence and likelihood/probability to determine a risk grade.
Risk Management Framework Policy (RMF)	Includes all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.
Risk Management	The culture, processes and structures that an organisation applies in order to realise potential opportunities, whilst managing adverse effects.
Risk Management Process	The systematic application of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.
Risk Owner	Is named on the risk register as the individual responsible for ensuring that the action plan in place to mitigate the impact is delivered.
Risk Reduction	Actions taken to lessen the likelihood/probability, negative consequences or both associated with risk.
Risk Register	Is a log of risks faced by an organisation and is used to ensure that appropriate action is being taken to control and reduce each risk as far as reasonably practicable. Each register comprises an assessment of each risk including a description, analysis and a summary of action to be taken in respect of each identified risk.
Risk Tolerance	Is the level of risk that the organisation is prepared to accept and be exposed to at any point in time. This will vary dependant on the conditions facing the organisation at any point in time.
Risk Treatment	Process of selection and implementation of measures to modify risk (avoiding, modifying, sharing and retaining).
Service User	A person who is using services provided by the ICB.
Strategic (significant) level risk	Those risks that threaten the achievement of the organisation's strategic objectives. Specifically, these tend to be those risks rated as being major or severe.
Stakeholders	Those people and organisations who may affect, be affected by, or perceive themselves to be affected by a decision, activity or risk.
Team Risk Registers	These are risks held a team level. Teams will hold a risk register to manage operational risks identified from directorate /team /individual work plans. This will include those risks that have been de-escalated or transferred from the corporate risk register.
The ICB	NHS Devon Integrated Care Board

Appendix 4

Risk Register Template (May 2022)

Date risk opened:		
Risk Description:	***There is a risk that*** .. ***The impact of this is (the impact statement should clearly state the effect of the risk to the ICB)***	
Is the risk evidenced on a provider risk register *Please comment in the assurance box*		***Yes / No***
Risk Register Indicate which register the risk will be recorded.	***Corporate Risk Register***	***Team Risk Register*** *Name*
Executive Lead:		
Programme lead/senior manager		
Risk Owner:		
Risk Name*:(2-4 word title to describe risk e.g.: Fracture liaison service)*		

Risk Score *(likelihood score x impact score) – please refer to risk matrix scoring section of risk policy*

Likelihood:	*Rare (1)*	*Unlikely (2)*	*Possible (3)*	*Likely (4)*	*Almost Certain (5)*
Impact:	*Low (1)*	*Minimal (2)*	*Medium/Moderate (3)*	*High (4)*	*Significant (5)*

Risk Coordinator:	
Committee Reported to:	
Other reporting areas	

ICB Objectives *(please indicate the objective the risk links to)*

Corporate Objectives (TBC)	Indicate which Corporate Objective this risk is linked to.

○

Controls:	*Controls are the arrangements made or precautions taken, to reduce risk. (e.g. Governance processes / statutory frameworks, management structure & accountabilities, communications & patient / public feedback, policies & procedures / reviewed at team meetings etc). Please provide details of controls in place, below:*
Control Gaps: *(Detail gaps or state 'none identified')*	
Assurances:	*For each of the risks and controls a source of assurance is set out i.e. What provides evidence that the organisation has identified the risks and has controls in place. (e.g. Internal audit report, report to Board or Board Committees) Please provide details of assurances below:*
Assurance Gaps: *(Detail gaps or state 'none identified')*	
Actions	
Executive Lead Approval	**Name** **Date:**
Added to Risk Register	**Date**
Closure of risk transfer or Escalation	**Rationale for risk closure, transfer for Escalation** **Risk closure transfer or escalation approved by executive** **Name** **Date**

Appendix 5

Integrated Care Board Board Assurance Framework

Integrated Care Board Board Assurance Framework Risk Tracker

The ICB Board Assurance Framework identifies the ICB's principal, strategic objectives and the principal risks to their delivery. The controls in place to manage those identified risks are summarised. The internal and external assurances that controls are in place and have the impact intended are set. Where there are gaps in controls or assurances these are described, and the actions planned to mitigate these are also explained. The table below gives an overall summary of the ICB Board Assurance Framework.

Example only – Corporate Objectives to be agreed

Board Assurance Framework (BAF) 2021 to 2022 With sub objectives V1.3													
CCG Objectives		Board Assurance Framework Risk Ref	Principle Risks *There is a risk that……*	Delivery Date	Corporate Risk Register mapping	Initial Risk Score	Updated score at last review	Risk Movement (Trend)	Risk Appetite /Target Score	Assurance Score	Lead Director	Date BAF Risk Reviewed	*Comments*
1	**Commission high-quality and safe services that reduce health inequalities and improve health outcomes**												
	We will ensure that we are clear about the outcomes we are commissioning from new and existing services and ensure that contracts are agreed to achieve these.	BAF 1a											
	We will work with our partners to reduce health inequalities and deliver on the 8 Urgent Actions outlined in Phase 3	BAF 1b											
	We will embed the commissioning cycle so that our decision making is based on a strategic evidence base and prioritisation framework	BAF 1c											
		BAF 1d											
	We will consider the use of new technology during the process of commissioning new services	BAF 1e											
	We will ensure that patient and public views are sought in everything we do	BAF 1f											
2	**Improve service performance**												
	We will ensure that we have robust mechanisms for monitoring progress on delivery of our plans	BAF 2a											
		BAF 2b											
	We will work with our partners to ensure delivery of the operational system plan	BAF 2c											
	We will have robust processes in place for identifying and responding to emerging risks	BAF 2d											
	We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus	BAF 2e											
3	**Achieve financial sustainability**												
	We will ensure that the CCG delivers a break-even position for 20/21.	BAF 3a											
	We will agree a medium-term plan that will deliver against the financial ambition of the LTP	BAF 3b											
	We will deliver our agreed efficiency programme for 21/22	BAF 3c											
		BAF 3d											
4	**Be an effective, well-led organisation with an empowered and inclusive workforce**												
	We will increase staff satisfaction by addressing the issues raised in the staff survey	BAF 4a											
	We will support staff through the ICS transitions process	BAF 4b											
	We will achieve an improved NHSE assurance rating	BAF 4c											
	We will grow and develop our staff to meet their potential and the organisation's needs	BAF 4d											
	We wil increase the diversity of our staff to reflect that of the Devon population	BAF 4e											
5	**Lead the system's response to the coronavirus pandemic**												
	We will support staff health, wellbeing and morale during the COVID pandemic	BAF 5a											
	We will deliver our Primary Care strategy to increase capacity and capability in Primary Care	BAF 5b											
	We will maintain robust incident management arrangements	BAF 5c											

1. Risk Management Policy.doc

Corporate Objective:				Director Lead:
Risk: BAF 1a				Reviewer
Corporate risks				Date Last Reviewed:
Risk Scores				
	Likelihood	Impact	Risk Score	Reason for current score:
Initial Risk Score:				
Risk score at last review				
Appetite:				Rationale for risk appetite:
Delivery Date				
Controls: (What are we currently doing about this?)				Assurances:
Control Gaps				Assurance Score:
Mitigating Actions: (What should we do?)				Gaps in Assurance: (What additional assurances should we seek?)
Narrative of anticipated timeline				
	Update on actions taken			
Date	Action	Action Status	planned completion date	Narrative update

Adequacy of Assurance scoring

This score is used to inform the ICB of the degree of reliance they can place on an item of assurance.

1	Does this assurance provide evidence that the controls are achieving the desired outcome?	Yes - proceed to Section 2 No - Do not proceed with this assessment and the score will automatically be 0. If the item highlights areas where controls are not in place or are not achieving the desired outcome, please add this information to the "gaps in Controls" section of the Risk.

2	**Timeliness**		**Score**
2a	If the information is older than 6 months then the adequacy score automatically becomes 0, otherwise proceed to question 2b		
2b	How old is the most recent information on which the Assurance is based? Within the last month between 1 and 3 months between 4 and 6months		 **3** **2** **1**

3	**Scope of Positive Assurance**	**Score**
3a	Does it provide positive assurance on all aspects of the issue? For example, ICB is fully compliant / achieving the target.	**3**
3b	Does it provide partially positive assurances? For example, compliance in some areas.	**1**

4	**Sufficiency**	**Score**
4a	Is this a key/definitive source of assurance for this area? For example, CQC, formal reports, data.	**3**
4b	Is this one of a number of sources of assurances contributing to an overall picture?	**2**
4c	Is this an indicator of likely achievement of the outcome rather than evidence of actual achievement?	**1**

5	**Basis for Assurance**	**Score**
5a	What is the Assurance based on? Evidence - Audited externally Evidence - audited internally Self-assessment - externally validated Self-assessment - without audit or validation	 **4** **3** **2** **1**

Score 0	No assurance
Score 1 - 7	Weak assurance. Very limited reliance can be placed on this as an indicator.
Score 8 - 10	Moderate assurance. Limited reliance can be placed on this as evidence.
Score 11 - 13	Strong assurance. This evidence can be strongly relied upon.

Appendix7

Risk Training Matrix

Course/training summary	Target Audience	Minimum Frequency
Introduction to Risk Management This will be provided by a presentation available via teams and access recorded by the Governance Team.	All employees	Induction Every 2 years
The Governance Team will clarify the role of the Risk Coordinator and their responsibilities within the Risk Policy with a face to face meeting.	Risk Co-ordinators	On appointment Subsequently through peer group meetings
Risk Owners responsibility for identifying and managing risk to ensure that risks in their specific area of responsibility are recorded in accordance with the Risk Policy.	Risk Owners	On appointment
To provide an overview and understanding of the Executive Committees responsibilities as described in the Risk Policy.	Executive Team	Annually and through monthly discussions of risk report and corporate risk register
To provide Integrated Care Board members with an understanding of risk management within the ICB and their responsibilities, to include: • An understanding of the risk assessment process • An understanding of 'the language' and common acronyms used in risk assessment • How risk links to the operational and business planning processes • The reporting processes within the ICB • How risk management is embedded in the culture of the ICB	Integrated Care Board	On appointment and every 2 years Integrated Care Board members require risk management training every two years in accordance with national guidance.

Health & Safety Policy

NHS Devon Integrated Care Board

Author(s): Jodie Howland, Governance and Facilities Business Manager Richard Hookway, H&S Competent Advisor, Amarisk	Contact Details: D-ICB.Healthandsafety@nhs.net Governance Team	GEN 023
Approved by: Board	Date of formal approval October 2020	Review Date: July 2023
Date Issued: July 2022		Version 1
All policies are held centrally by Governance: d-ICB.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V0.0	01.07.22	New Policy

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team, FREEPOST EX184,
County Hall,
Topsham Road,
Exeter EX2

Contents		
Section	**Title**	**Page**

1. Introduction

1.1 NHS Devon Integrated Care Board ('the ICB') is fully committed to protecting the health, safety and welfare of all staff. The Board of the ICB will provide the leadership to ensure that exemplary health and safety practices are firmly embedded throughout the organisation to provide a secure and healthy environment in which to work.

1.2 The Board has overall responsibility for Health and Safety throughout the organisations' operating activities, specifically:

- Ensuring that all Board members maintain and demonstrate their commitment to Health and Safety
- Ensuring that health and safety risks and other information brought to their attention are appropriately considered and acted upon
- Ensuring adequate resources including finance are made available for the provision of adhering to this health and safety policy and compliance with the Health and Safety at Work Act 1974 and associated regulatory guidance.

1.3 The ICB has appointed an independent health and safety adviser and has delegated to the Governance team to keep under review the ICB Health and Safety Policy, co-ordinate matters of Health and Safety management and provide an annual report in accordance with the corporate calendar to the Board. This role does not detract from the responsibilities of the Board and other Directors for specific areas of Health and Safety management which are outlined in the constitution and also the Health and Safety at Work Act 1974.

1.4 In compliance with health and safety legislation as it applies, this is a statement of the Health and Safety Policy of the ICB and the arrangements for its implementation. The policy itemises not only the duties of the ICB to protect the health, safety and welfare of its staff, but also the legal obligations that these acts place upon every member of staff whilst at work.

1.5 There is an obligation upon the ICB, the Governance team, the Human Resource team and each line manager to work jointly, and ensure that staff are informed and instructed with regards to Health and Safety training, instruction and that such activities are properly recorded and records maintained.

1.6 The ICB are tenants of 4 sites with responsibility for health & safety within their own working areas only. Communal areas within buildings are the responsibility of the ICB, landlord or their appointed agent as determined in relevant lease agreements held by Finance and Contracting.

NHS Devon ICB is a tenant of:

- **County Hall,** Topsham Road, Exeter, EX2 4QL
- **The Stone Barn,** Hill Village Business Park, Filleigh, Devon. EX32 0RP
- **Pomona House**, Oak View Close, Torquay, TQ2 7FF.
- **Windsor House**, Tavistock Road, Plymouth, PL6 5UF.

1.7 This policy aims to ensure that:

- Managers and individuals of the ICB look after the health, safety and welfare of its staff as far as is reasonably practicable.
- The health, safety and welfare of other persons e.g. contractors, visitors, general public who are affected by the ICB's activities, is looked after.
- Satisfy the requirements of the relevant regulations as they apply, and any other associated relevant regulations and guidance.
- To supplement and enhance any associated policies
- As a ICB we will take all reasonable steps to ensure adherence to national or local policy

and guidance. Therefore, this policy will be updated in accordance with any national or local policy changes.

2. Scope of Policy

2.1 This policy applies to those members of staff that are directly employed by the ICB and for whom the ICB has a legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the ICB. Further, this policy applies to all third parties and others authorised to undertake work on behalf of ICB.

3. Strategic context

3.1 The ICB attaches great importance to the Health and Safety of its staff and recognises its legal obligations under the Health and Safety at Work Act 1974, to ensure the health, safety and welfare of its staff, so far as is reasonably practicable. Additional guidance will be adhered to during any local incident, epidemic or global pandemic in line with its emergency planning resilience and response plans, but principles of this policy apply throughout. The ICB also accepts such responsibility for other persons who may be affected by its activities whilst working in the ICB's premises or as part of agreed homeworking activities.

3.2 The ICB aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, service users and the public have been reviewed in line with ICB's Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and, if possible, removing any disproportionate adverse impact on employees, service users and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.

4. How health and safety will be delivered

4.1 Good practices will be adopted to manage Health and Safety, and the ICB will endeavour to secure the co-operation of all staff in matters of Health and Safety and encourage their active participation through consultation.

4.2 The ICB has a Building Coordinator Group which meets on a quarterly basis, or more often as required. Its purpose is to:

- Provide a forum for consultation and discussion of health and safety matters including review and input into the ICBs Health & Safety policy and working arrangements and their impact on ICB Staff.
- Promote co-operation between the Board, Managers and Staff on all matters relating to health, safety & welfare.
- Make recommendations to the Board for safety compliance and in line with government guidelines for keeping staff safe in the workplace during an incident such as a local outbreak, epidemic or global pandemic.

4.3 All ICB staff are expected to undertake mandatory Health & Safety training every 3 years via the e-Learning tool on ESR. This is outlined in the ICB's Mandatory Training Policy which is available to all staff via the ICB intranet pages.

Commented [JH1]: Update link when available

4.4 The ICB will make necessary provisions to ensure the ICBs Health and Safety policy and procedures are regularly monitored and reviewed. This will include regular annual site compliance audits and quarterly workplace inspections of each site.

4.5 The ICB will take all necessary precautions to safeguard its staff from exposure to harm including stress at work, violence, harassment and bullying. The ICB's HR department is available for one to one advice and guidance. In addition, any health and safety incidents can be logged via the Datix incident portal and these incidents reported through to the Executive team via the Governance team no less than annually.

4.6 The ICB's ways of working safely will be guided by:

- ICB's Accountable Officer
- ICB Executives
- Advice from the ICB's Health and Safety Competent Advisor
- ICB's Health and Safety Lead
- Partner organisations
- Published organisational values
- HSE guidance

4.7 New employees will be provided with a Health and Safety Induction by their line manager (or the line manager's delegated person) and supported by the Building Co-ordinator. The induction includes a Health and Safety statement which new employees are asked to read and sign. This checklist will be retained in the employee's personal file.

4.8 Any existing NHS Devon ICB employee who is working at another NHS Devon ICB site, not their normal contracted place of work, will be encouraged by their line manager to liaise with the Building coordinator to request familiarisation of the building, to ensure that they are informed of all of the H&S aspects of the building and feel able to alert others and the Building Coordinator(s) of any health and safety issues for the duration of working on the premises.

5. The general statement

5.1 It is a requirement under Section 2 of the Health and Safety at Work Act 1974 that the organisation prepares and, as often as may be appropriate, revises a written statement of its general policy with respect to the Health and Safety at work of its staff, outlining the legal and statutory duties for both the employer and staff. This also provides details of the organisations responsibilities for carrying out that policy and to bring that statement or any subsequent revision of it to the attention of all staff.

5.2 It is the policy of the ICB to:

- provide and maintain standards of health, safety and welfare, which comply fully with Health and Safety at Work Act 1974 and any other statutory provisions, or approved codes of practice relevant to the nature of the business
- provide and maintain equipment and systems of work that are suitable, safe and without risk to health
- provide all staff with sufficient instruction, information and supervision to develop and encourage safety awareness in order to work in a safe manner
- provide a safe place of work including safe access and egress.
- establish joint consultation on matters of Health and Safety in order to help identify risks and to assist in the prevention of accidents; and
- ensure that as far as is reasonably practicable, that the operations of the ICB are safe and without risk to the Health and Safety of visitors and the local community.

6. Organisation and responsibilities

6.1 The Accountable Officer is accountable for the ICB's Health and Safety systems.

6.2 The Accountable Officer has delegated responsibility for all aspects of Health and Safety to the Governance team.

6.3 The Governance team is responsible for ensuring that the organisation has robust systems and processes in place to ensure effective health and safety. The team, as directed by the Director of Communications, HR, Governance and IT, will liaise with other staff members to provide appropriate advice when required. The team will provide organisational analysis to inform the Executives on a quarterly basis, the staff partnership forum bi-annually and the Audit Committee annually for assurance.

6.4 At an operational level, the duties will fall to the Building Coordinators, a voluntary role in addition to normal working arrangements, through direction from the Governance team who will act as the Health and Safety Lead for the ICB and offer strategic guidance and support in matters related to health and safety.

6.5 The Chief Communications, IT and Peoples Officer has responsibility for all of the ICB's five main sites.

6.6 The HR team and individual line managers are responsible for ensuring staff receive all necessary Health and Safety training, instruction and information and that such activities are properly recorded, and records maintained. The line managers together with Building Coordinators will:

- organise the department, section or workplace so that operations or work carried out is to a satisfactory standard of safety, resulting in minimal risk to people, equipment and materials;
- plan and maintain good housekeeping
- review operating and work instructions and specific related hazards to staff transferred into the department and/or new staff
- ensure all accidents / incidents are reported in accordance with the accident and incident reporting procedure so that they may be recorded
- ensure all staff are aware of Health and Safety procedures
- encourage the good behaviours required by staff by setting a good example with respect to Health and Safety.

6.7 Building Co-ordinators are appointed for each NHS Devon ICB premise. Their role is to co-ordinate and report, safety issues relating to their nominated office, represent the views of Staff at Building Coordinators Group and the staff forums / staff councils as appropriate. Responsibilities of this role include:

- Consulting with local managers and staff on Health & Safety matters
- Co-ordinating risk assessments, reports and other information as appropriate for feedback to the Corporate Services team/Safety Group as appropriate.
- Ensuring safety inspections and relevant records are maintained for relevant premises.
- Ensuring that the necessary work equipment is adequate, available, properly maintained and used appropriately
- Attending Building Coordinator Group meetings
- Attend as appropriate Staff Forum and / or Staff Council meetings
- Bring any health and safety issues to the attention of their line manager and the ICBs Health and Safety Lead as soon as possible

6.8 Details of Building Coordinators are publicised through regular communications and on posters at each ICB site.

7 Staff duties and responsibilities

7.1 All staff whilst at work have a legal duty to take reasonable care for the Health and Safety of themselves and others who may be affected by their acts or omissions, and to co-operate fully with the arrangements made by the organisation to meet its legal responsibilities for Health and Safety as in Section 7 of the Health and Safety at Work Act 1974.

7.2 Staff have a responsibility for bringing to the immediate attention of their manager, business manager or their Building Co-ordinator, any issues that could be detrimental to themselves and others, including visitors.

7.3 It is the responsibilities of all staff to:

- comply with local fire procedures;
- comply with local first aid procedures;
- comply with national or local guidance in the event of an incident, epidemic or pandemic which may include, but is not limited to, social distancing and adhering to principles of good hygiene/infection prevention control measures at all times
- not attempt to repair any item of electrical equipment (unless properly authorised to do so) but to report it to their manager or the Building Coordinator
- not to bring personal electrical equipment into work unless authorisation agreed with Building Coordinator and / or line management
- report any obstructions to any walkways, entrances and exit areas and avoid creating such obstacles
- not to use any equipment for which they have not been trained, without first seeking the advice of an appropriately trained person;
- ensure the cleanliness of workstations taking into consideration that others may use their desk
- report any building and/or equipment defects and/or shortfalls in cleanliness to their manager; and
- set a good personal example with respect to working safely.

7.4 Each site has appointed first aid trained staff, details of which are displayed locally at each premise and available on the ICB intranet. First aiders will comply with any local or national guidance as a result of any incident. The ICB's first aider guidance will be updated accordingly and made available to staff by the ICBs Health and Safety Lead.

7.5 Each site has appointed fire wardens, details of which are displayed locally at each premise.

7.6 The ICB takes the welfare and mental health of its staff seriously. The ICB's HR team has a contact list of Mental Health First Aiders. These staff members are not clinicians or professionals in mental health; however the group have attended a short course on recognising the signs and symptoms of common mental health issues, how to be an effective listener and signpost staff to the right professional help. Access to any Mental Health First Aider will be through the HR Team d-ICB.hr@nhs.net .

8 Accident Book and RIDDOR reporting

8.1 It is ICB policy to report any incidents, accidents and near misses in order for an investigation to be conducted to eliminate/minimise the possibility of such an event occurring again in the future. Further information can be found in the Incident and Accident Policy available on the ICB intranet

8.2 In the event of an accident or incident relating to a health and safety matter, the injured party (staff / visitor / contractor), or another person on their behalf must report using DATIX. The Datix icon can be found on each ICB employees' desktop.

8.3 The Building Coordinator and / or a member of the Governance team will follow up, action and investigate where appropriate. Details of all health and safety related incidents will be reported to the Executives by the Governance team no less than once a year.

8.4 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) is the law that requires employers, and other people in control of work premises to report and keep records of:

- Work related accidents that cause death
- Work related accidents which cause certain specified injuries
- Diagnosed cases of certain occupational diseases; and
- Certain "dangerous occurrences" (incidents with the potential to cause harm).
- Any other requirements as set out by national guidance which are included in the ICB DATIX system

8.5 The Building Coordinator and / or the ICBs independent health and safety advisor will agree whether an accident is reportable via the criteria as set by RIDDOR and in line with any additional national requirements that may be implemented at any given time.

8.6 All reportable events under RIDDOR shall always be thoroughly investigated by the Line manager, and/or Building Co-ordinator.

8.7 All reportable events will be raised and discussed and the Accident and Incident reports (anonymised) will be reviewed by the Building Coordinators Group, Staff Forum and Staff Council as appropriate.

9 Violence/bullying and harassment

9.1 The ICB as an employer are under a legal obligation of a duty of care to provide both a safe place and safe system of work. Consequently, this issue is included in the Grievance policy. Any violence, bullying and/or harassment of ICB staff that is reported will be investigated in order to comply with this duty of care.

Commented [JH2]: Update link when available

10 Control of substances hazardous to health (COSHH)

10.1 Risk assessments will be undertaken to ensure staff and other persons do not become harmed in any way from exposure to hazardous substances in the workplace. Where elimination of that substance is not possible, effort will be made to find a lower risk substitute.

10.2 Any potentially hazardous substances identified will be suitably stored and labelled correctly. Appropriate information will be readily available relating to the natural characteristics of a particular substance, and suitable control measures and contingency plans will be in place to ensure appropriate action is taken in the event of an accident or injury.

10.3 Full training and information will be given to all staff that are required to handle hazardous substances. For further guidance on COSHH regulations please refer to the Health and Safety Executive COSHH Regulations http://www.hse.gov.uk/coshh/

11 Display screen equipment

11.1 All staff who are dependent on the daily and prolonged use of Display Screen Equipment are classed as "display screen users". The ICB will ensure that risk assessments are carried out to identify any workstation hazards and risks that a display screen user maybe exposed to. Pregnant staff and new mothers should refer to the Leave and Pay for new parents policy and guidance. New starters are asked to complete a self-user DSE assessment. If desk accessories are required upon completion of a DSE Assessment the ICB will purchase the appropriate equipment as is reasonably practical.

11.2 It is the responsibility of the staff member to ensure they adhere to the same health and safety requirements both in the office environment and if working from home. For those staff who work from home a Homeworker Assessment is also available for completion, this includes a risk assessment of the workstation and surroundings and identifies any Display Screen Equipment required. (The Homeworker Assessment can be accessed via the intranet).

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11.3 Staff who have been advised to purchase specialist workstation equipment for a long-term condition / disability under the Equality Act 2010 .i.e. specialist chair or height adjustable desk, will be asked to provide a note or recommendation from their medical professional. This is to ensure that the correct equipment is purchased. The ICB is unable to follow up a request for specialist equipment without the relevant clinical recommendation. The recommendation should be discussed and approved by the person's line manager in the first instance. The Building Co-ordinator will require authorisation from the person's line manager to proceed with the order.

11.4 Eye and eyesight tests are available free of charge for permanent staff who use Display Screen Equipment (DSE) as defined above. Please refer to the Display Screen Equipment policy for further details.

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11.5 For further guidance on working with visual display units please refer to the Health and Safety Executive Regulations 1992 https://www.hse.gov.uk/pubns/books/l26.htm

12 Fire and emergency evacuation

12.1 The ICB will ensure a fire risk assessment is conducted (in accordance with the Regulatory Reform (Fire Safety) Order 2005) for each premise occupied and ensure that appropriate control measures have been implemented and maintained.

12.2 Details of Fire Wardens with responsibility for fire prevention/control will be posted on relevant notice boards.

12.3 Instruction regarding fire prevention and emergency procedures will be provided for all employees during induction. Details of fire procedures will be located around individual premises, and staff should read the appropriate evacuation procedures for any sites that they attend.

12.4 Emergency evacuations prompted by incidents other than fire will have the same essential principles for fire evacuation, although may not be signalled by an audible alarm, but via

fire wardens / senior staff who will provide instructions of escape routes as some areas may be impacted by a suspicious device or gas leak for example. Specific instructions will be issued to staff as the need arises.

12.5 Personal Emergency Evacuation plan (PEEP's) will be undertaken where required in conjunction with the staff member their line manager and the Building Coordinator and overviewed by either the Health & Safety Competent person or Health and Safety Lead for the ICB.

13 Building maintenance

13.1 The ICB's landlord will have arrangements in place for planned preventative maintenance for all key building services such as air-conditioning, hot and cold-water supplies, lighting, cleaning, fire equipment in the communal areas and alarm systems, security systems, sanitary facilities and general decoration. These details for part of the quarterly Building checks.

13.2 Agreements will be made with the landlord at senior officer level where financial limits allow for such maintenance, and appropriate records will be kept of all maintenance, breakdowns and repairs.

13.3 In the event of emergency breakdowns, the reporting officer must make essential information available to the relevant Building Coordinator / landlords or other designated persons at the ICB with senior officer powers for that site.

14 Manual Handling

14.1 All ICB staff are required to undertake mandatory Manual Handling training every 3 years via the e-Learning tool on ESR.

14.2 Consideration is given to the elimination of significant manual handling activities wherever practicable with provision of risk assessment for significant risks, and special equipment where appropriate.

14.3 Training, supervision and information can be given to staff by competent people prior to work being carried out.

15 Mobile telephones

15.1 In line with guidance from the Health and Safety Executive (HSE) the use of handheld mobile phone whilst driving is strictly forbidden. It is the advice and strong recommendation of the ICB that mobile phones, even when legally used, should not be used when driving and preference should be given to only using mobile phones when stationary. Guidance is available from the Health & Safety Executive here https://www.hse.gov.uk/pubns/indg382.pdf and from the gov.uk website here https://www.gov.uk/using-mobile-phones-when-driving-the-law

15.2 Consideration must be given to proper rest breaks and staff must not be contacted involuntarily outside normal working hours. Mobile phone users are therefore entitled to switch off their phones during rest breaks, whilst driving and when they are not working.

16 General safety and environmental

16.1 The ICB will work with the landlord at each site to ensure that:

- electrical and fire control systems are correctly maintained.
- control measures are in place to ensure communal walkways are free from obstruction at all times.
- Control measures to deal with ice and snow are in place at all sites .
- Control measures are implemented in the event of any incident and risk assessments undertaken by qualified staff.

16.2 ICB staff must only park their cars in designated areas and adhere to any local or national guidance as required. The roadways must not be obstructed. Any traffic cones to prevent obstructive parking must not be removed.

17 Premises security

17.1 The ICB has security measures in place for each site. These will be actively monitored and reviewed to ensure the safety of staff, visitors and equipment. Any issues or concerns should be reported to the Building Coordinator.

18 Lone working

18.1 The ICB acknowledges its duty to make adequate provisions for the Health and Safety of lone workers in the workplace. Lone working is acknowledged as a significant risk and all foreseeable risks associated with lone working should be identified, assess and controlled as appropriate.

18.2 Lone working environments present unique health and safety challenges. Although there is no specific legal guidance on working alone, under the Health and Safety at Work Act 1974 and the Management of Health and Safety Regulations 1999, and following the 2005 guidance from the NHS counter fraud and security management service, the ICB must put in place systems to control the health and safety of lone workers in the workplace.

18.3 It is encouraged that staff with support from their line manager undertake a risk assessment before lone working on any ICB premises. Following this assessment any corrective action should be implemented to ensure all aspects of health and safety or where possible lone working discouraged.

18.4 Each ICB employee has a responsibility to ensure that their home working environment is safe and fit for purpose. It is, therefore, the ICBs role to ensure relevant homeworking processes and checklists are in place for staff to raise health and safety issues during their working day, but it is recognised that the ICB is not responsible for the health and safety of the employees home environment.

18.5 Where a ICB employee is lone working at home, the ICB has put in place relevant processes to ensure that the employee feels safe and supported in the event of any health and safety issue that may arise during their working day. Each employee working from home must complete a homeworking checklist and liaise with their line manager to identify all potential risks or concerns at their earliest opportunity and where necessary advice sought from the health and safety team.

18.6 Advice for lone workers can be obtained from the ICBs health and safety team d-ICB.healthandsafety@nhs.net until such time that the detail becomes available in the ICB flexible working policy

19 Risk assessment

19.1 A workplace risk assessment is regularly carried out by a competent person to identify hazards at each site (competent person includes individuals IOSH qualified, ICB's Health and Safety Competent Advisor or the Health and Safety Lead for the ICB). The assessment states what the hazards are, the risks associated with them, who might be harmed and how. Appropriate control measures will be put in place to reduce risks and regular reviews will be undertaken.

20 Training

20.1 Provision will be made ensuring staff receive adequate information, instruction and training with respect to Health and Safety where appropriate. It is a requirement of the ICB that all staff complete the mandatory e-learning Health & Safety module, every 3 years via the e-Learning tool on ESR.

21 Waste disposal including Confidential

21.1 Waste will be managed effectively. Thought will be given to waste materials to determine whether they can be reduced, reused or recycled in any way. Where this is not an option, all waste materials will be disposed of safely and the ICBs confidentiality policy adhered.

21.2 Confidential waste should be shredded by the individual or placed in the confidential waste bins (process differs dependent on site) and will be collected by an appointed secure waste contractor

21.3 The ICB will dispose of any food (bi-weekly) kept in the staff fridges that is out of date or could cause contamination with other food. Staff are warned that unless food is retrieved and taken home, the ICB will dispose of it.

22 Working environment

22.1 The ICB will ensure, so far as is reasonably practicable, that the working environment is a safe and healthy one. Provisions will be made in order to comply with the Workplace (Health, Safety and Welfare) Regulations. Where staff have any concern this must be highlighted to the relevant line manager, one of the ICB Building Coordinators and the health and safety team d-ICB.healthandsafety@nhs.net

23 Third party contractors

23.1 Third party contractors are managed by the ICB (for their remit only) together with the Landlord for each respective site; therefore, it is the duty of both parties to retrieve and retain all third-party contractors' safety documentation for work undertaken under their responsibility. This will include documents confirming appropriate competency (training certificates, qualifications), liability insurance, and where appropriate, copies of risk assessments/method statements.

23.2 All contractors that attend ICB sites out of hours will be provided with Health and Safety arrangements and guidance and issued with permits for work where applicable. Responsibility for management of the contractors out of hours will be that of the landlords for work being undertaken on their behalf. Management of contractors for any work undertaken on behalf of the ICB out of hours will be coordinated by the most senior officer for the site, and the Building Coordinator informed of any works to be undertaken.

24 Electrical safety

24.1 The ICB will liaise with the landlord for each respective site to ensure that all fixed electrical systems are in compliance with the Electricity at Work Regulations, and where a defect is found, will ensure that the fault is rectified, either by repair, or removal/replacement.

24.2 Each site has individual provision for the compliance of portable electrical equipment and testing is completed on a regular basis coordinated by the Building Coordinator. All authorised personal electrical equipment must have undergone testing before use.

24.3 All staff should report any defects to their line manager with immediate effect. The installation or tampering of any electrical equipment by employees/workers is not permitted.

25 Visitors

25.1 All visitors to ICB premises will be required to sign in at each premise and adhere to any health and safety control measures that have been implemented. Whilst on the ICB premises, the visitor will become the responsibility of the host they are visiting, and who will remain responsible for the visitor's health, safety and welfare whilst they are on site. The host is to ascertain in a sensitive manner whether the visitor might have any perceived difficulty in responding to an emergency evacuation.

25.2 In the event of an emergency alarm, the host is to ensure that the visitor is evacuated from the building in line with the relevant local procedures.

26 Health surveillance

26.1 The ICB will endeavour to promote and maintain the highest practicable degree of physical, mental and social wellbeing of its employees. All health aspects of work process and procedures, which may adversely affect the relationship of work on health, will be regularly reviewed.

26.2 Health monitoring is conducted, normally at beginning of employment and through line management arrangements. Where an employee advises of a particular impairment, the ICB will conduct a risk assessment to ensure that risks from work activities are minimised. We provide referral to occupational health services where required.

26.3 The ICB's policies mentioned in this document can be found:-
Policies – Devon ICB Intranet (these include, but are not limited to)

- Mandatory Training Policy
- Grievance Policy
- Leave and pay for new parents Policy
- Display Screen Equipment Policy
- Mobile device when remote working Policy
- Flexible working policy – pending amendments to lone working at time of writing

Further links to other associated documents include:

- Returning to office guidance
- Homeworking checklist
- Homeworker assessment guidance
- Building Coordinators

Commented [JH5]: Update link when available

Commented [JH6]: As above

Emergency Preparedness, Resilience & Response Policy

NHS Devon

Owner(s): *Phil Coutie, EPRR Lead*	Contact Details: philip.coutie@nhs.net	
Review by: Samuel Wadham-Sharpe Director of Performance and Assurance Approved by: Darryn Allcorn Chief Nursing Officer and AEO	Date of formal approval	Review Date: June 2025
Date Issued:		Version 1.2

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
0.1	June 2019	New Policy

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184,
County Hall,
Topsham Road
Exeter
EX2 4QL.

CONTENTS

1. Introduction

1.1 All NHS organisations have a responsibility to prepare for, and respond to, emergency incidents and other disruptive events that impact upon their community or their service delivery.

1.2 NHS Devon Integrated Care Board (ICB) has a leadership role both in ensuring that the delivery of essential healthcare to the community is maintained and in leading the local health response to emergencies that affect our communities.

1.3 By implementing this policy, the ICB will integrate its response into the wider NHS response to emergencies in the community; it will also enable the ICB to maintain its critical functions, despite disruption affecting its services.

2. Purpose

2.1. This Policy sets out how NHS Devon Integrated Care Board (ICB) will ensure that it meets its Emergency Preparedness, Resilience and Response (EPRR) responsibilities, as required by statute and national policy.

3. Definitions

3.1. As a discipline, EPRR has its own terminology which is used by all NHS emergency response organisations. The table below sets out the definitions of those terms which are used in this document.

Term	Definition
AEO	Accountable Emergency Officer – an Executive Director with responsibility for discharging the organisation's EPRR duties under the NHS Act 2006, Section 252A
BCMS	Business Continuity Management System – the system through which business continuity preparedness will be managed
BCP	Business Continuity Plan – a plan for how the response to a disruptive incident will be managed, ensuring that the organisation's critical functions are maintained or swiftly re-established
CRR	Community Risk Register – a risk assessment of the hazards and threats faced by the local area, undertaken by LRF participants based upon historical evidence and the advice of national experts.
EPRR	Emergency Preparedness, Resilience and Response – this is the nationally used NHS term for what was previously known as Emergency Planning

Term	Definition
LHRP BMB	Local Health Resilience Partnership Business Management Board (LHRP BMB) – an EPRR practitioner group responsible for implementing the strategic direction set out by the LHRP Executive.
LHRP Exec	Local Health Resilience Partnership Executive – a national policy mandated group of NHS Accountable Emergency Officers from all NHS organisations in Devon, Cornwall and the Isles of Scilly (DCIoS), who provide an integrated strategic direction to the EPRR work undertaken by their constituent organisations.
Loggist	An individual trained to record decisions in a manner that promotes the credibility and defensibility of the Incident Log in which the organisation's incident response decisions are written
LRF	Local Resilience Forum – a statutory process under the Civil Contingencies Act 2004, whereby emergency responding organisations co-operate and co-ordinate their emergency planning to promote an integrated emergency response – chaired by the Police and based upon Police Force boundaries. Divided into an Exec group – Chief Officers Executive Board (COEB) and an EPRR practitioners' group – Business Management Board (BMB)

4. Legislation & Policy

4.1. As an NHS organisation, the ICB is subject to certain pieces of legislation and national policy that govern the EPRR landscape; these are set out below.

Legislation

- NHS Act 2006, Sections 252A & 253 (as amended by the Health & Social Care Act 2012)
- Civil Contingencies Act 2004
- Health and Social Care Act 2012

Policy

- NHS England EPRR Framework 2015
- NHS England Business Continuity Management Framework (Service Resilience) 2013
- NHS England Core Standards for EPRR

4.2. As a consequence of becoming an ICB, from 1st July 2022, NHS Devon will become a Category 1 emergency responder organisation under the Civil Contingencies Act 2004. This places six statutory duties upon the organisation[1], specific to EPRR, which are:

- risk assessment
- business continuity management
- emergency planning

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61024/Chapter-1-Introduction_amends_16042012.pdf

- maintaining public awareness and arrangements to warn, inform and advise the public
- co-operation
- information sharing

5. Roles and Responsibilities

Chief Executive Officer

5.1. The Chief Executive Officer (CEO) is accountable for the preparedness of the ICB and for its response to emergency incidents and other disruptive events; this may be delegated to another Executive Director in the role of Accountable Emergency Officer.

Accountable Emergency Officer

5.2. The Accountable Emergency Officer (AEO) is an Executive Director to whom the CEO has delegated the executive responsibility for the ICB's EPRR obligations. The AEO function has been delegated to the Chief Nursing Officer. The managerial oversight of the EPRR function is delegated to the Director of Performance and Assurance.

Non-Executive Director

5.3. NHS England Core Standards for EPRR states that a Non-Executive Director should be appointed to support the AEO in their role; this role is that of a 'critical friend' on the Board.

Director of Performance and Assurance

5.4. The Director of Performance and Assurance has had the managerial oversight of the EPRR function delegated to them and is responsible for ensuring that the ICB's operational requirements in respect of EPRR are delivered to an acceptable standard. The line management of the EPRR Lead sits with the Director of Performance and Assurance.

EPRR Lead

5.5. The EPRR Lead is responsible for the day-to-day delivery of the EPRR function, ensuring that the ICB meets its statutory and other obligations in line with the NHS England Core Standards for EPRR.

5.6. The delivery of this function will require the post-holder to undertake the annual EPRR Assurance process on behalf of the ICB, liaising with provider EPRR Leads and NHS England South West EPRR Team as necessary to delivering this.

5.7. The primary functions of EPRR within the ICB are to:

- develop and maintain emergency plans;
- develop and support business continuity preparedness within the ICB;
- maintain and support the 24/7 On-call system;

- develop and arrange/ deliver the training necessary for key staff to enable preparedness;
- develop and arrange/ deliver exercises to validate emergency and business continuity plans;
- liaise with Health and multi-agency partners, as necessary, in the pursuit of the above;
- prepare and provide evidence in support of the ICB submission for the annual EPRR Assurance;
- undertake the annual EPRR Assurance of Devon NHS Providers as part of the national process.

On-call Staff

5.8. On-call staff are responsible for leading the ICB and System's response to any emergency incident or disruptive event, requiring a response from the ICB, that occurs during their period of on-call duty. They have the delegated authority to commit and direct ICB resources in support of the Health response to an incident, as they deem it necessary and appropriate.

5.9. During an emergency incident in the community which only affects Devon, the Director on-call will be the NHS strategic lead.

5.10. Should the incident have an impact wider than only Devon, or be terrorism, the NHS strategic lead will be held by NHS England SW, with the ICB On-call staff supporting by co-ordinating the Devon system in support of the response.

5.11. On-call staff are to be available and contactable 24/7 for the duration of their period of duty.

5.12. On-call staff are required to ensure their preparedness and familiarity with the role by committing themselves to:

- On-call Induction training prior to commencement of on-call duties;
- Annual On-call Refresher training;
- Strategic Leadership Training, with a refresher undertaken at least every three years;
- Other training identified as necessary for undertaking the On-call role;
- Participation in internal ICB, external Health and Multi-Agency emergency preparedness exercises, to validate their training and the ICB's plans.

Business Continuity Leads

5.13. Each Directorate is required to nominate a Business Continuity (BC) Lead who will lead on their business continuity preparedness and, with training and direction from the EPRR Lead, develop their Directorate Business Continuity Plan.

5.14. Directorate BC Leads will have the necessary seniority and knowledge of their Directorate to be able to complete the Business Continuity Plan (BCP) template sufficiently well for it to provide a robust basis for a response to a disruptive event.

Loggists

5.15. The Loggist role is recognised in national policy as being necessary to ensure that decisions made during emergency incident responses are recorded in a sufficiently robust manner, that the Incident Log itself will be defensible in a court or Public Inquiry.

5.16. Sufficient Loggists will be trained to enable On-call staff to be supported by them in the fulfilment of their duties, and a list of loggists maintained by the EPRR Lead.

5.17. On-call staff will be briefed on the role of the Loggist in order to understand their importance to them and the ICB, and how best to work with them.

6. Governance

6.1. In order that EPRR policy and plans are properly scrutinised and authorised, they will be signed off through the following routes:

Description	Governance Process
EPRR Policy	Scrutinised by Accountable Emergency Officer and authorised by the Board
EPRR Plans	Authorised by Accountable Emergency Officer
Business Continuity Plans	Directorate BCPs are authorised by the individual Directorates' Executive Director The ICB's corporate BCP is authorised by the Accountable Emergency Officer
Annual NHS England EPRR Assurance	Scrutinised by Accountable Emergency Officer and authorised by Board
Annual external Business Continuity Audit	Authorised by Accountable Emergency Officer

7. Resources

7.1. The Governing Body will ensure that sufficient resource is provided to fulfil the EPRR function, in order that the ICB may effectively fulfil its obligations under statute and national policy.

8. On-call System

6.1. The On-call system will comprise a two tier on-call rota with a Director on-call rota staffed by Executive Directors and Band 9 senior managers, and a Manager on-call rota staffed by Band 8D and 8C senior managers.

6.2. On-call staff will participate in an On-call rota that allocates them to split week duty periods; these duty periods are:

Duty Title	Duty Period
Monday to Thursday duty	24 hours a day, from 09:00 hours, Monday, to 09:00 hours on Friday
Friday to Sunday duty	24 hours a day, from 09:00 hours, Friday, to 09:00 hours on Monday

6.3. On-call staff will be activated via a single point of contact telephone number which will enable partners and staff to contact whoever is on-call at the time they dial the number.

6.4. On-call staff will be supported by an On-call pack prepared and maintained by EPRR.

6.5. On-call staff may swap duty periods by the method of finding another rota participant to cover their duty period and the notifying EPRR of the change; EPRR will then amend the on-call rota.

6.6. On-call periods covering Christmas, New Year and Easter, will be covered in duty periods of individual days in order to share these holidays equitably across rota participants.

9. Emergency Plans

9.1. As required by the NHS England Core Standards for EPRR, the ICB has a responsibility to develop and exercise a suite of emergency plans. The plans that are required will provide for a response to (this list is not exhaustive):

- Emergency incidents
- Severe Weather
- Fuel disruption
- Pandemic Influenza
- Communicable Disease
- Mass Casualty

Risk Assessment

9.2. The ICB's suite of emergency plans will be based upon assessed risk. This risk assessment will take into consideration the assessment of risks undertaken by the Local Resilience

Forum (LRF) and published in the Community Risk Register (CRR); it will also take into consideration any risk assessment undertaken by the Local Health Resilience Partnership (LHRP).

9.3. These EPRR risks will be monitored and maintained by the EPRR Lead and, where a risk is identified as High or Very High, consideration must be given to escalating it onto the ICB Corporate Risk Register.

10. Business Continuity Management System

10.1. In order to be able to maintain its critical business functions, the ICB will put in place a Business Continuity Management System (BCMS). This BCMS will be developed and maintained by the EPRR Lead, supported by Directorate BC Leads.

10.2. The BCMS will comprise the following elements:

- ICB Business Continuity Plan – maintained by the EPRR Lead
- Directorate Business Continuity Plans – maintained by Directorate Business Continuity Leads

10.3. The ICB BCMS will be aligned with ISO 22301 'Societal Security – Business Continuity Management Systems'.

10.4. All business continuity plans will be reviewed when substantive change has occurred that affects the content, or annually, whichever is earlier.

11. Participation in Health and Multi-Agency EPRR Structures

Local Health Resilience Partnership (Executive)

11.1. The Local Health Resilience Partnership (LHRP) for Devon, Cornwall and the Isles of Scilly (DCIoS) provides the strategic direction for Health EPRR work within its area.

11.2. It is an Executive level group attended by AEOs from all ICBs and NHS Providers, a Head of EPRR for NHS England, and the Head of Resilience for SWAST. The Partnership is co-chaired by the NHS Devon AEO/ NHS Cornwall AEO and a lead local Director of Public Health. The two ICB AEOs will share one co-chair role.

11.3. The ICB will be represented at the LHRP (Exec) by the AEO, in their absence this will be deputised to the Director of Performance and Assurance.

Local Health Resilience Partnership (Business Management Board)

11.4. The Local Health Resilience Partnership (BMB) is the EPRR operational level group with the responsibility for implementing the strategic direction of the LHRP.

11.5. It is an EPRR practitioner group, co-chaired by the NHS Devon and NHS Cornwall EPRR Leads, whose purpose is to implement the strategic directions provided by the LHRP (Exec).

11.6. The ICB will be represented at the LHRP (BMB) by the EPRR Lead.

Local Resilience Forum

11.7. The Local Resilience Forum (LRF) is a statutory process for the integration of emergency preparedness in the local area, to the benefit of the community. It's functions are required by the Civil Contingencies Act 2004.

11.8. The LRF has an Executive meeting element (Chief Officers Executive Board (COEB)) and an emergency planning practitioner element (Business Management Board (BMB)).

11.9. The Devon System is formally represented at the LRF COEB by the AEO, and at the LRF BMB by the EPRR Lead.

11.10. NHS Devon is classed as a Category 1 emergency responding organisation under the Civil Contingencies Act 2004.

12. Training and Exercising

12.1. To ensure that they are prepared for their on-call role, the ICB's key staff must undergo regular training. This training required for different roles is set out below:

Training	**Who**	**Frequency**
On-call Induction training	All on-call staff	Once, prior to first on-call duty
On-call Refresher training	All on-call staff	Annually
Strategic Leadership Training	Directors on-call	Every three years
Media training	CEO or selected Execs	Once (recommended)
Surviving Public Inquiries	Directors on-call	Once (recommended)
Decision Loggist training	Loggist volunteers	Every three years
BC Lead training	Directorate BC Leads	Every three years

12.2. All NHS organisations are required to exercise their emergency and business continuity plans and the NHS England Core Standards for EPRR sets out the following frequencies:

- A communications exercise every six months
- A table-top exercise every year
- A live exercise every three years*

  *This requirement may also be met by a live incident response which has required a plan to be activated, followed by a post-incident debrief, with lessons identified and a post-incident report having been written.

12.3. The responsibility for ensuring that the training and exercising requirements are met lies with the EPRR Lead.

13. Annual EPRR Assurance

13.1. Each year, NHS England requires that all NHS organisations are assured against the NHS England Core Standards for EPRR.

13.2. The responsibility for undertaking the assurance of Devon's NHS providers lies with the ICB and will be carried out by the EPRR Lead. NHS England will undertake an assurance of the ICB's preparedness.

13.3. The outcomes of the EPRR assurance process referred to in 13.2 will be submitted to the Board by the AEO.

13.4. NHS England will hold a confirm and challenge meeting on the emergency preparedness of the system with the ICB AEO and EPRR Lead. The outcome of this meeting will be fed into the National assurance process through Region.

13.5. The ICB will then provide a written submission to the LHRP, presented and explained by the AEO, on the EPRR Assurance outcomes for the ICB and all Devon providers.

Safeguarding Adult Policy

Author(s): Delia Gilbert NHS Devon ICB Designated Nurse Safeguarding Adults / Prevent Lead Laura Roberts NHS Devon ICBDesignated Nurse Safeguarding Adults	Contact Details: d-icb.safeadults@nhs.net	
Approved by: Chair, Quality Assurance Committee NHS Devon	Date of formal approval	Review Date: TCB
Date Issued:		Version Draft

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1	01.07.22	New Policy

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation.

To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184,
County Hall,
Topsham Road
Exeter
EX2 4QL

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1. Introduction

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The Care Act 2014 Chapter 14, Sections 42 – 46 outline the requirements in relation to safeguarding adults.

The Care Act 2014 defines an adult at risk as an adult where a local authority "has reasonable cause to suspect in its area" (whether or not ordinary resident there)

(a) has needs for care and support (whether the local authority is meeting any of those needs)
(b) is experiencing or is at risk of abuse or neglect and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it."

The NHS Safeguarding Accountability and Assurance Framework was updated in 2019 and sets out roles and responsibilities for the NHS to ensure that, in discharging its functions, it has regard to the need to safeguard and protect an adult's rights to live in safety, free from abuse and neglect.

As commissioners, the ICB must demonstrate effective safeguarding arrangements in order to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs in line with The Care Act 2014.
- Safeguard individuals in a way that supports them in making choices and having control in how they choose to live their lives.
  Promote Making Safeguarding Personal (MSP), ensuring adults at risk are supported to maintain choice and control over the decisions that affect their lives and to be involved to the extent that they are able. Where there is a reason to doubt a person's mental capacity to make a decision regarding the safeguarding process the principles of the Mental Capacity Act (2005) must be followed.
- Promote an outcomes approach in safeguarding that works for people, resulting in the best experience possible by ensuring the principals of Safeguarding, as outlined in The Care Act 2014.

  Where a S42 enquiry has also been reported as a serious incident there are regulatory requirements under the Duty of Candour to liaise with the patient and/or family.

Care Act 2014 Safeguarding Adults Principles

Six Safeguarding Adults Principles		Application within Health Commissioning
Principle 1	**Empowerment** – presumption of person led decisions and consent	Patients need to be in control of their care and involved in all aspects to the extent they are able. This includes involving people in how services related to Safeguarding adults are designed and delivered as well as involvement in their own care planning.
Principle 2	**Protection**- Support and Representation for those in greatest need	Positive obligation to take additional measures for patients who may be 'adults at risk' who may not have their voice heard or be unable to protect themselves.
Principle 3	**Prevention -** It is better to take action before harm occurs	Planning and procuring services that deliver personalised care that reduces the likelihood of neglect and abuse occurring.
Principle 4	**Proportionality**. Proportionality and least intrusive response appropriate to the risk presented	Efficient and proportionate responses to risks whether this relates to individual patient care or whole service provision.
Principle 5	**Partnerships**. Local solutions Through services working with their communities	Integrated and cohesive partnerships at all levels of the organisations focused at improving outcomes for patients in the most vulnerable situations, for example: NHS Devon Integrated Care System, Health and Wellbeing Boards; Local Safeguarding Adults Boards; Community Safety Partnerships; Quality Surveillance Groups
Principle 6	**Accountability**. Accountability and transparency in delivering safeguarding	Duty of Candor: require openness and transparency to patients in how concerns are managed in line with 'Being Open' Managing allegations of abuse and neglect in services (including those identified as serious incidents) through inter-agency procedures. Providing assurance on the effectiveness of safeguarding arrangements to patients; public and Local Safeguarding Adults Board

2. Purpose and Scope

2.1 The purpose of this policy is to enable the ICB and its employees to meet the statutory requirements regarding the duties under the Care Act 2014, and, duties in the NHS England Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding NHS Accountability and Assurance Framework 2019.

2.2 The health service is a key partner with the local authority in the exercise of their functions to protect adults. As such the NHS contract and quality schedules include key requirements and expectations for providers relating to safeguarding adults.

2.3 It is expected that all providers of health services should have their own safeguarding adult policies. All provider organisations should demonstrate compliance with contractual requirements relating to safeguarding adults. It is the responsibility of the contract manager to monitor compliance, working jointly with the Designated Nurses to gain assurance from providers regarding risks and challenges.

2.4 This policy outlines the responsibilities of all staff to identify abuse, share information appropriately and make referrals.

2.5 The policy applies to all staff working within the ICB whether employed, contracted or on a voluntary basis.

3. Policy Statement

3.1 This policy describes how the ICB will:

- Meet and monitor its statutory duty to safeguard adults.
- Assure effective safeguarding arrangements in the services it commissions.
- Work with Local Safeguarding Adult Boards (Plymouth Safeguarding Adult Partnership [PSAP] and Torbay & Devon Safeguarding Adult Partnership [TDSAP]), Devon and Cornwall Police, NHS England, Local Authorities, and other key partners to develop and improve safeguarding practices across the whole health economy.

4. Roles and Responsibilities

4.1 The roles and responsibilities of ICB's are laid out in the NHS Accountability and Assurance Framework 2019 and The Care Act 2014.

ICBs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, ICBs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place.

ICBs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- A clear line of accountability for safeguarding, properly reflected in the ICB governance arrangements.
- Clear safeguarding policies, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults.

- Training their staff in recognising and reporting safeguarding issues, appropriate supervision as per the safeguarding supervision policy, and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working with LAs, the Police and third sector organisations.
- Ensuring effective arrangements for information sharing.
- Employing the expertise of designated professionals for safeguarding adults.
- Effective systems for responding to abuse and neglect of adults.
- Supporting the development of a positive learning culture across partnerships for safeguarding adults, to ensure that organisations are not unduly risk averse.
- Working with the Local Authority to ensure access to community resources that can reduce social and physical isolation for adults.
- ICBs need to demonstrate that their designated professionals are involved in the safeguarding decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice.
- ICBs should ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer into adult services for young people and children in care.

4.2 The Board has overall accountability for safeguarding and should seek assurance that the organisation effectively fulfils its safeguarding functions. This will be achieved through: -

- Ensuring there is clinical engagement in contract performance, negotiations, and agreements.
- Ensuring the ICBs workforce is competent to fulfil its roles and functions.
- There is an appointed Executive who leads for safeguarding.
- ensure that sufficient capacity is in place to fulfil their statutory duties.

4.3 The Executive Lead role for safeguarding is fulfilled by the System Chief Nursing Officer. The responsibilities are:

- Providing strategic leadership for adult safeguarding.
- Ensuring the Board is appraised of appropriate safeguarding adult issues.
- Day to day line management of the Head of Safeguarding.
- Represent the ICB at the Safeguarding Adult Boards, contributing to its statutory functions, supported by the Designated Nurses Safeguarding Adults, with delegated responsibility as required.
- Ensuring that safeguarding adult agendas are integral to the ICB’s commissioning functions, governance and audit arrangements.
- Ensuring that contract specifications include clear service standards for safeguarding adults and are monitored through established quality assurance processes within the ICB.
- Chair the Safeguarding Steering Group

4.4 The Head of Safeguarding:

- Ensures the ICB's statutory safeguarding functions are met.
- Provides leadership to the Safeguarding Team.
- Provides expert advice to the Senior Leadership Team within the ICB.
- Line manages key staff as outlined in the organisational structure chart.
- Attend safeguarding Adult Boards as delegated by Chief Nursing Officer.
- Provides assurance to the Quality Assurance Committee and the Board.

4.5 Designated Professionals

The ICB has a requirement to identify a Designated Professional Lead for Safeguarding Adults as outlined in the NHS Accountability and Assurance Framework 2019. The key functions of this role include:

- Providing specialist advice to the ICB.
- Support local authorities in carrying out the functions laid down within The Care Act 2014, including, when requested, leading on safeguarding enquiries, S 42.2; as agreed within local multi agency policies and procedures.
- Provide strategic professional lead, advising on all aspects of safeguarding adults within the wider Health and Social Care System.
- Provide advice and guidance for partner agencies including healthcare providers, Adult Social Care, Police, and the Voluntary Sector in noncomplex cases where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid within a health care setting and caused out to a healthcare provider, the ICB will support the Local Authority and the healthcare provider by participating in the S42 enquiry process and provide oversight. This may include reviewing the report prior to conclusion of the safeguarding process, attendance at meetings or chairing meetings. The provider will maintain responsibility for the enquiry lead role in these cases.
- Where requested and agreed by the local authority act as enquiry lead in the management of complex cases where allegations are made or concerns raised about a person, whether an employee, volunteer or student, paid or unpaid within a health care setting.
- Maintain a contemporaneous recording system of all safeguarding cases shared by local authorities in line with appropriate data protection legislation.
- Provide assurance reports to the ICB's governance meetings.
- Support the business plan of Local Safeguarding Adult Boards by participating and contributing to appropriate subgroups, work plans and Safeguarding Adult Reviews (SARs).
- Support the work streams of other Boards including the Community Safety Partnerships; specifically, in the undertaking of Domestic Homicide Reviews.
- Support as required other reviews such as Mental Health Homicide Reviews and LeDeR

4.6 The ICB has identified leads for the Mental Capacity Act (16 years plus), Prevent, Modern Slavery and Domestic Violence and Abuse. For details, please refer to the staff section of the ICB website.

4.7 All staff are responsible for:

- Following both internal and external local multi – agency safeguarding policies and procedures.
- Remaining compliant with mandatory safeguarding adult training in line with job role.
- Discussing any safeguarding concerns for an adult at risk with their line manager, senior colleague or designated nurse.
- Raising safeguarding adult concerns.
- If there are any disagreements with decisions made by the Local authority regarding the concern this can be escalated as per the relevant SAB multiagency policies and procedures (see contents section for linked strategies, policies and other documents).

5. Confidentiality and Information Sharing

5.1 Effective information sharing is key to safe and effective safeguarding practice. All staff must have due regard to the relevant data protection principles and Caldicott Guardian Principles which allow them to share personal information. Information should be shared to help protect an adult who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions under the Care Act (S44(5) and S45) for sharing information in relation to the operation of the local Safeguarding Adult Board (SAB).

Staff must follow the following ICB policies; Confidentiality and Data Protection Act Policy; Information Security Policy; and Records Management Policy. Where there are concerns regarding the sharing of information regarding an adult at risk there is a duty to discuss this with the ICB Caldicott guardian. Locally agreed Information Sharing protocols will also support the appropriate sharing of information.

5.2 Identifying a safeguarding adult concern

Safeguarding adults at risk of abuse or neglect depends on people understanding and doing the following things:

- Being aware of the risks of abuse and neglect that vulnerable adults can face.
- Knowing what help is available.
- Understanding their responsibilities.
- Working together to report and investigate concerns.
- Working together to prevent abuse and neglect.

The Care Act 2014 identifies patterns of abuse and neglect which can take many different forms with different circumstances in which they may take place. This list is not exhaustive.

- Physical abuse
- Psychological or emotional abuse
- Sexual abuse
- Neglect and acts of omission
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Self -neglect
- Domestic and sexual violence and abuse
- Organisational abuse

Other forms of abuse include hate crime; mate crime; forced marriage; honour based violence, female genital mutilation and exploitation.

Exploitation is a hidden crime, involves vulnerable individuals being coerced into doing something that they don't want to do for someone else's gain. This can include sexual exploitation, financial exploitation, radicalisation to violent extremism, and criminal exploitation.

Safer Devon Partnership has developed a preventing exploitation toolkit for both professionals and the public: https://www.preventingexploitationtoolkit.org.uk/

Those at risk of radicalisation to violent extremism are safeguarded through the Prevent strand of the Government's overall counter-terrorism strategy Contest. The purpose of Prevent is to safeguard and support vulnerable people to stop them from becoming terrorists or supporting terrorism. Prevent works in a similar way to programmes designed to safeguard people from gangs, drug abuse, and physical and sexual abuse. Therefore, the ICB Prevent Policy sits alongside this Policy and the ICB's Safeguarding Children's Policy.

6. Reporting a Safeguarding Adult Concern

6.1 If staff suspect that an adult at risk is being or is at risk of abuse, they are expected to discuss their concerns to their line manager, senior colleague or a member of the safeguarding team (unless they suspect that the line manager is implicated – in such circumstances refer to section 4.11 of this policy).

If you feel someone is in immediate danger phone 999.

Staff need to be familiar with the process of raising a concern with the appropriate local authority pertinent to where any alleged abuse took place:

Devon County Council: Care Direct

Tel: 03451551007 Mon – Fri Tel: 0845 6000388 out of hours or via on line form Report your concern - Devon Safeguarding Adults Partnership

Torbay Council: Tel: 01803 219700 online form Torbay Safeguarding adult enquiry form

Plymouth City Council: Tel: 01752 668000 or online form via: Report adult abuse or neglect | PLYMOUTH.GOV.UK

The concern will be reviewed by the Local Authority to determine whether it has reasonable cause to suspect that an adult with care and support needs is experiencing, or is at risk of, abuse or neglect and as a result of those care and support needs is unable to protect him/herself against the abuse/neglect or the risk of it (see Care Act 2014, S42(1)).

If the Local Authority does have reasonable cause to suspect that the adult meets S42(1) of the Care Act, Section 42 (2) requires the local authority to make statutory enquiries, or cause others to do so. A S42(2) enquiry establishes whether any action needs to be taken to prevent or stop abuse or neglect, and if so, what and by whom.

ICB staff can access advice and safeguarding adult supervision from the ICB Safeguarding Team via email: d-icb.safeadults@nhs.net which is monitored throughout working hours. All concerns and actions taken need to be documented in line with the Record Keeping Policy.

7. Training

Safeguarding training is mandatory for all staff. Levels of safeguarding training are outlined in the Safeguarding Training Matrix which is in line with Safeguarding Adults: Roles and Competences for Health Care Staff 2018

It is the responsibility of the individual and their manager to ensure training is up to date.

8. Allegations against Staff

8.1 All allegations against ICB employees will be taken seriously. Allegations relating to a ICB employee who may have abused or neglected an adult at risk either within employment duties or unrelated to their employment must be responded to immediately.

Any allegations against staff must be escalated immediately to the Head of Safeguarding who will liaise with the appropriate Human Resource Officer.

The Head of Safeguarding will raise a safeguarding concern with the appropriate local authority where the alleged incident happened using the Safeguarding Adult Board's Persons in a Position Trust (PiPoT) policy as guidance.

The local authority will determine if a Care Act Section 42 (2) Enquiry is required and will make a referral to the police if appropriate.

The Head of Safeguarding will support the local authority to progress the Safeguarding Enquiry

In conjunction with the Head of Safeguarding, the Line Manager and HR, who will carry out a risk assessment, a decision will be made regarding proportionate action for the worker. This may include suspension or relocation within the organisation.

The worker will be offered HR and Occupational Health Support as appropriate.

When the local authority and/or Police deem appropriate the case will be passed to the ICB HR team for internal management with support from the Head of Safeguarding.

When raising a concern internally (whistleblowing) staff will be supported, if required, as per the Freedom to Speak Out policy.

9. Quality Assurance and Monitoring

9.1 The ICB has systems in place for quality assuring the safeguarding governance systems within provider organisations from which they directly commission services. This will inform the wider quality assurance monitoring of the integrated care system.

9.2 Providers must evidence statutory compliance through the localised assurance processes.

9.3 Contracts leads should seek the advice of the Designated Safeguarding Adult Nurse or Head of Safeguarding if they have any concerns regarding compliance.

10. Governance Reporting

10.1 The Safeguarding Steering Group will ensure that effective and comprehensive safeguarding mechanisms are in place across the ICB and that work streams are appropriate to support the wider safeguarding agenda.

10.2 The Safeguarding Steering Group will provide assurance to the ICB Board via the Quality Assurance Committee on a quarterly basis and by exception as required.

10.3 Annual reports based on safeguarding adult arrangements will be presented to the ICBBoard.

11. Partnership Working

11.1 The ICB is a statutory partner of Safeguarding Adult Boards (SABs); the ICB has a requirement to support the Safeguarding Adult Boards; Torbay and Devon combined Safeguarding Adults Partnership (TDSAP) and Plymouth Safeguarding Adult Partnership (PSAP).

11.2 The ICB is committed to supporting the functions of the SAB's via attendance at Board meeting, appropriate subgroups' including chairing where requested and participating in assurance process such as audit.

11.3 The Safeguarding Team follows agreed referral pathways with partner agencies, assisting enquiry processes, providing additional assurance to ensure the adult at risk's objectives are met in line with the principles of making safeguarding personal.

11.4 Local Authorities have an agreement in place to share all NHS related safeguarding concerns with the ICB via the generic inbox: d-icb.safeadults@nhs.net

11.5 The Safeguarding Team will provide appropriate professional advice and support to the local authorities when determining the outcome of Section 42(2) enquiries relating to commissioned health care services. On occasion this may require the ICB to facilitate individual S42(2) enquiry meetings.

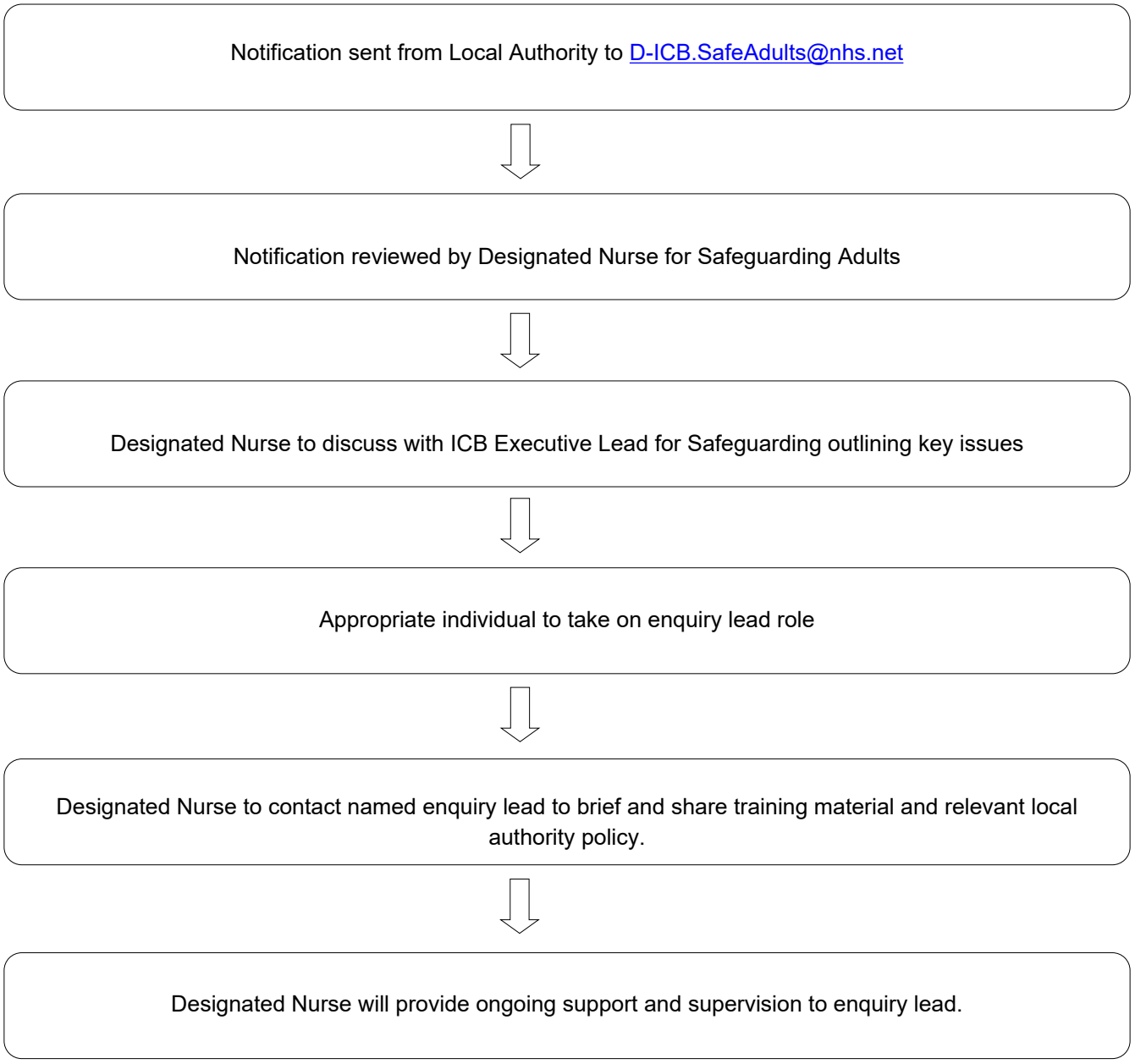
11.6 There will be occasions where an NHS provider will be subject to a whole service safeguarding enquiry. This could relate to the entire provider or a service within the provider. The Local Authority may choose to cause out the Section 42 to the ICB. Appendix A describes the internal ICB process for managing these cases. Discussions with the Executive Lead for Safeguarding will identify the appropriate managers from within the patient safety and quality team and the relevant commissioning team to be involved in the process.

11.8 All data relating to Section 42(2) Enquiries will be maintained within the electronic record keeping system in line with legislation.

11.9 The Safeguarding Team will promote the 'Think Family' approach: recognising and promoting a whole family approach. Services working with adults and children need to consider the needs of all family members even if they are not their main client focus.

Appendix A

NHS whole service section 42(2) enquiries caused out to ICB by local authority



Safeguarding Children Policy

NHS Devon Integrated Care Board

Owner(s): Michele Thornberry Head of Safeguarding	Directorate Contact Details: Safeguarding Team Nursing & Quality Directorate	
Approved by: *Safeguarding Steering Group/Quality Assurance Committee*	Date of formal approval	Review Date: *TBC*
Date Issued:		Version V Draft
All policies are held centrally by Governance: d-icb.governance@nhs.net		

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Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
V1.0	01.07.22	New Policy

Contents		
Section	**Title**	**Page**

1. Introduction

1.1 Integrated Care Boards (ICBs) have a statutory duty under section 11 of the Children Act 2004 to ensure that in discharging their functions as a commissioner of services, they pay due regard to the requirement to safeguard and promote the welfare of children and young people (CYP).

1.2This policy specifies the safeguarding arrangements which must be in place to ensure that NHS Devon integrated care boards (hereafter the ICB) fulfils its statutory duties and responsibilities as outlined in

- Safeguarding Children, Young People and Adults At Risk in the NHS: Safeguarding Accountability and Assurance Framework (NHS England/Improvement August 2019)
- Working Together to Safeguard Children (HM Gov 2018)

1.3The purpose of this policy is to describe the action that all staff, whether contracted, directly employed or volunteering should take to keep CYP safe and ensure that their health and wellbeing is promoted. Managers must ensure all employees have appropriate resource and support with which to execute their duties to safeguard CYP.

1.4The ICB is committed to safeguarding children and promoting their welfare and will commission services that will ensure equal access for all children and young people regardless of race, religion, ethnicity, gender, sexuality, age, health, disability, political views or immigration status.

1.5 The ICB is committed to ensuring that where possible, children and young people are consulted and included in the commissioning of services about them and for them.

1.6 This policy applies to all ICB staff.

2. Definitions

2.1 A child is defined as anyone who has not yet reached his/her 18th birthday[1].

2.2 Safeguarding and promoting the welfare of children are defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development.
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes[2].

[1] Children Act 1989

[2] Working Together to Safeguard Children March 2018

2.3 Child protection refers to the activity that is undertaken to protect children who are identified as suffering, or are likely to suffer, significant harm.

2.4 Abuse and neglect are forms of maltreatment of a child; it may be a single act or repeated acts. Someone may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger, for example via the internet. Children may be abused by an adult or another child.

2.5 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Rough or inappropriate handling constitutes physical abuse including restraint and involuntary isolation or confinement.

2.6 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development or emotional wellbeing and may involve:

- conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.
- not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate.
- imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.
- seeing or hearing the ill-treatment of another.
- serious bullying (including cyberbullying),
- causing children frequently to feel frightened or in danger,
- exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

2.7 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or nonpenetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can children. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. A child is under the age of 13 is not legally able to consent to any sexual activity and therefore this would constitute rape under Section 5 of the Sexual Offences Act 2003.

Female Genital Mutilation (FGM) is a procedure where the female genitals are deliberately cut, injured or changed, for no medical reason. It is illegal in the UK and there is a mandatory reporting duty which requires regulated health and social care professionals to report 'known' cases of FGM in under 18s to the police.

2.8 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance or domestic abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate caregivers);
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

2.9 Domestic abuse[3] is defined as:

"Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or who have been intimate partners or family members, regardless of gender or sexuality. The abuse can encompass but is not limited to psychological, physical, sexual, financial or emotional abuse."

Controlling behaviour is a range of acts designed to make the person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is an act or pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

All ICB employees must refer to the NHS Devon CICB Domestic Abuse policy NEW Devon ICB – Domestic abuse employee support policy and SD&T ICB – Domestic Violence and Abuse to Staff Policy and seek advice from their manager where they have concerns about an individual's safety and well-being in relation to domestic abuse. NB This policy will be due for a review in 2021.

2.10 Working Together to Safeguard Children includes the concept of Contextual Safeguarding which recognises that, as well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. See

[3] Home Office: definition of domestic violence and abuse: guide for local areas, 2013

Prevent Policy

2.11 So called 'honour' based violence (HBV) is an incident involving violence, threats of violence, intimidation, coercion or abuse which has or may have been committed to protect or defend the honour of an individual, family and/or community for alleged or perceived breaches of the family and/or community's code of behaviour.[4]

2.12 Forced marriage is when one or both spouses do not consent to the arrangement of the marriage and some elements of duress are involved. Duress can include physical, psychological, financial, sexual and emotional pressure. Forced Marriage is an abuse of human rights.

3. Roles & Responsibilities

3.1 The ICB

The ICB should have:

- A named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- Clear policies setting out their commitment, and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children.
- Training to enable their staff in recognise and report safeguarding issues, appropriate supervision and ensuring that their staff members are competent to carry out their responsibilities for safeguarding.
- Effective inter-agency working arrangements with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Safeguarding Children Partnerships and Health and Wellbeing Boards.
- Effective arrangements for information sharing.
- The expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Paediatrician for Unexpected Deaths in Childhood.
- Ensure that safeguarding children is identified as a key priority area in all strategic planning processes
- Ensure that organisations (both public and independent) from which they commission services have effective safeguarding arrangements in place. This will include comprehensive policies, training and supervision arrangements in line with statutory guidance and informed by local partnership arrangements.
- Ensure that safeguarding is integral to service development, quality improvement, clinical governance and risk management arrangements.

[4] Crown Prosecution Service: Honour Based Violence and Forced Marriage, 2017

- Ensures that all contracts for the delivery of health care include clear service standards for safeguarding children; these service standards are monitored thereby providing assurance that service users are effectively safeguarded.

3.2 Executive Lead for Safeguarding

The Exec Lead for Safeguarding should

- Ensure that the ICB has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding and children looked after.
- Ensure that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children.
- Ensure that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensure that all staff members are aware of their responsibility to safeguard children and promote their welfare and know how to act upon their concerns that a child may be at risk.
- Ensure learning occurs and required action is taken as a result of child safeguarding practice reviews, child death reviews, local management reviews and reports from national bodies (such as from CQC, Ofsted inspections etc.)
- Ensure that the ICB has a comprehensive child protection training strategy in order to meet the different training needs of all staff working within the ICB in accordance with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019
- Ensure that Designated Professionals and the safeguarding team have access to regular supervision in line with the ICB's safeguarding supervision policy

3.3 Designated Professionals

Designated professionals should:

- ensure that the ICB fulfils its statutory functions for safeguarding as detailed in statutory and national guidance, providing assurance that there is a systematic approach to safeguarding across the ICB.
- ensure that safeguarding children is an integral part of the ICB's clinical governance framework.
- promote, influence and develop safeguarding training to meet the needs of staff and in line with Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019
- provide clinical advice on the development and monitoring of the safeguarding aspects of ICB contracts.
- review and evaluate the practice of and learning for all health professionals as part of the rapid review and Safeguarding Children Practice Review processes.
- provide expert knowledge and advice on safeguarding children to a wide range of professional groups and organisations/agencies.
- provide an annual report for the Board.
- provide and receive child protection support, advice and supervision in line with the Safeguarding supervision policy- Devon ICB.

3.4 Managers and Team Leaders

All managers should ensure that:

- safer recruitment standards and policy are always adhered to.
- safeguarding responsibilities are reflected in all job descriptions
- staff are competent to safeguard children.
- individual training compliance is reviewed at annual appraisal. Those staff who fail to comply with the training requirements may need to have restrictions imposed on working practices until training requirements are met. Furthermore, disciplinary action may be considered if an individual continues to show non-compliance and there are no mitigating circumstances.

3.5 Individual Members of Staff

All staff must

- be alert to the potential indicators of abuse or neglect for children and know how to act on those concerns in line with Southwest child protection procedures
- ensure they attend training commensurate with their role as outlined in Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff January 2019
- understand the limits of confidentiality and principles of information sharing in line with Information sharing advice
- contribute to the process of working together across agencies to safeguard CYP.

4. Safeguarding Steering Group

4.1The Safeguarding Steering Group is responsible for overseeing the safeguarding children and vulnerable adult functions of the ICB. It provides assurance to the ICB Board via the Quality Assurance Committee that the ICB is meeting its statutory safeguarding functions. It will meet quarterly and be chaired by the Executive Lead for Safeguarding.

4.2 Safeguarding training compliance will be monitored regularly.

5 Commissioning and Monitoring Compliance

5.1 Safeguarding children must be central to all commissioned services. Commissioning leads must ensure they have taken appropriate advice from the designated professionals with regards to all contracts and service agreements and ensured that they have contributed to procurement processes.

5.2Commissioning leads must ensure that all service specifications have explicit standards with respect to safeguarding, including safer recruitment processes. These standards should be reviewed regularly to ensure they are in line with the most up to date legislation and guidance.

5.3 Compliance will be monitored through attendance at the provider internal safeguarding meetings, contract review meetings, Section 11 oversight and supervision with the relevant safeguarding lead or named professional.

5.4 Any concerns regarding compliance will be fed into the Quality Assurance Meeting and escalated where appropriate to the ICB Safeguarding Steering Group and Quality Assurance Committee.

6 What to do if you are concerned about a child

6.1 If staff are concerned about the welfare of a child or worried they are being abused, they can discuss their concerns with their line manager or a member of the safeguarding team via D-ICB.sguardchild@nhs.net. If their concerns remain, they should, where practicable, be discussed with the parent and agreement sought for a referral to the relevant Local Authority MASH or children's social care department unless seeking agreement is likely to place the child at increased risk of harm or, cause delay. If someone is in immediate danger, call 999.

6.2 A referral can be made to

- Devon by phoning 0345 155 1071 or e-mail: mashsecure@devon.gov.uk
- Torbay by phoning 01803 208100 (out of Hours 0300 456 4876) or email: torbay.safeguardinghub@torbay.gov.uk
- Plymouth by phoning 01752 305 200 (out-of-hours: 01752 668 000) or email: gateway@plymouth.gov.uk

7 Allegations Management

7.1 Where an allegation is made that a person who works with children or adults may have:

- behaved in a way that may have harmed a child or adult,
- committed a criminal offence against or related to a child or adult
- behaved towards a child or children in a way that suggests s/he is unsuitable to work with them

concerns will be immediately reported to the Allegations Manager (Head of Safeguarding) and the HR Director.

7.2 The Allegations Manager is responsible for reporting the incident to the Local Authority Designated Officer (LADO). The Allegations Manager will represent the ICB at strategy discussions and other key stages in the process. In the absence of the Allegations Manager, the Executive Lead for Safeguarding or a Designated Professional will deputise.

7.3 Where there may be media interest the Communications teams should be involved.

7.4 Decisions about referral to the Disclosure and Barring Service (DBS) or relevant professional or regulatory body must be made by the Allegations Manager and HR Director in consultation with members of the senior leadership team.

7.5 Staff who report allegations or suspicions of abuse should receive acknowledgement and support and within the bounds of confidentiality, should be offered feedback on how their concern has been dealt with.

8 Serious Incidents and Child Safeguarding Practice Reviews

8.1 Designated professionals will undertake a key role in contributing to serious incident reviews and Child Safeguarding Practice Reviews (CSPRs)
They will support providers with their contribution to the process and in the development, implementation and monitoring of action plans.

8.2The designated professionals will work alongside the ICB Safety Systems team to ensure that cases of concern are reported appropriately.

8.3 All cases should be recorded on the Datix System, cross referenced with the provider incident where appropriate and learning shared through the
Safeguarding Steering Group.

Information Security Policy

NHS Devon

Owner(s): *Matthew Spry, Data Protection Officer*	Directorate Contact Details: *d-ICB.dataprotection@nhs.net*	
Approved by: *Data Protection Steering Group*	Date of formal approval	Review Date: *TBC*
Date Issued:		Version Draft
All policies are held centrally by Governance: d-ICB.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
1.0	01.07.22	New Policy

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184,
County Hall,
Topsham Road
Exeter
EX2 4QL

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1. Introduction

1.1 NHS Devon ICB (hereafter referred to as the organisation) holds and manages a great deal of personal and confidential data, and increasingly information systems are relied on to store and manipulate this information. With this reliance and the many ways by which information can easily be shared across the organisation, with NHS Trusts and other agencies it is important that a consistent approach is adopted to safeguard the information.

1.2 This document describes the organisation's policy on Information Technology (IT) and Information Security, as well as employees' responsibilities for the security of information held both on paper and in electronic form, including information systems, removable media (disks, memory sticks, etc), it also references the requirements for transferring information to and from the organisation as described in the organisation's guidance "File Transfer Procedures".

1.3 To provide clarity for the organisation's staff, the Information Security policy has been developed which applies to all staff working on behalf of the organisation irrespective of their location. This policy needs to be read in conjunction with the linked policies and guidance highlighted above.

2. Purpose

2.1 Objectives

2.1.1 The objective of the organisation's Information Security policy is to preserve and secure information.

2.2 Confidentiality:

2.2.1 Access to data must be confined to those with specific authority to view the data i.e. only an employee with a legitimate business/clinical need to review the information will be permitted to see it.

2.3 Integrity:

2.3.1 Information is to be complete and accurate. All systems, assets and networks must operate correctly, according to specification, i.e. the organisation and its IT provider (DELT) will ensure that all systems and architecture are current, secure and fit for purpose.

2.4 Availability:

2.4.1 Information must be available and delivered to the right person, at the time when it is needed, i.e. this information will be made available in secure and appropriate manner,

rather than an ad-hoc uncontrolled manner.

2.5 Aim

2.5.1 The aim of this policy is to establish and maintain the security and confidentiality of information, information systems, applications and networks owned or used by the organisation by:

- ensuring that all members of staff are aware of, and fully comply with, the relevant legislation as described in this and other policies;
- describing the principals of security and explaining how they will be implemented in the organisation;
- introducing a consistent approach to security, ensuring that all members of staff fully understand their own responsibilities;
- creating and maintaining within the organisation a level of awareness of the need for Information Security as an integral part of the day to day business; and
- protecting information assets under the control of the organisation.

2.6 Scope

2.6.1 This policy applies to all information, information systems, networks, applications, locations, IT assets, devices and users of the organisation's resources. This includes the organisation's employees working within or external to the ICB, employees of other organisations, contractors, temporary staff, volunteers or anyone else working on the organisation's business.

3. Responsibilities for IT/Information Security

3.1 Security is everybody's business and therefore everyone has a responsibility to ensure information is appropriate, secure, confidential, accurate and available only to authorised users. This section describes the different areas of responsibilities for ensuring that the organisation's information remains secure. There is a clear division of responsibilities between the Board, Locality and Line Managers, Governance Manager, User Administrators and General Staff.

3.2 The Information Security Policy shall be maintained, reviewed and updated by the Information Governance Manager. This review shall take place on an annual basis or as a result of significant changes in guidance, technology or processes employed.

3.3 Management of Information Security

3.3.1 Ultimate responsibility for Information Security rests with the Chief Officer of the ICB. The Senior Information Risk Owner (SIRO) takes overall ownership of the

information risk.

3.3.2 Information Asset Owners (IAOs) are responsible to the SIRO for controlling the information security assets they are responsible for. On a day to day basis the Information Governance Manager will be responsible for developing implementing related procedures with the support of IT and the IT provider.

3.4 Directors, Heads of Departments and Line Managers

3.4.1 Line Managers shall be responsible for the security of their physical environments, including the security of information. They are also responsible for ensuring that all current and new, permanent and temporary staff and contractors have appropriate IT equipment and user accounts to carry out their duties.

3.4.2 Line Managers should ensure that staff are aware of:

- their personal responsibilities for information security;
- how to access advice on information security matters; and
- Information Security policies that are applicable in their work areas.
- Compliance with mandatory training

3.4.3 In particular line managers should ensure that:

- staff using computer systems/media are trained in their use;
- no unauthorised staff can access any of the organisation's computer systems or information stores as such access could compromise information integrity;
- the IT provider is notified of new employees and leavers to allow access rights to be appropriately established from effective dates for shared data folders and to terminate access when no longer required;
- procedures are in place to minimise the organisation's exposure to fraud, theft or disruption of its information systems - such as segregation of duties, dual control or staff rotation in critical susceptible areas;
- current documentation is always maintained for all critical job functions to ensure continuity in the event of individual unavailability;
- all staff sign confidentiality (non-disclosure) undertakings as part of their contract of employment;
- information security breaches are reported to local IT helpdesks and the information governance team at d-icb.dataprotection@nhs.net ; and
- guidelines on legitimate relationships are adhered to when determining which individuals are to be given authority to access specific information. Levels of access to specific systems should be on a job function need, independent of status.

3.5 Staff

3.5.1 Employees, including those under contract and agency staff, are responsible for conforming to the IT/Information Security policy and as such are required to bring to their manager's attention areas of concern regarding information security. Each user shall be responsible for the operational security of the information systems they use.

3.5.2 Each system user must comply with the security requirements that are currently in force, and must also ensure that the confidentiality, integrity and availability of the information they use is maintained to the highest standard.

3.5.3 Contracts with external contractors that allow access to the organisation's information systems will be in operation before access is allowed. These contracts will ensure that the staff or sub-contractors of the external organisation will comply with all appropriate security policies.

3.5.4 All staff must comply with security procedures including the maintenance of data confidentiality and data integrity. Failure to do so may result in disciplinary action. As such, all staff have a responsibility for ensuring that they are aware of, and fully understand, all information security requirements defined in this policy and its associated policies and documents. Any questions or concerns should be brought to the attention of their line manager or the Information Governance Manager.

3.6 Caldicott Guardian

The Caldicott Guardian is a senior person within a health or social care organisation who ensures that the personal information about those who use its services is used legally, ethically and appropriately and that confidentiality is maintained.

3.7 Senior Information Risk Owner

The SIRO assumes the responsibility of ownership of the organisations risks, providing advice to the chief officer on the content of the annual governance statement in regard to information risk.

3.8 Data Protection Officer

The DPO assists the organisation to monitor internal compliance, inform and advise on data protection obligations and acts as a contact point for data subjects and supervisory authority.

3.9 Privacy Officer

The Privacy Officer ensures that records are only being looked at where a legitimate relationship and permission to view, or appropriate emergency access exists.

3.10 Information Governance Manager

3.10.1 The Information Governance Manager for the organisation is responsible for the implementation and enforcement of the IT/Information Security policy in partnership with our Head of IT and has organisational security management responsibilities for:

- ensuring that the information security is effectively implemented throughout the organisation;
- ensuring that appropriate information security controls are applied to new computer systems on the basis of risk and cost benefit;
- developing and enforcing detailed procedures to maintain information security and governance;
- ensuring compliance with relevant legislation;
- reporting material information security incidents to the DPO, Head of Governance, SIRO and Caldicott Guardian; and
- providing an advisory service on information security and information governance.

3.11 IT Managers and IT Project Managers

3.11.1 All IT Managers and IT Project Managers should understand the risk to computer assets and the information that is held on them, deploying appropriate security measures to reduce the threat and to reduce the impact of a threat that materialises in a given project or area of work.

3.12 Information Asset Owners (IAO)

3.12.1 Amongst other things, IAOs are required to ensure compliance with the organisation's IT/Information Security policy and to:

- provide a clear statement as to the use, or planned use of the personal information, which is cross-referenced to the Data Protection notification;
- put in place defined security and system management, including documented processes for access control, records management and reports;
- implement appropriate levels of access for staff/users using role based access controls (RBAC);
- ensure staff receive appropriate training;
- liaise with the Head of ICT and IT Service Providers over 3rd party access;
- collaborate with internal audit over system security reviews; and
- manage upgrades to systems in partnership with DELT.

4. Legislation

4.1 The organisation is obliged to abide by all relevant UK and European Union legislation. The requirement to comply with this legislation will be devolved to employees and agents of the organisation, who may be held personally accountable for any breaches of security for which they are responsible.

4.2 The organisation will comply with the following legislation and other legislation as appropriate:

- The Data Protection Act 2018;
- The Copyright, Designs and Patents Act (1988);
- The Computer Misuse Act (1990);
- The Health and Safety at Work Act (1974);
- Human Rights Act (1998);
- Regulation of Investigatory Powers Act 2000;
- Freedom of Information Act 2000;
- Health & Social Care Act 2012; and
- Lawful Business Practice Regulations 2000.

5. Policy Framework

5.1 Data Security and Protection Awareness Training

5.1.1 Information security awareness training will be included in staff induction and mandatory training.

5.2 Contracts of Employment

5.2.1 Security requirements will be addressed at the recruitment stage and all contracts of employment will contain a confidentiality clause to be signed by all staff.

5.3 Security Control of Assets

5.3.1 Every information asset, (hardware, software, application or data) will have a named custodian (Information Asset Owner) who will be responsible for the security of that asset.

5.3.2 Each PC or device (such as smartphone) will be allocated to a named individual. The responsibility for PCs shared by several staff will lie with locality or line managers.

5.4 Access Controls

5.4.1 Only authorised personnel who have a business need will be given access to restricted areas containing information systems, i.e. information is not available by default to all

staff but solely to those employees whose role requires it. Access to patient information in particular will require a legitimate relationship to exist in order to justify this access.

5.4.2 Applications for new or revised access controls must be supported by the user's line manager and approved by the Information Asset Owner.

5.5 User Access

5.5.1 Access to information will be restricted to authorised users who have a business need to access that information i.e. Role Based Access Controls will be deployed (RBAC).

5.6 User Accounts

5.6.1 Individual, named accounts for all network and system users ensure that proper auditing of accesses made can be maintained. Usernames and passwords should not be shared for any reason.

5.6.2 The organisation does, however recognise that in some cases generic or shared accounts are required but this will not be a standard approach and the need will be assessed on a case-by-case basis according to business need.

5.7 Passwords – see Password Policy

5.8 Computer Facilities Access Control

5.8.1 Access to computer facilities will be restricted to authorised users who have a business need to use the facilities.

5.9 Application Access Control

5.9.1 Access to data, system utilities and program source libraries will be controlled and restricted to authorised users who have a business need to use the applications, i.e. RBAC applies. Additionally, authorisation to use an application will depend on the availability of a license from the supplier.

5.10 Equipment Security

5.10.1 In order to minimise loss of, or damage to, IT assets, equipment should be physically protected from security threats and environmental hazards, i.e. laptops and phones should not be left in insecure areas such as on view in cars or on desk tops when not in use.

5.10.2 Line managers are responsible for ensuring the provision of IT equipment to allow staff to carry out their duties and for the return of IT equipment to the organisation's IT team when this equipment is no longer required.

5.10.3 Additional details on equipment security can be found in the organisation's Mobile and

Remote Working policy.

5.11 Computer and Network Procedures

5.11.1 Management of computers and networks will be controlled by standard procedures that have been authorised by the Head of IT.

5.12 Security Incidents, weaknesses and status reporting

5.12.1 All IT/Information Security incidents and weaknesses, suspected or material, are to be reported to the organisations Information Governance Team at d-ICB.dataprotection@nhs.net . All security incidents will be investigated to establish their cause, operational impact, and business outcome. Material breaches and serious potential breaches which highlight gaps in policy, training or awareness will be reported to the SIRO. Minor incidents will be dealt with by the Information Governance Manager and IT team. Significant and serious incidents will be dealt with in line with the organisation's Incident Management processes.

5.13 Protection from Malicious Software

5.13.1 The organisation will ensure that software countermeasures and management procedures are implemented to protect itself against the treat of malicious software (computer viruses etc).

5.13.2 All staff will be expected to co-operate fully with this policy. Users must not install software on the organisation's property without permission from the Head of IT. Users breaching this requirement may be subject to disciplinary action.

5.14 Removable Media such as Memory Sticks

5.14.1 Removable media containing software or data from external sources, or that have been used in external equipment, must be fully virus checked before being used on the organisation's equipment. Users breaching this requirement may be subject to disciplinary action.

5.14.2 If the organisation's data is to be stored or transmitted on such devices, encryption should be used.

5.14.3 Please note that it is forbidden to store patient, staff or other sensitive data on an unencrypted device.

5.15 Purchase of new equipment, software and systems:

5.15.1 All projects involving the purchase of new equipment/software must consider the security

aspects. The operational requirements and strategic implications of new systems should be established, documented and tested prior to their acceptance. Managers are responsible for informing the IT Department of new projects that have an IT component so that sufficient time is available for this review. The time required will vary dependent upon the scale and complexity of the project.

5.15.2 Managers responsible for the organisation's projects with a dependency upon IT must complete a project template document (available via the IT Department). This will be used to register the project with the IT Steering Group and to ensure that appropriate support is available.

5.16 Mobile Hand-Held Devices (Smartphones/iPads)

5.16.1 Refer to separate Mobile Devices when Remote Working Policy

5.17 Use of (personally owned) Computers, Laptops, Smartphones and Tablet Devices

5.17.1 Refer to separate Mobile Devices when Working Policy

5.18 Instant Messaging and Social Networking Services

5.18.1 Instant messaging services allow users to share files and transmit information via the Internet. These services are often not encrypted and must not be used without the authorisation of the IT department.

5.18.2 Internal instant messaging (Skype for Business) services are in the process of implementation throughout the organisation. Skype for Business is not intended as a direct replacement for e-mail, instead it is an enhancement which helps to improve immediate communications using short messages.

5.18.3 Skype for Business must not be used for conversations which involve business decisions which may need to be evidenced at a later stage.

5.18.4 Sensitive data such as usernames, passwords, account numbers and other personal data must not be passed via instant messaging.

5.18.5 Skype for Business has the facility to share desktops and files, but it is highly recommended that other methods such as NHS mail are used, as the integrity of your desktop information is at risk.

5.18.6 Skype for Business can be used for limited personal purposes however, such use should be confined to meal breaks and personal time.

5.18.7 Corporately provided instant messaging must only be used internally or to approved

partners

5.18.8 The organisation does not read the messages and e-mails of all users however, may apply manual and/or automatic message monitoring, filtering and rejection systems as appropriate and deny transmission of messages with content that is considered by the organisation to be unacceptable. All messaged which have suspected inappropriate content will be examined.

5.18.9 Social networking services such as “Facebook” must not be used unless there is a specific NHS business requirement. The use of social networking sites should be approved by the IT department. These types of services must not be used to share confidential or sensitive information.

5.19 Use of Cloud Computing services

5.19.1 “Cloud computing” services where documents are stored on Internet based services such as “Google Docs”, “Dropbox”, “and SkyDrive” must not be used to store NHS documents. The security, location or organisational indemnity from legal action in relation to data hosted on these services cannot be guaranteed.

5.19.2 Cloud computing services are undergoing a period of rapid development and increasing popularity. It is likely that local NHS partners may utilise Cloud based services to share and host documents but these must not be used to exchange sensitive information without prior authorisation and approval must be in place with regard to the use of such a service as an approved data flow.

5.19.3 Further information on procuring and using cloud computing services can be found on the Information Commissioner’s website at www.ico.org.uk.

5.20 Data Storage

5.20.1 It is important that computer files are saved in the correct place; generally this is to a network file storage area (network drive). Using a network drives ensures that files are secure, that they are backed up and can be recovered should one be corrupted or accidently deleted.

5.20.2 Confidential and sensitive information should always be saved to a network drive if at all possible, if it must be saved to the local hard drive of a computer or laptop (or any other device) then that device **must** be encrypted. Users breaching this requirement may be subject to disciplinary action that could lead to dismissal.

5.20.3 All staff should have file storage area on their DELT network; this is a personal storage area in which information that does not need to be shared with other members of staff should be saved.

5.20.4 In circumstances where more than one person needs access to the same file a shared network drive should be created. Contact the DELT Helpdesk to request a shared

network drive. Care must be taken with this type of network drive as all those with access to them can see all the files within it, therefore line managers will need a strategy to ensure only authorised staff have access to sensitive or confidential information.

5.21 Transmission of Data

5.21.1 The security of the transmission of data, particularly that containing patient identifiable elements, clinical content or personal details of any kind is paramount.

5.21.2 Whether physical (e.g. hardcopy patient notes) or electronic data (email, fax, data exports, or disk/tape, etc), all transmissions within the ICB or to any external bodies must be secure.

5.21.3 The key principles are shown in the bullet points below:

- NHS mail may be used for attachments up to 20mb;
- NHS Digital provides a secure file transfer service, this is appropriate for larger files transfers;
- faxes must be to secure faxes with nominated persons standing by to receive the transmission;
- data on media such as tape, disk, memory stick etc, must be encrypted and sent by either secure courier services or by hand by the organisation's staff; and
- SecureSend can be used to send secure e-mails to e-mail addresses not part of the secure e-mail system.

5.21.4 Staff sending or transmitting information, must ensure that the recipients of such data understand and comply with the relevant legal and best practice standards.

5.21.5 The organisation's employees expecting to receive such data from colleagues, both internal and external, should take steps to ensure they are familiar with arrangements for securely receiving data.

5.22 Monitoring system access and use

5.22.1 It will be possible to access audit trails of system access and use. In the event of a suspected breach in policy, procedure or confidentiality these audit trails may be used as forensic evidence. Audit trails may also be reviewed routinely for security and effective management purposes.

5.23 Accreditation of Information Systems

5.23.1 The organisation will ensure that all new information systems, applications and networks are compliant with the organisation and DELT security policies before implementation.

5.23.2 Suppliers of any systems must satisfy the organisation that relevant clauses on Freedom of Information, Data Protection Act, GDPR, Information Security and Incident Management

are present in any contracts. All government framework suppliers are required to satisfy these requirements before being accredited and added to framework catalogues.

5.23.3 Any employee engaging a non-framework supplier must gain assurance from the supplier that these criteria are met.

5.24 System Change Control

5.24.1 Significant changes to information systems, applications or networks must be reviewed and approved by the Head of IT in conjunction with other relevant service leads prior to implementation.

5.25 Intellectual Property Rights

5.25.1 The organisation will ensure that all information products are properly licensed and approved by the Head of IT and/or IT Provider. Users must not install software on the organisation's property without permission from the Head of IT and the relevant owner or licensee. Users breaching this requirement may be subject to disciplinary action.

5.26 IT equipment and Media Disposal

5.26.1 Computer assets must be disposed of securely and promptly as soon as they are deemed redundant and unsuitable for redeployment i.e. to Waste Electrical and Electronic Equipment (WEEE) standards. In addition to PCs, servers and laptops, this includes removable computer media such as tapes and disks, memory sticks and printed reports.

5.26.2 The organisation and its IT Providers have arrangements with certified disposal companies to ensure that no assets capable of compromising the security of the organisation can fall into the wrong hands.

5.26.3 If you have any IT equipment that needs to be disposed of, please contact the organisation's IT Team.

5.27 Business Continuity and Disaster Recovery Plans

5.27.1 The organisation will ensure that business continuity and disaster recovery plans are produced for all critical information, applications, systems and networks.

5.27.2 All critical systems will have a written back-up procedure and disaster recovery plan. This is required to counteract interruptions to business activities and to protect critical business processes from the effects of major failures or disasters. This is the responsibility of the Information Asset Owner.

5.28 Clear Desk policy

5.28.1 Refer to separate Clear Desk Policy

5.29 Policy Audit

5.29.1 This policy will be subject to audit by both internal and external audit as and when required.

5.30 Review Process

5.30.1 The policy will be reviewed periodically. In addition, the policy will be reviewed in the light of any new statutory, regulatory or best practice guidance.

5.31 General Physical Security

5.31.1 In public areas or rooms where the public have regular access (such as Reception Areas), terminals or screens should be placed facing away from the normal access routes.

5.31.2 Staff should use a password protected screensaver or lock their workstation if there is someone present who is not authorised to view information displayed or if they leave their workstation for any period of time (the network enforces a password protected screensaver after 5 minutes – attempts should not be made to deactivate this).

5.31.3 Computer files holding confidential, sensitive or important business data must be stored on network drives (such as S:\) NOT THE LOCAL PC DRIVE (such as C:\) so that they are held in a secure environment and regularly backed up; computer files holding confidential or sensitive information must be protected from unauthorised access by storing the file in the appropriate location on the network. All departments have shared secure folders / storage areas on the network that are restricted from general access. Discuss the location of these secure folders with your line manager.

5.31.4 Personally owned equipment must not be connected to the organisation's network (including smart phones and tablet devices) unless prior authorisation is granted via email from the IT Lead or nominated deputy. Sensitive data could be transferred to the phone which may be un-encrypted.

5.31.5 No computer equipment is to be repaired or dismantled in any way, other than by members of the IT team or an authorised maintenance company (through the IT department).

5.31.6 Staff must ensure that visitors are controlled / supervised whilst using or accessing ICB IT facilities.

5.32 Further information

5.32.1 Further information and advice on this policy can be obtained from the Information Governance Team on d-ICB.dataprotection@nhs.net

6. Implementation

6.1. Once approved, the policy will be made available to all staff via the organisations intranet. The existence of the policy and its relevance to staff will be communicated via the organisation's standard methods.

6.2. Training

1.2.1. Training will be delivered in accordance with the organisation's requirements by the most appropriate and cost effective methodology.

6.3. Monitoring and Audit

1.3.1. All staff have a responsibility to report actual or suspected information security breaches to their, line manager and the Information Governance team or directly to the Information Governance Manager.

1.3.2. Breaches of security and/or confidentiality are a serious concern and a failure to adhere to this policy may result in disciplinary action.

1.3.3. It is a criminal offence to knowingly or recklessly misuse any information or allow others to do so.

Appendix A – Information Security Incident Management Process

1.1 This process will be maintained in line with the main organisational incident process.

1.2 All organisation staff are responsible for ensuring that no actual or potential security breaches occur as a result of their actions.

1.3 All staff must be aware of their responsibilities in terms of making the organisation aware of any material or suspected breaches and the mechanisms in place to do so. All breaches or suspected breaches of information security, confidentiality or of this policy must be reported through the organisations incident reporting process.

1.4 This policy also documents the organisation's expectations of its IT provider and other IM& providers.

2. Implementation

2.1 An information security breach is defined as any incident which compromises any of the 3 fundamentals of security – confidentiality, integrity and availability. Example breaches might include a computer virus or Trojan being found on a PC or network drive; the loss of patient identifiable data or the loss of a mobile device such as a laptop or a smartphone.

2.2 The definition of an information security breach is different to that of Serious Incident Requiring Investigation (SIRI) which is generally defined as:

- an adverse incident when a patient, member of staff, or members of the public suffers serious harm, or unexpected death (or the risk of death or injury) on hospital, other health service premises, premises where health care is provided including in a patient's own home. In the case of those in receipt of mental health care services this may occur anywhere in the community;
- where actions of health service staff are likely to cause significant public concern; and
- any event that might seriously impact upon the delivery of service plans and/or may attract media attention and/or result in a settlement following litigation and/or may reflect a serious breach of standards or quality of service.

2.3 Not all information security breaches will turn out to be SIRIs, however in the first instance each security breach will be considered as a SIRI by the Information Governance (IG) Team – this may be downgraded once the exact nature of a breach is determined.

2.4 It is important that suspected or actual information security breaches are immediately notified to the IG Team on 01392 205205 as SIRIs must be reported to NHS Digital within 72 hours.

3. Reporting Incidents

3.1 Staff will make their line manager aware of any security breach, both material and suspected, at the earliest opportunity.

3.2 The line manager should carry out an immediate risk assessment of the incident and where appropriate take immediate steps to ensure the personal safety of staff, patients and members of the public.

3.3 The line manager should take immediate action (where practicable) to terminate the incident i.e. stop the situation getting worse.

3.4 IT incidents should be logged with the local IT Helpdesk as a high priority. Informing the helpdesk call handler that the call is regarding a security incident should ensure a high priority is allocated to it but, if the Helpdesk is unwilling to treat the call sufficiently seriously, incidents may be reported directly to the Information Governance Manager on 01392 356022 or d-ICB.dataprotection@nhs.net.

3.5 The call detailing the incident will be flagged for attention of the IT Provider / IT Support Manager or Operations Manager.

3.6 Breaches related entirely to failures of the IT Provider's systems/networks etc. will be dealt with immediately by the provider systems/networks/support teams for immediate resolution.

3.7 Details will be passed at the earliest possible opportunity to the Information Governance Manager. All security incidents will be investigated to establish their cause, operational impact, and business outcome.

3.8 Potential or very minor breaches linked to the actions of an individual will be dealt with as appropriate, perhaps by making that individual aware of what has occurred and reminding them aware of their obligations in terms of security.

3.9 More severe breaches will be flagged to line managers and other management as appropriate.

3.10 Details of a material breach will then be passed to the Information Governance Manager along with details of any actions taken by the IT Provider and also recommendations on any further corrective actions to be taken by the ICB.

3.11 Breaches related to external service providers will be passed to the relevant helpdesk or manager at the earliest opportunity.

3.12 All incidents will be logged and a report made to the Senior Information Risk Owner (SIRO) and Caldicott Guardian (if the incident relates to Patient information).

4. Obligations to IT Providers

4.1 The ICB expects DELT to ensure that they have an appropriate information security policy, procedures and arrangements for securing the organisation's assets and information as it would do its own such assets and information.

4.2 IT Provider Support and Operations Managers should, while taking action to mitigate any breach, make the breach known to the organisation's Information Governance Manager at the earliest opportunity.

Evidence or other supporting information should be made available as soon as practicable

Counter Fraud, Bribery and Corruption Policy

NHS Devon Integrated Care Board

Owner(s): Alice Lee Local Counter Fraud Specialist	Directorate Contact Details: alicelee1@nhs.net	
Approved by: John Dowell, Chief Finance Officer	Date of formal approval	Review Date: TBC
Date Issued:		Version Draft
All policies are held centrally by Governance: d-icb.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
1.0	01.07.22	New document

Equality, diversity and inclusion statement

NHS Devon ICB is committed to the promotion of equal opportunities, addressing health inequalities and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation. We are equally committed to the elimination of unlawful discrimination, harassment and victimisation. To demonstrate this commitment, we develop, promote and maintain policies, strategies and operating procedures. Every effort is made to ensure that patients, employees, contractors or visitors do not experience discrimination; either directly or indirectly, because of their vulnerability; disadvantage; age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender) or sexual orientation.

All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184,
County Hall,
Topsham Road
Exeter
EX2 4QL

Contents		
Section	**Title**	**Page**

1. Introduction

1.1 Devon Integrated Care Board (hereafter referred to as the ICB) supports and endorses this policy and aims to commission prompt high quality clinical and social care where it is needed. The ICB is committed to ensuring its resources are used appropriately and efficiently and to prevent and reduce fraud, bribery and corruption.

1.2 The ICB demands that any misuse of resources must be identified and stopped. The ICB will seek to apply all appropriate disciplinary, regulatory, civil and criminal sanctions and where possible will attempt to recover losses.

2. Aims and Objectives

2.1 The purpose of this policy is to provide a guide for employees in regard to fraud, bribery and corruption and inform all employees that it is everyone's responsibility to prevent fraud, bribery and corruption. This policy also sets out how to report any concerns or suspicions.

2.2 The ICB recognises the importance of preventing and deterring fraud, bribery and corruption. This policy will assist the ICB in keeping loss from such activity to an absolute minimum thereby ensuring that resources are used to better patient care.

3. Scope

3.1 The ICB requires all staff and members to act honestly and with integrity and to safeguard the ICB's reputation. It is the responsibility of all staff and members to read and be familiar with the contents of this policy and related procedures, and to identify and notify the Local Counter Fraud Specialist, or the NHS Counter Fraud Authority (NHSCFA) of any suspected cases of fraud or fraud risk.

3.2 This policy applies to the following:

- All staff, members and lay members engaged by the ICB;
- Bank and agency staff working for the ICB;
- Staff providing services to the ICB via a contracted arrangement or Service Level Agreement;
- Staff on honorary contracts whose payroll costs are partially or fully funded by a third party under a formal arrangement; and
- Trainee professionals and students hosted by the ICB for the provision of work or vocational experience.

4. Definitions

NHS Counter Fraud Authority

4.1 NHS Counter Fraud Authority (NHSCFA) has responsibility for the prevention, detection and investigation of fraud and economic crime in the NHS. Its aim is to lead the fight against fraud affecting the NHS and wider health service by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive forward improvements.

4.2 The NHSCFA Strategy 2020-23 can be found at: https://cfa.nhs.uk/about-nhscfa/corporate-publications

Counter Fraud Standards

4.3 The ICB Counter Fraud provision is a requirement within the NHS standard contract. Commissioners of NHS services are required to take the necessary action to comply with the NHSCFA's Counter Fraud Standards. The contract places a requirement on Commissioners to have policies, procedures and processes in place to combat fraud, corruption and bribery to ensure compliance with the standards. The NHSCFA carries out regular assessments of health organisations in line with these counter fraud standards.

Fraud Act 2006

4.4 The criminal offences of Fraud are covered under the Fraud Act 2006. However, in general terms fraud can be defined as: A dishonest act or omission made with the intention of making a financial gain or causing and risking a financial loss.

4.5 Fraud involves dishonestly making a false representation, fraud by failing to disclose information, or fraud by abusing a position held with the intention of making a financial gain or causing a financial loss.

4.6 It should be noted that the dishonest act does not need to be successful for fraud to be committed. It should also be noted that the financial gain/loss can be for anyone.

4.7 Fraud by False Representation (s.2 Fraud Act 2006) i.e. intentionally misrepresenting a fact by any means, words or actions.

4.8 Fraud by Failing to Disclose Information (s.3 Fraud Act 2006) i.e. Failing to disclose something when you have a legal duty to do so.

4.9 Fraud by Abuse of Position (s.4 Fraud Act 2006) i.e. all staff are required to not act against the financial interests of the ICB. By abusing that position a person commits this offence.

Bribery Act 2010

4.10 The Bribery Act 2010 sets out criminal offences of Bribery. Bribery is also known as Corruption.

4.11 The offence of “Bribing” (s.1 Bribery Act 2010) occurs when a person offers, gives or promises to give a "financial or other advantage" to another individual in exchange for "improperly" performing a "relevant function or activity".

4.12 The offence of “Being Bribed” (s.2 Bribery Act 2010), occurs when a person “requests, accepts or agrees to accept” a financial or other advantage, in exchange for improperly performing such a function or activity.

4.13 A "financial or other advantage" has a wide meaning and could include holidays or entertainment, contracts, non-monetary gifts and offers of employment or any form of other benefit.

4.14 A “relevant function or activity” is “any function of a public nature; any activity connected with a business, trade or profession; any activity performed in the course of a person’s employment; or any activity performed by or on behalf of a body of persons whether corporate or unincorporated”.

4.15 Bribery Act offences are committed only when the person performing the function could be expected to perform it in good faith or with impartiality, or that an element of trust attaches to that person's role. All ICB staff are expected to work and perform on behalf of the ICB in good faith and with impartiality.

4.16 Activity will be considered to be "improperly" performed when the expectation of good faith or impartiality has been breached, or when the function has been performed in a way not expected of a person in a position of trust.

4.17 The standard in deciding what would be expected is what a reasonable person in the UK might expect of a person in such a position.

4.18 Any concerns about bribery must be referred to the Local Counter Fraud Specialist, or to the NHS Counter Fraud Authority

5. Roles and Responsibilities

The Board

5.1 The ICB’s Board supports and provides strategic direction for counter fraud, bribery and corruption work and scrutinises NHSCFA

assessment reports, where applicable, and ensures that recommendations are fully actioned.

Chief Executive

5.2 The Chief Executive is the ICB's accountable officer and therefore has the overall responsibility for funds entrusted to it. The Chief Executive must ensure adequate policies and procedures are in place to protect the organisation and the public funds it receives from the risk of fraud, bribery and corruption.

Audit and Risk Committee

5.3 The Audit and Risk Committee is responsible for monitoring the ICB's counter fraud arrangements, approving and monitoring counter fraud workplans receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud and discussing NHSCFA quality assessment reports.
Responsibilities are defined in the NHS Audit Committee Handbook 2018 https://www.hfma.org.uk/publications?Type=Guide

Chief Finance Officer

5.4 The Chief Finance Officer has powers to approve financial transactions initiated by directorates across the organisation.

5.5 The Chief Finance Officer prepares documents, maintains detailed financial procedures and systems and applies the principles of separation of duties and internal checks to supplement those procedures and systems.

5.6 The Chief Finance Officer will report annually to the Board on the adequacy of internal financial controls and risk management as part of the Board's overall responsibility to prepare a statement of internal control for inclusion in theICB's annual report.

5.7 The Chief Finance Officer is the lead for all anti-fraud, bribery and corruption work in theICB, monitors and ensures compliance with SC24 of the NHS England standard commissioning contract and is responsible for:

- Ensuring that an annual risk assessment is carried out by theICB, using the tools provided by NHS CFA.
- Managing the continuity of appointment of a qualified LCFS to the ICB; and ensuring that the counter-fraud service continues to be delivered in the event of the departure, or long term absence of the appointed LCFS.
- Overseeing the delivery of services from the LCFS including induction and any relevant training or promotional activities.
- Providing the relevant required support to the LCFS in any investigations that they carry out.

5.8 The Chief Finance Officer will, depending on the outcome of initial investigations, inform appropriate senior management of suspected cases of fraud, bribery and corruption, especially in cases where the loss may be above an agreed limit or where the incident may lead to adverse publicity.

Human Resources Department

5.9 A counter fraud investigation differs from that of a disciplinary matter. However, a disciplinary enquiry can proceed in parallel with a criminal investigation as long as there is close co-operation between Human Resources staff; theICB's investigating officer and the Chief Finance Officer.

5.10 The Human Resources function shall advise those involved in the disciplinary investigation in matters of employment law and in other procedural matters, such as disciplinary and complaints procedures, as required.

5.11 In some cases, such as when a major diversion of funds is suspected, speed of response, including the suspension or re-allocation of members of staff involved, may be crucial to avoid financial loss.

Local Counter Fraud Specialist

5.12 The Local Counter Fraud Specialist (LCFS) is responsible for taking forward all counter-fraud work locally in accordance with national standards and reports directly to the Chief Finance Officer.

5.13 In assisting the ICB in adhering to the NHSCFA counter fraud standards, the ICB must ensure that it has appropriate counter fraud, bribery and corruption arrangements in place and that the LCFS will look to achieve the highest standards possible in their work.

5.14 The LCFS will liaise with the Chief Finance Officer and will decide if / when a referral to the Police or the NHSCFA is required.

5.15 The LCFS will work with key colleagues and stakeholders to promote counter fraud work, apply effective preventative measures, and investigate allegations of fraud and corruption.

5.16 The LCFS will conduct risk assessments in relation to their work to prevent fraud, bribery and corruption.

5.17 The LCFS will, amongst other duties:

- Ensure that the Chief Finance Officer is kept appraised of all cases;
- In consultation with the Chief Finance Officer, report any case to the Police and NHSCFA as necessary;
- Report the outcome of the investigation to the Chief Finance Officer;
- Ensure that other departments, e.g. Human Resources (HR) are informed where necessary. HR will be informed where an employee is a suspect. (LCFS and HR to comply with the relevant protocol between both parties); and
- Ensure that any system weaknesses identified as part of an investigation are followed through with management to implement changes.

Internal/External Audit

5.18 Through their work, Internal and External Audit will be alerted to the risk of fraud and bribery. Through on-going liaison with the LCFS, Internal Audit will seek to assess the control measures in place to manage key fraud and bribery risks where these fall within the scope of their audits.

5.19 Any incident or suspicion that comes to Internal or External Audit's attention will be passed immediately to the LCFS. The outcome of the investigation may necessitate further work by Internal or External Audit to review systems.

DELT Shared Service (IT Provider)

5.20 DELT Shared Service via Governance will report all cases to the LCFS where there is suspicion that IT is being used for fraudulent purposes. This includes inappropriate potentially fraudulent Internet or E-mail use.

5.21 All staff should be aware of the Computer Misuse Act 1990 and fraudulent use of information technology will be reported by the ICB Governance Manager to the LCFS.

5.22 HR will be informed if there is a suspicion that an employee has breached the organisation's regulations.

Third Parties Acting on Behalf of the ICB

5.23 Any third party acting on behalf of the ICB shall be responsible for complying with this Policy and other relevant ICB policies, including reporting any concerns/suspicions of fraud and bribery.

ICB Managers

5.24 All managers are responsible for ensuring that policies, procedures and processes within their local area are adhered to and kept under constant review.

5.25 Managers have a responsibility to ensure that staff are aware of fraud, bribery and corruption and understand the importance of protecting the organisation from it. Managers will also be responsible for the enforcement of disciplinary action for staff who do not

comply with policies, procedures and processes.

5.26 Managers must report any instances of actual or suspected fraud, bribery or corruption brought to their attention to the LCFS immediately. It is however important that managers do not investigate any suspected financial crimes themselves.

5.27 Managers are expected to ensure that adequate controls are in place within their sphere of responsibility including conducting risk assessments and robust checking and auditing processes designed to prevent, detect and deter fraud and error.

All Staff

5.28 All staff have an implicit duty to protect the assets of the ICB. Assets include finances, information and goodwill as well as property. Staff are required to comply with the ICB's policies, procedures and processes and apply best practice in order to prevent fraud, bribery and corruption. Guidance on how to recognise fraud and how to prevent it is attached at Appendices A and B. It is the responsibility of any member of staff who suspects fraud or bribery to report it.

5.29 Employees who are involved in or manage internal control systems should receive adequate training and support in order to carry out their responsibilities.

5.30 Under no circumstances should a member of staff speak or write to representatives of the press, TV, radio, or to another third party, about a suspected fraud. The established lines of reporting to the LCFS should be used and staff can be reassured that all allegations will be investigated. Nor should the person or persons about whom an allegation is made be informed of the fact without the permission of the Chief Finance Officer. Care needs to be taken to ensure that nothing is done that could give rise to an action for slander or libel. It is also critical not to jeopardise any future investigations.

The ICB's role as commissioners

5.31 Service Condition 24 of the NHS Standard Contract sets out what Commissioners need to do in respect of Counter Fraud arrangements. The ICB will ensure that NHS resources are protected from fraud, bribery and corruption using regular reviews of the anti-fraud arrangements of the providers from which it commissions activity.

5.32 **Fraud Champion**

The NHSCFS introduced the Fraud Champion's role to help form part of the NHS organisation's counter fraud provision and meet the requirements of the Governments Counter Fraud Functional Standard which was introduced across the NHS in 2020-21.

The Fraud Champion is a nominated role and should be held by a person who is senior and directly employed by the organisation and has enough influence to raise awareness of fraud.

Fraud Champions will support and promote the fight against fraud at a strategic level and with other colleagues in their own organisation. Fraud Champions will support the Local Counter Fraud Specialist in the work they already do.

The role and duties of the Fraud Champion include:

- Promote awareness of fraud, bribery and corruption within your organisation
- Understand the threat posed by fraud, bribery and corruption, and
- Understand best practice on counter fraud.

5.4 The Fraud Champion for the ICB is Ginny Snaith, Board Secretary.

6 Response Plan

Bribery and corruption

6.4 The ICB has conducted risk assessments in line with Ministry of Justice guidance to assess how bribery and corruption may affect the organisation. Proportionate procedures have been put in place to mitigate identified risks.

6.5 The ICB has a policy and procedure in place in relation to declarations of interest and hospitality/gifts including the obligation in staff to complete the appropriate register in the event of an offer of a gift or hospitality. Staff should consult the relevant policy for further information.

Reporting fraud, bribery or corruption

6.6 A report should be made as soon as there is a suspicion of fraud or bribery.

6.7 You should report your suspicions to the LCFS or NHSCFA (see Appendix A for contact details) or by filling in an online form at http://cfa.nhs.uk/reportfraud as an alternative to internal reporting procedures if there is a concern that the LCFS or the Chief Financial Officer may be implicated in suspected fraud, bribery or corruption, such as the Chief Executive, Chair of the Audit Committee or Board Chair, and if staff wish to remain anonymous. Under no circumstances should you begin your own investigation.

6.8 The LCFS and/or NHSCFA will undertake an investigation and seek to apply criminal and civil sanctions, where appropriate. Any investigation would follow our set investigative procedures.

6.9 All NHS bodies including private providers, commissioners and trusts should also refer to the Home Office's bribery and corruption assessment template in order to assess their response to bribery and corruption.

Whistleblowing

6.10 To support the reporting of fraud (outlined above) all employees should be aware of the ICB's Freedom to Speak Up Policy, NHS Improvement and NHS England's: Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016[1] and NHS England's Freedom to speak up in Primary Care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017[2].

6.11 It is recognised that some workers may be worried about raising an issue and may want to keep concerns to themselves. The aim of the policy is to provide guidelines to enable all workers to raise their concerns or "blow the whistle" at an early stage and in the right way.

6.12 This policy aims to protect employees from being subjected to detriment by the organisation or its staff members for making a protected disclosure. In so doing the ICB is complying with the Employment Rights Act 1996 and the Public Interest Disclosure Act 1998.

6.13 All reports of fraud and corruption will be taken seriously and will be thoroughly investigated.

6.14 Acting upon your suspicions – The Do's and Don't

6.15 If you suspect fraud or bribery within the workplace, there are a few simple guidelines that should be followed:

6.16 DO:

- Make an immediate note of your concerns;
- Where possible note all relevant details, such as what was said in telephone or other conversations, the date, time and the names of any parties involved;
- Convey your suspicions to someone with the appropriate authority and experience, as set out within the Anti-Fraud and Bribery policy; and

[1] NHS Improvement and NHS England's Freedom to speak up: raising concern's (whistleblowing) policy for the NHS, April 2016 https://improvement.nhs.uk/resources/freedom-to-speak-up-whistleblowing-policy-for-the-nhs/

[2] NHS England;' s Guidance Freedom to speak up in primary care: Guidance to primary care providers on supporting whistleblowing in the NHS, November 2017 *https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf*

- Deal with the matter promptly. Any delay may cause the ICB to suffer further financial loss.

6.17 DON'T:

- Do nothing;
- Be afraid of raising your concerns. You will not suffer any recrimination from the ICB as a result of voicing a reasonably held suspicion, and any matter you raise will be dealt with sensitively and confidentially;
- Approach or accuse any individuals directly;
- Try to investigate the matter yourself. There are special rules surrounding the gathering of evidence for use in criminal cases. Any attempt to gather evidence by people who are unfamiliar with these rules may compromise the case; and
- Convey your suspicions to anyone other than those with the proper authority.

Disciplinary action

6.18 Disciplinary procedures will be initiated where an employee is suspected of being involved in a fraudulent or illegal act, or where their negligent action has led to a fraud being perpetrated. The ICB's Disciplinary Policy can be found here.

Commented [JH1]: Link to be added when available

7 Sanction and redress

7.4 This section outlines the sanctions that can be applied and the redress that can be sought against individuals who commit fraud, bribery and corruption against the ICB.

7.5 All investigations are conducted with NHSCFA 'Parallel Criminal and Disciplinary Investigations' guidance in mind thereby allowing all appropriate sanctions to be brought to bear including;

- Civil –civil sanctions can be taken against those who commit fraud, bribery and corruption to recover money and/or assets which have been fraudulently obtained, including interest and costs.
- Criminal –the LCFS will work in partnership with NHSCFA, the police and/or the Crown Prosecution Service to bring a case to court against an alleged offender. Outcomes can range from a criminal conviction to fines and imprisonment.
- Disciplinary – the LCFS will work with the ICB's Human Resources Department with a view to disciplinary procedures being initiated where an employee is suspected of being involved in a fraudulent or illegal act. Investigations will be conducted in such a way that criminal and disciplinary processes are not brought into conflict with each other.
- Professional body disciplinary – if warranted, staff may be reported to their professional body as a result of a successful investigation/prosecution.

7.6 The ICB will seek financial redress whenever possible to recover losses to fraud, bribery and corruption. Redress can take the form of confiscation and compensation orders, a civil order for repayment, or a local agreement between the organisation and the offender to repay monies lost.

- Staff payroll recoveries: deductions may be made from salary payments either as a one-off sum or via a payment plan.
- Post-criminal sanction recoveries: we will recover losses via compensation awarded as part of the trial or via a Proceeds of Crime Act application.
- Civil recoveries: the Trust's cash management team will pursue the loss identified in civil proceedings to the extent of the law including as appropriate a civil court application.

The LCFS will keep records of all outstanding fraud losses. Cash management will provide a quarterly report to the LCFS on all outstanding invoices and payments received. Payroll will provide quarterly reports to the LCFS of any staff that have salary deductions. In this way the LCFS will ensure loss recovery is monitored and maximised.

8 Monitoring and audit

8.4 Monitoring is essential to ensuring that controls are appropriate and robust enough to prevent or reduce fraud, bribery and corruption. Arrangements might include reviewing system controls on an on-going basis and identifying weaknesses in processes.

8.5 Where deficiencies are identified as a result of monitoring, the LCFS will make appropriate recommendations to make the ICB more resilient to fraud, bribery and corruption. The LCFS will develop a suitable action plan indicating how any recommendations made should be implemented.

9 Dissemination of the policy

9.4 It is important that all members of staff understand and are aware of this policy. It should be available within the ICB's intranet and searchable using appropriate keywords.

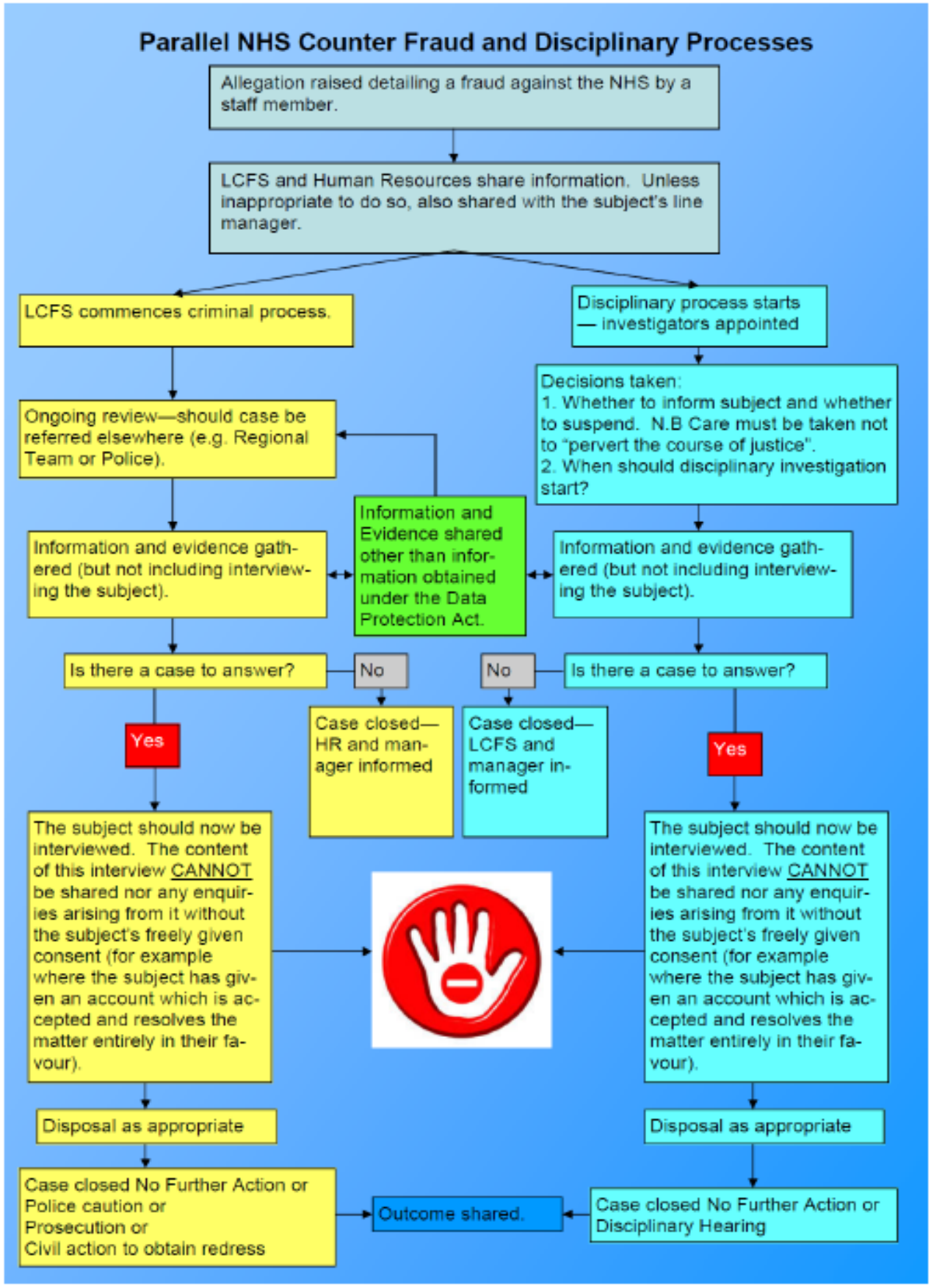
10 Review

10.4 This policy is extant for a period of 3 years from the date of ratification unless circumstances dictate the need for an earlier review. Contact points are listed in Appendix A and may be reviewed at any time. The LCFS is responsible for review and update of this policy.

Key Contacts

Role	Name	Tel	e-mail
Chief Financial Officer			
Local Counter Fraud Specialist	Alice Lee	07813 540022	alicelee1@nhs.net
Counter Fraud Manager	Gareth Cottrell	07463 867523	gareth.cottrell@nhs.net
NHSCFA		0800 028 40 60	

Appendix B **Counter Fraud, Bribery and Corruption Investigation Process**



Confidentiality & Data Protection Act policy

NHS Devon

Owner(s): *Matthew Spry, Data Protection Officer*	Directorate Contact Details: *D-ICB.dataprotection@nhs.net*	
Approved by: *Data Protection Steering Group (DPSG)*	Date of formal approval	Review Date: *TBC*
Date Issued:		Version Draft
All policies are held centrally by Governance: d-icb.governance@nhs.net		

Document Change History:		
Version	**Date**	**Comments (i.e. reviewed/amended/approved)**
1.0	01.07.22	
2.0		

Equality, diversity and inclusion statement

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All staff must comply with this policy. Compliance must reflect our organisational commitment to and policy on, equality, diversity and inclusion. In addition, each manager and member of staff involved in implementing this policy must give due regard to the needs of those protected under law.

If you, or any other groups, believe you are discriminated against under the terms of the Equality Act, the Health and Social Care Act 2012 or Human Rights legislation by anything contained in this document; or you need this document in an alternative format, for example, large print, Braille, Easy read or other languages; please contact our Patient Advice and Complaints Team (PACT):

Tel: 0300 123 1672
Email: pals.devon@nhs.net,
Post: Patient Advice and Complaints Team,
FREEPOST EX184,
County Hall,
Topsham Road
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1. Introduction

1.1 The ICB processes information about individuals, including patients and staff. As an organisation, we are therefore required to comply with the Data Protection Act 2018. As a part of the NHS, we are obligated to follow the NHS Confidentiality Codes and also comply with the Caldicott Principles. As an employer, we have obligations of confidentiality and under data protection principles concerning our staff.

2. Purpose

2.1 This policy aims to detail how the ICB meets its legal obligations and NHS requirements concerning confidentiality and information security standards. This policy provides reference and guidance as outlined by the Data Protection Act 2018 and other legislation.

3. Scope

3.1 All teams and employees within the organisation have a duty under the Act to hold, obtain, record, use, and store all personally identifiable information necessary to perform their role in a secure and confidential manner. All processing of personal data by, or on behalf of the organisation must be in accordance with the seven Data Protection Principles. In addition, for patient data, the Caldicott Principles must also be followed.

3.2 This policy encompasses such data processing activities as patient administration/payment, employee and staff administration, purchasing, invoicing and treatment planning, payroll and the use of manual records relating to individuals whose information may be held within the organisation. This list is not exhaustive.

4. Legislative Framework

Data Protection Act 2018

4.1 The Data Protection Act 2018 (the Act) regulates the “processing” (which broadly means the obtaining, using, holding and disclosing) of data relating to individuals. “Data” includes computerised files and manual records forming part of a relevant filing system i.e. a structured set of paper records from which one can readily extract particular information on an individual. The Act only applies to living people, although the requirements of the Access to Health Records Act 1990, which covers both living and deceased patients, is also applicable to the ICB.

4.2 The Act, which should be read alongside the EU General Data Protection Regulation (GDPR), replaced the Data Protection Act 1998 on the 25th May 2018, to coincide with the adoption of Regulation (EU) 2016/679. The GDPR has direct effect across all EU member states and has already been passed. This means organisations will still have to comply with this regulation and we will still have to look to the GDPR for most legal obligations.

4.3 The Act dictates that information should only be disclosed on a need to know basis, for legitimate reasons connected with the ICB’s business or through a defined legal requirement. Printouts and paper records must be treated carefully and disposed of in a secure manner, and staff must not disclose information outside their line of duty. Any unauthorised disclosure of information by a member of staff can be considered a disciplinary offence.

4.4 The legislation listed below also refers to issues of security and/or confidentiality of personal identifiable information/data.

- Data Protection Act 2018
- Police and Criminal Evidence Act 1984
- Access to Medical Reports Act 1988
- Access to Health Records 1990
- Human Rights Act 1998
- Crime and Disorder Act 1998
- Freedom of Information Act 2000
- Regulation of Investigatory Powers Act 2000
- Health and Social Care Act 2001
- NHS Act 2006
- Health and Social Care Act 2012

NHS Guidance

4.5 *Confidentiality: NHS Code of Practice. November 2003*
The Code's purpose is to provide guidance to the NHS and NHS related organisations on patient confidentiality issues. It also considers ways of obtaining and using patient information to comply with Data Protection legislation, current and planned.

4.6 *Supplementary Guidance: Public interest disclosures. November 2010*
This document expands upon the principles set out within the Department of Health's key guidance Confidentiality: NHS Code of Practice. The document is aimed at aiding staff in making difficult decisions about when disclosures of confidential information may be justified in the public interest.

4.7 *Data security and protection requirements 2019/20*
Document outlining action expected from health and care organisations in 2019/20, to implement recommendations by the National Data Guardian. ICBs, as discrete NHS organisations responsible for their corporate IT services, must comply with the requirements set out in this document. As commissioners of GP IT services, ICBs must ensure commissioned GP IT providers are contractually required to comply with these requirements.

4.8 *Records Management: Code of Practice for Health and Social Care. July 2016*
This Code is a key component of information governance arrangements for the NHS. It sets out the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England, based on current legal requirements and professional best practice.

Caldicott Principles

4.9 These are specific requirements highlighted within the Caldicott principles that apply to patient identifiable information. The ICB will adhere to these principles.

1. Justify the purpose.
2. Don't use patient identifiable information unless it is absolutely necessary.
3. Use the minimum necessary patient-identifiable information.
4. Access to patient identifiable information should be on a strict need-to-know basis.
5. Everyone with access to patient identifiable information should be aware of their responsibilities.

6. Understand and comply with the law.
7. The duty to share information can be as important as the duty to protect patient confidentiality.

Data Protection Principles

4.10 There are seven principles of good practice within the Data Protection Act 2018. These are normally referred to as the Data Protection Principles.

1. Personal data shall be processed lawfully, fairly and in a transparent manner in relation to the data subject ('lawfulness, fairness and transparency').
2. Personal data shall be obtained for one or more specified and lawful purposes and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.
4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data is processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.
7. Accountability: The controller shall be responsible for, and be able to demonstrate compliance with, paragraph 1 (principles 1-6).

Principles 1,2 & 3

4.11 The Act requires that all organisations process data lawfully, fairly and in a transparent manner in relation to the data subjects, which includes NHS patients and ICB staff. Transparency requires that all processes are fair and lawful, and only collected for specified, explicit and legitimate purposes. To this end, data subjects must be made aware of why the NHS needs information about them, how it is used and to whom it may be disclosed. Patients will be notified by providers at the point of care as well as by the ICB via a Fair Processing Notice (FPN) published on the ICB's website. Patient information leaflets and posters will also be produced as required and made available in the relevant patient areas in primary and secondary care across the ICB. All ICB staff will be notified during induction, as well as via communications from the Data Protection team.

4.12 The Act requires every data controller who is processing personal information to register with the Information Commissioner. The ICB will notify the Information Commissioner's Office (ICO) of its data processing intentions and the subsequent registration will be renewed annually. The ICB will also register the details of its Data Protection Officer. All registrations can be viewed online via a publicly available Register of Data Controllers held by the ICO. The ICB's registration number is ZA517803.

4.13 In practice, ICB uses patient data for investigating incidents arising from primary and secondary care for uses allowed under section 251 of the NHS Act 2006 CHC funding applications and GP referrals to secondary care. Additionally, the ICB receives pseudonymised patient information from the Data Services for Commissioners Regional Office (DSCRO) South West for non-direct

care purposes. The ICB needs to plan and commission healthcare services in its local area through analysis of actual and projected use of services across all parts of the care economy. This modelling requires access to information about care provided to patients, their hospitals stays and patient journeys but without accessing personal confidential patient data. This service allows the ICB to plan and commission those healthcare services in its local area using the services provided through the DSCROs.

Principle 4

4.14 The ICB has to ensure that all information held on any media is accurate and up to date. The Data Quality Group will provide assurance regarding the accuracy of the ICB's data by implementing validation routines, some of which will be system specific and details must be provided of these validation processes to the system/information users. Users of software will be responsible for the quality (i.e. Accuracy, Timeliness, and Completeness) of their data by carrying out their own data quality audits and participating as required in any data quality assurance processes.

4.15 Staff should ensure that the information held by the ICB is kept up to date during contact with patients by requesting that they validate the information held.

Principle 5

4.16 All records are affected by this principle regardless of the media in which they are held, stored and retained. The Information Governance Alliance's "Records Management – Code of Practice for Health and Social Care" and NHS England's Retention Schedule and Disposal Guidance provides comprehensive guidance for ICBs.

4.17 The fifth data protection principle makes it clear that data should not be kept for longer than necessary. Where "clear" data (i.e. patient identifiable) is processed by the ICB it should be held in clear form for as short a time as possible. Clear data should be pseudonymised or anonymised before use wherever possible.

4.18 For further guidance please refer to the ICB's Information Lifecycle Management Policy.

Principle 6

4.19 All information relating to identifiable individuals must be kept secure at all times. The ICB will ensure there are adequate procedures in place to protect against unauthorised processing of information and against accidental loss, destruction and damage to this information. Details of this are within the Information Security Policy.

4.20 ICB staff must report without delay to the information governance team, via Datix (accessible via a desktop link) all potential data security breaches, regardless of severity. All incidents will be assessed and where necessary reported via the Data Security and Protection Toolkit. Breaches will be reported to the ICB's Audit Committee bi-annually and DSPG Bi-monthly.

Rights of the Data Subject

4.21 The Act affords individuals the following rights:

- The right to be informed.
- The right of access.
- The right to restrict processing.

- The right not to be subject to a decision based solely on automated processing, including profiling, which produces legal effects concerning them or similarly significantly affects them.
- The right to erasure.
- The right to object to processing.
- The right to rectification (Where inaccuracies have been found).
- The right to Data portability (Where the lawful basis for processing is consent).
- The right to raise a concern.

Subject Access Requests

4.22 Individuals have a right to apply for access to health, employment and other type of information held about them on computer and indexed paper records. These requests are made under the provisions of the Act and the following points should be considered:

- Responsibility for dealing with a subject access request lies with the "data controller".
- Requests have a legal time limit of one calendar month in which to respond.
- Requests can be made both verbally, and in writing. If the request is made verbally, it must be followed up in writing, to provide a clear trail of correspondence. No charges can be made for a Subject Access Request, unless it is manifestly unfounded or excessive.

4.23 When responding to a request, the individual must be advised:

- What their data is being used for.
- Who their data is being shared with.
- How long the data will be kept, and how the organisation made this decision.
- Information on their rights to challenge the accuracy of the data held, to have it deleted, or to object to its use.
- Their right to complain to the UK Supervisory Authority (ICO).
- How their data was obtained.
- Whether their data is used for profiling or automated decision making.
- Whether their data has been transferred to a third country, and the security measures used to protect the transfer, if it was.

4.24 The data controller is the legal entity that determines the purposes for which and the manner in which personal data is processed and disclosed. The Data Protection Officer, SIRO or Caldicott Guardian for the ICB will verify and authorise all disclosures. The Data Protection Officer is also responsible for ensuring that Subject Access Requests pertaining to patients and staff are dealt with and that an adequate process is in place to handle Subject Access Requests within the requirement of the Act.

4.25 Individuals have a right to seek compensation from the relevant data controller for any breach of the Act which may cause them damage and/or distress. The ICB's complaints procedures take account of complaints which may be received because of a breach or suspected breach of the Act.

5. Roles and Staff Responsibilities

5.1 Every member of staff, whether employed, self-employed, consultant, locum, contractor or agency, has individual responsibility for compliance with this policy and the requirements of the Act. The following roles have additional responsibilities as set out below. Failure to adhere to the policy and its associated procedures/guidelines may result in disciplinary action. In some cases, serious breaches such as unlawful obtaining or disclosure of personal information may result in criminal prosecution.

Accountable Officer

5.2 The Accountable Officer of NHS Devon Clinical Commissioning Group has overall responsibility within the organisation for compliance with data protection requirements. The development of, implementation of, and compliance with this policy is delegated to the Caldicott Guardian, Senior Information Risk Officer and Data Protection Officer, whose details are set out below.

Caldicott Guardian

5.3 The Caldicott Guardian for the ICB is the Chief Nursing Officer who is responsible for safeguarding the confidentiality of patient information. In conjunction with the Senior Information Risk Owner (SIRO), the Caldicott Guardian will oversee all disclosures of individual personal information with particular attention being paid to extraordinary disclosures. The Caldicott Guardian for the ICB can be contacted on d-icb.caldicottguardian@nhs.net.

Senior Information Risk Owner

5.4 The Senior Information Risk Owner (SIRO) for the ICB is the Board Secretary. The SIRO will ensure that the Senior Management Team and Accountable Officer of the ICB is kept up to date and briefed on all data protection and security issues affecting the organisation. Day to day management and ensuring compliance is delegated to the Data Protection Officer.

Privacy Officer

The Privacy Officer ensures that records are only being accessed where there is a legitimate relationship and permission to view, or under appropriate emergency protocols.

Data Security and Protection Steering Group (DPSG)

5.5 The DPSG for the ICB is chaired by the SIRO and supported by the Data Protection Officer. The DPSG has the following responsibilities:

- monitoring Data Security & Protection Toolkit submissions by the ICB.
- ensuring that policies are developed and updated in line with legislation, contractual requirements and NHS requirements, as updated from time to time.
- identifying any new information (e.g. national guidance, staff or patient feedback) that may trigger review and amendment of policies before the due date.
- identifying individuals and groups who must be aware of/work within the confines of this policy and agreeing appropriate dissemination.
- advising on training requirements.
- ensuring that sufficient resources are provided to support the requirements of the policy and on-going Information Governance agenda.

Data Protection Officer

5.6 The Data Protection Officer is the lead for the ICB in all matters relating to Data Security and Data protection. The role of the Data Protection Officer includes:

- overseeing the policies and procedures required by the Act and subsequent regulations, NHS requirements and the Caldicott Principles.
- reviewing the ICB's Data Protection registration.

- acting as first point of contact for training, advice and support for all staff on matters relating to data security and Protection, which may arise within the organisation.
- overseeing the Data Security and Protection Toolkit submissions.
- to ensure appropriate notification in compliance with the Data Protection Act is maintained such as the fair processing notice.
- dealing with enquiries about data protection issues.
- advising and training staff on their data protection responsibilities in conjunction with the Caldicott Guardian responsibility for advising on actual or potential breaches of confidentiality and recommending remedial action.
- ensuring the organisation has an action plan for achieving Data Protection related requirements within the NHS Digital Data Security and Protection Toolkit.
- ensuring the ICB has procedures in place to comply with relevant Department of Health best practice guidance such as Confidentiality and Records Management code of practice.
- liaising with external organisations on data protection matters.
- the development and implementation of information sharing protocols.
- overseeing all disclosures of individual personal information.

Line Managers

5.7 Managers will ensure that all staff including contractors, bank, voluntary and other agency staff:

- are instructed in their Data Security & Protection responsibilities and complete Data Security & Protection training specific to their job role.
- are trained in the secure use of computer systems/media.
- are aware of their data protection obligations, this policy and associated procedures /guidelines and any updates.
- are able to identify and know how to deal with Subject Access and Freedom of Information requests.
- know how to access and store personal identifiable information, both in manual and electronic records.
- ensure no unauthorised staff are allowed to access any computer system utilised by the organisation.
- ensure access control of all staff as described within the Information Security Policy.
- ensure current documentation is regularly maintained for all critical job functions to ensure continuity in the event of individual unavailability.

All Staff

5.8 Every member of staff (including agency, bank, locums, volunteers, contractors, non-contract and student placements) will, in the course of their work, process and/or have access to with confidential and/or personal information whether relating to staff, patients or their carers, businesses, family or friends or any other individuals connected to the organisation in some way.

5.9 All staff are required to:

- be made aware of and adhere to this policy, associated procedures/guidelines and all related systems and processes.
- attend data protection (or relevant Information Governance) training as appropriate.
- ensure that all personal identifiable information is accurate, relevant, up to date and used appropriately, both electronic and manual records including the use of databases.
- ensure that all person identifiable information is kept safe and secure at all times.
- have signed a contract of employment, a contract for services or a non-disclosure

agreement (as applicable) that includes confidentiality, information security and data protection clauses.
- understand that breaches of this policy will be investigated by formal disciplinary procedure (or contractual enforcement if appropriate) which may lead to dismissal and/or legal action.

Staff should also ensure that they keep their HR information up to date and notify the relevant HR team or their line manager of any relevant changes.

6. Monitoring of Compliance

6.1 This policy and associated appendices and procedures will be monitored by the Data Security and Protection Steering Group. It is also expected that both Internal and External Audit will review this policy and any associated policies and procedures.

6.2 The ICB will ensure that all staff are aware of the policies and requirements regarding data protection and appropriate training arrangements will be made available via ESR and bespoke in-house training relevant to team and individual needs. All ICB staff will also receive data security & protection training as part of the overall induction process.

6.3 Any member of staff current, past or potential (applicant) who wishes to have a copy of their employment information under the subject access provision of the Data Protection Act will need to contact ICB and will dealt with by the Data Protection Team. There are subject access procedures outlining the process to follow to deal with such requests.