Herts and West Essex Integrated Care Board (ICB)

Integrated Governance Handbook

March 2024 V4.5

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Document Control

Version	Page	Initials	Date	Details of amendment
V2.0	8	IK	18/11/2023	Updated governance structure chart
	11	IK		5.2 – Update to Executive Team including place directors
	18	IK		Update to Board and committee meeting programme
	23-24	SS		ICB's Financial Authorisation Limits – 1 written quote to be obtained for clinical and non-clinical tenders and quotations with a value of up to £24,999 (inclusive of VAT). Updated sign-off limits.
	36-91	IK		Update to committee Terms of Reference - v2 Audit and Risk Committee Remuneration Committee Population Outcome and Improvement Committee Quality Committee Performance Committee
	236	SS		Quality Committee – update to Health and Care Bill 2021 to Act 2022
	237	SS		Change Commissioning Board to Committee. Addition of delegated authority to approve ICB Policies
		SS		Change Performance Board to Committee
	238	SS		Addition of s.75 etc. to Decisions and Functions Delegated by the Board to other Statutory Bodies
	240	SS		Addition – CEO – Authenticate use of seal
	281	SS		Addition of "m" missing off second paragraph to £2m if contract exceeds 12 months
V3.0	79	IK	27/01/2023	ICB Quality Committee ToR v3
	60	IK		ICB Population Outcome and Improvement Committee ToR v3
	9	IK		Update ICB Board Structure Chart to include VCSFE Representative
	10	IK		Update to Board membership and Terms of Office to include VCSFE Representative
V3.1	233	SS	24/03/2023	Update to Scheme of Reservation and Delegation
	74	IK		ICB People Board Terms of Reference
	86	IK		ICB Performance Committee Terms of Reference
	101	IK		Update to front sheet and report template
	104	IK		Update to meeting agenda template
	105	IK		Update to meeting minutes template
V4.0	9	IK	26/05/2023	Update to sub-committee structure chart
	23	IK		Update to Financial limits
	27	IK		Update to Board and Committee Governance
	32	JD		New Guidance for the Development / Review of Policies
	42 56 61	IK		Update to Terms of Reference: Audit and Risk Committee, Commissioning Committee and; Primary Care Board
	98	IK		Updated Integrated Care Partnership Constitution and Standing Orders
	115	IK		New templates for minutes and notes and actions
	132	JD		Updated template for Equality, quality, impact assessments and Data Protection impact assessments
	142	SS		Updated Risk Management Framework

	254	SS			Updated Scheme of Reservation and Delegation
	284	SS			Updated Standing Financial Instructions
	468	NM			Updated Working in Partnership with People and Communities Strategy
V4.1	11	IK			Update to Board membership and terms of office to include Natalie Hammond
	17	IK			Amendment to Executive Lead for Quality Committee
	19	IK			Amendment to Executive Lead for Quality Committee
	20	IK			Update to Executive Structure chart to include Natalie Hammond
V4.2	20	IK	24/11/2023		Updated ICB Exec Structure Chart
	72	LA			Updated Finance and Investment committee terms of reference
	98	SS			Updated ICP Constitution and Standing Orders
	199	JD			Updated Standards of Business Conduct and Conflicts of Interest Policy
	256	SS			Updated Scheme of Reservation and Delegation
V4.3	10	IK	26/01/2024		Update to include fifth Non-Executive Member
	11	IK			Update to include fifth Non-Executive Member
	38	IK			Amendment to Practice lists: Hertsmere Locality – Theobald Medical Centre amended from list following merger with Manor View Practice. Watford and Three Rivers Locality - Pathfinder Practice amended from list following merger with Manor View Practice.
V4.4	287	SS			Update to SFIs – Paragraphs 7.1.1, 7.1.2, 7.1.8, 7.2.1, 7.2.2, 7.2.3
	256	SS			Update to SoRD – page 11

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Appendices Contents

1. Introduction

The purpose of this document is to bring together a range of corporate statutory documents in one place and is described as the NHS Herts and West Essex Integrated Care Board (ICB) Governance Handbook which supports the Constitution. This document ensures all governance structures and arrangements reflect best practice across the NHS and public sector in England.

This handbook is intended to ensure that everyone is clear on expectations of individuals and teams in relation to corporate governance.

The implementation of this handbook is **mandatory** for all staff, board and members of its committees.

The highest-level governance structure comprises an Integrated Care Board (ICB) (known as "the board"), board"), nine board committees, two of which are required by statute (audit and risk committee and remuneration committees) and seven of which have been put in place by the ICB as standing committees. These are quality committee, finance and investment, commissioning board, people board, performance board and population outcome and improvement committee.

Additionally, there is an executive team which meets weekly to oversee the operational aspects of the ICB business.

2. Principles

Herts and West Essex ICB is committed to the highest standards of corporate governance. The function of good governance is to: "ensure that an organisation fulfils its overall purpose, achieves its intended outcomes for citizens or service users, and operates in an effective, efficient and ethical manner" [1]

The underlying principles of all good governance are listed as follows in the UK Corporate Governance Code 2018[2] :

- Accountability
- Transparency
- Probity
- Focus on sustainable success of an entity over the longer term

2.1 Accountability
The ICB Board is accountable to NHS England and to the population of Hertfordshire and west Essex, which is facilitated by the strategic alignment with the Hertfordshire Health and Wellbeing Board and Essex Health and Wellbeing Board.

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[1] Office of Public Management and Chartered Institute of Public Finance and Accountancy, 2004

[2] https://www.frc.org.uk/directors/corporate-governance-and-stewardship/uk-corporate-governance-code July 2018

2.2 Transparency

The ICB is transparent in its decision making and provides clarity on how and where decisions are made. Key decisions will be made by the board in public unless this is precluded by commercial sensitivities.

2.3 Probity

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the "Nolan principles" [3]. These principles are the basis of the ethical standards expected of all public office holders.

The Herts and West Essex ICB Constitution recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, listed below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

The ICB will adopt strong ethical standards and leadership based on honesty and decency. The board has established values and standards of conduct for all members of staff.

The seven principles of public life will be adhered to by all:

- Selflessness
- Integrity
- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

All committee meeting packs are prefaced by a title sheet which details the Nolan Principles. This can be found at Appendix 4.

2.4 Focus on sustainable success of an entity over the longer term

The board will ensure the sustainable success of the ICB in the long term by taking account of the longer-term consequences of all decisions and strategy.

2.5 Herts and West Essex ICB governance principles

In addition to the above nationally accepted principles, Herts and West Essex ICB has established their own standards, which include:

2.5.1 Integrated governance which can be defined as "systems, processes and behaviours by which organisations lead, direct and control their functions in order to achieve their objectives".

2.5.2 The use of the Board Assurance Framework to drive committee agendas. This means that we make sure we focus on the key risks to delivering our strategic objectives.

2.5.3   Focus on assurance, not reassurance. Reassurance is when someone tells you all is well; assurance is when they tell you what's happening, show you the evidence and you can judge for yourself if all is well.

3. Key corporate documents

3.1 Scheme of Reservation and Delegation

The Scheme of Reservation and Delegation sets out those decisions that are reserved for the HWE ICB Board and those that have been delegated to the Committees of the Board, to postholders such as the Chief Executive Officer, Chief Finance Officer and Executive Directors.
The Scheme of Reservation and Delegation can be found at Appendix 14.

3.2 Standing Financial Instructions

 The Standing Financial Instructions (SFIs) provides detail of the financial responsibilities, policies and procedures that have been adopted by the ICB Board. They are designed to ensure the ICB's regularity and propriety of financial transactions.
SFIs should be read in conjunction with the Scheme of Reservation and Delegation.
All Executive members, Non-Executive Members and staff within the ICB should be aware of these documents.
The Standing Financial Instructions can be found at Appendix 15.

3.3 Policies and Procedures

The ICB uses key policies and procedural documents to keep staff safe and provide a road map for day-to-day operations. They ensure compliance with laws and regulations, provide guidance for decision making and streamline internal processes. Policy documents for the ICB can be found on the website.
HR Policy Manual can be found at Appendix 16.
Standards of Business Conduct incorporating Conflicts of Interest Policy can be found at Appendix 13.

4. Governance Structure

NHS Hertfordshire and West Essex ICS ICB - sub-committee structure

Advisory Groups:
Health & Care Professional Senate
VCSFE Alliance
Patient Engagement Forum

Hertfordshire &West Essex ICS

Integrated Care Board (ICB)

Integrated Care Partnership (ICP)

People Board
- Education Talent and Leadership Development
- Equality and Inclusion
- Integrated Workforce Planning workstream
- Staff Wellbeing and Experience
- Sustainable Workforce Supply

Performance Committee
- Urgent Care Board
- Planned Care Board
- Maternity Committee
- Cancer Board
- Task & Finish Groups (as required)
- Planning Committee

Commissioning Committee
- Primary Care Comm. Committee
- Prescribing Committee
- Children's Board(s)
- Place-based Committees (3)
- Provider Collabs.
- Regional Spec. Comm. Board
- County Integrated Comm. Groups (2)

Primary Care Board
- Primary Care Workforce Group
- Primary Care Digital Group
- Primary Care Transformation Group
- System wide Imms/Vaccs/ Screening Programme
- Primary Care Patient Engagement/ Participation Task to Finish
- Primary Care Estates Group

Population Outcomes & Improvement Committee
- Inequalities Group
- Digital Transformation Board
- Research
- Sustainability Group
- Prevention Groups (County)
- Population Health Management Group

Quality Committee
- System Quality Group
- Safeguarding Boards
- Medicines Optimisation Group
- Infection Protection & Control Group
- Patient Safety Group

Finance & Investment Committee
- Director of Finance Strategic Group
- HBLICT Stakeholder Board
- Capital Reference Group
- Health & Care Partnership Contracts Fora

Audit & Risk Committee
- IG Forum
- ICB Risk Review Group

Remuneration Committee

5. ICB Board structure

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                                    │    CHAIR     │
                                    └──────┬───────┘
         ┌──────────────┐                  │
         │    CHIEF     │                  │
         │  EXECUTIVE   │──────────────────┤
         │   OFFICER    │                  │
         └──────────────┘                  │
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| CHIEF FINANCE OFFICER | DIRECTOR OF NURSING | MEDICAL DIRECTOR | 3 PARTNER MEMBERS (Primary Medical Services) | 3 PARTNER MEMBERS (NHS & Foundations Trusts) | 2 PARTNER MEMBERS (Local Authorities) | 5 NON-EXECUTIVE MEMBERS | VSFSE Board Representative |

5.1 Board membership and terms of office

Name	Role	Start Date	Completion of Terms of Office
Paul Burstow	Chair	01 July 2022	30 June 2025
Ruth Bailey	Deputy Chair / Non-Executive Director	01 July 2022	30 June 2025
Dr Jane Halpin	Chief Executive Officer	01 July 2022	*Not applicable*
Alan Pond	Chief Finance Officer	01 July 2022	*Not applicable*
Natalie Hammond	Director of Nursing and Quality	31 July 2023	*Not applicable*
Dr Rachel Joyce	Medical Director	01 July 2022	*Not applicable*
Elliot Howard-Jones	Partner member, NHS and Foundation Trusts	01 July 2022	30 June 2024
Lance McCarthy	Partner member, NHS and Foundation Trusts	01 July 2022	30 June 2024
Karen Taylor	Partner member, NHS and Foundation Trusts	01 July 2022	30 June 2024
Dr Prag Moodley	Partner member, Primary Medical Services	01 July 2022	30 June 2024
Dr Ian Perry	Partner member, Primary Medical Services	01 July 2022	30 June 2024
Dr Nicolas Small	Partner member, Primary Medical Services	01 July 2022	30 June 2024
Lucy Wightman	Partner member, Local Authority	01 July 2022	30 June 2024
Owen Mapley	Partner member, Local Authority	01 July 2022	30 June 2024
Catherine Dugmore	Non-Executive Member	01 July 2022	30 June 2025
Gurch Randhawa	Non-Executive Member	01 July 2022	30 June 2025
Thelma Stober	Non-Executive Member	01 July 2022	30 June 2025
Nick Moberly	Non-Executive Member	01 December 2023	01 December 2026
Joanna Marovitch	VCFSE Alliance Board Member	04 January 2023	30 June 2025

5.2 Executive Team

Name	Role
Beverley Flowers	Director of Strategy
Frances Shattock	Director of Performance
Elizabeth Disney	Director of Operations
Avni Shah	Director of Primary Care Transformation
Tania Marcus	Chief People Officer
Michael Watson	Chief of Staff
Adam Lavington	Director of Digital Transformation
Phil Turnock	Managing Director HBL ICT
Sharn Elton	Place Based Director - East and North Herts
Toni Coles	Place Based Director - West Essex
Matthew Webb	Place Based Director - Southwest Herts

6. ICB Committees

6.1 Audit and Risk Committee

Committee Chair: Catherine Dugmore
Executive Lead: Alan Pond

The Audit and Risk Committee functions as an **oversight and assurance** committee of the ICB.

It contributes to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB. The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.
The Audit and Risk Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation and specified in the terms of reference.

They key elements of the Committees remit are:
- Integrated governance, risk management and internal control - adequacy and effectiveness of the system of integrated governance, risk management and internal control across the ICB's activities.
- Internal audit - ensure that there is an effective internal audit function.
- External audit - review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process.
- Other assurance functions - review the findings of assurance functions in the ICB, and to consider the implications for the governance of the ICB.
- Counter fraud – To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery, and corruption (including cyber security)
- Freedom to Speak Up - To review the adequacy and security arrangements.
- Information Governance (IG) - To receive regular updates on IG compliance.
- Financial reporting - monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance including the annual report.
- System oversight – to establish a mature approach to system oversight to support delegation within the system.

6.2 Remuneration Committee

Committee Chair: Ruth Bailey
Executive Lead: Tania Marcus

The Remuneration Committee functions as an **internal decision-making** committee of the ICB.

The Remuneration Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:
- 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.
- The Board has also delegated the following functions to the Committee: This might include functions such as:
- Elements of the nominations and appointments process for Board members;
- Oversight of executive board member performance.

6.3 Commissioning Committee

Meeting Chair: Gurch Randhawa
Executive Lead: Elizabeth Disney

The Commissioning Committee functions as a **decision making, assurance and oversight** board of the ICB.

Committee Objectives:
- To provide oversight and seek assurance that the operational arrangements in place across the ICB to support the commissioning of services/care to the local population are in line with the agreed system and place strategic plans.
- To provide oversight and seek assurance that the commissioning arrangement in place across the ICB to deliver' delegated or joint services with NHSE/I are delivering in line with agreed principles.
- Oversee the process for the further delegation of commissioning functions to the ICB
- Oversee the process of devolving commissioning to place and/or provider collaboratives.
- To provide the health oversight and assurance needed to support the delivery of the joint commissioning agenda with Local Government.
- To ratify ICB wide commissioning decisions.
- Identify areas for improvement to be delivered by the system.

6.4 Primary Care Board

Meeting Chair: Nicolas Small
Executive Lead: Avni Shah

The Primary Care Board functions as an **assurance and oversight** board of the ICB.

Committee objectives:
- Provide a single forum for the oversight of primary care services transformation and innovation across the Integrated Care System, using best practice and a PHM approach to the development and integration of services at a place and neighbourhood level.
- Oversee the system approach to the transfer of primary & community dental services to the ICB, including identification of priority areas for local development.
- Oversee the system approach to the transfer of primary & community optometry services to the ICB, including identification of priority areas for local development.
- Oversee the system approach to the transfer of community pharmacy services to the ICB, including identification of priority areas for local development.
- Oversee the continuing development of PCNs across the ICB, strengthening the development of the neighbourhood approaches and links with District Councils and local community organisations.
- Lead the implementation of the outcome of the Fuller Review.

6.5 Population Outcome & Improvement Committee

Committee Chair: Gurch Randhawa
Executive Lead: Beverley Flowers

The Population Outcomes and Improvement Committee functions as an **assurance and strategy setting** committee of the ICB.

Evolving Committee which will need to shape system and place workplans to focus on reducing inequalities by focusing on prevention and the delivery of improvements in the wider determinants of health using a single PHM based approach to its work programme

- Provide the necessary oversight, direction, and assurance to the ICB Board to deliver a shared vision for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health and wellbeing.
- This would include overseeing the effective development, alignment, implementation and reporting on population health, prevention, and health inequality strategies to deliver system wide strategic objectives and associated outcomes. This would include a collective oversight of performance delivery and challenges.
- Provide oversight direction and assurance that NHS Herts & West Essex is delivering on its strategic
- Commitments to:
  - deliver better and equal outcomes for the population
  - support personalisation in all aspects of care
  - develop a prevention and promotion focused approach to improving health inequalities & outcomes
  - develop the VSCE sector to support delivery

- Ensure that the ICB and its partners as leveraging its impact on social and economic growth, in all communities.
- Make recommendations on those services or places where there is the biggest opportunity for improvements in outcomes for our population.
- Provide oversight to the development of anchor programme.

6.6 Finance and Investment Committee

Committee Chair: Nick Moberly
Executive Lead: Alan Pond

The Finance and Investment Committee functions as a **decision making, assurance and oversight** committee of the ICB.

Committee Objectives:
(Set A)
- To provide the ICB Board with assurance that it can meet all its statutory and mandatory financial duties and obligations. This will be achieved through contractual arrangements the ICB puts in place with system partners, alongside effective financial frameworks & operating models
- seek assurance that an effective system financial framework & operating model (for capital and revenue funding) is in place for collectively distributing and managing resources & that they can be used as efficiently as possible to address the greatest need and tackle inequalities, in accordance with the integrated care strategy.
- ensure an assurance framework is effectively in place to proactively oversee system productivity & efficiency programmes to meet agreed priorities.

- will review performance and obtain assurance of the above areas at a system, place, and organisational level, as appropriate.

(Set B)
- Ensure there are annual, medium term and long-term plans regarding the allocations the ICB receives and how this will be distributed to perform its functions, in line with national and locally determined health and care priorities. These plans will be presented to the ICB Board for approval.
- In developing financial plans, the Committee ensure they are built bottom-up using local information and data, with a specific focus on reducing inequalities, increasing prevention of ill-health, and improving population health and well-being.
- Work alongside and function as a resource for other committees of the ICB and ICS groups when specific matters of business require financial or contractual management input that is outside of the level of expertise of the other committee or group required to inform a decision
- Where ICB Board scrutiny or decision is required for related issues, the Committee will review in advance and act as the sponsor for any recommended action/decision required by the Board.
- Monitor the delivery of financial plans and performance targets, including agreed system efficiency and productivity programmes/measures. This will be achieved through the receipt of written and verbal briefings and reports as the Committee deems appropriate. This may be at a system, place, collaborative, programme, or individual organisation level.
- Review and comment on proposed business/investment cases and make recommendations to the ICB Board, other Committees or the ICB Executive as appropriate. The Committee may also retain oversight of these business/ investment cases in relation to financial planning and delivery where requested by the ICB Board or other authorised forum.
- Routinely review a schedule of contract levers/remedial notices that have been applied to contracted providers/services (or an explanation of why they have not been applied) thereby reviewing the effective use of contracts incentives and sanctions, where appropriate
- Consider and comment on the development and design of new contractual forms, for system partnership working
- Review the risks for its areas of responsibility, considering the adequacy of the submissions including associated mitigations and whether new risks need to be added or whether any risks require escalation to the ICB Board
- Review contractual requirements and obligations with regard to securing effective and efficient services linked to national procurement and provider selection regimes; and where approved, scrutinize implementation/mobilisation of new tenders and contract awards
- Members of the Committee will engage at system, place and community levels in order to achieve its remit.

6.7 People Board

Meeting Chair: Ruth Bailey
Executive Lead: Tania Marcus

The People Board functions as an **assurance and system wide delivery oversight** board of the ICB.

The People Board seeks to deliver genuine partnership working, with a committed approach to integration, innovation and transformation where it leads to improvements in quality of patient care and support for our staff.

The purpose of the People Board is to:

- Ensure delivery of the NHS promise (applied to health and social care) and that our workforce are supported and enabled to work and live in a welcoming, healthy and compassionate workplace.
- Develop a clear understanding of the current and currently foreseeable future workforce – through robust workforce intelligence.
- Build and develop workforce capacity and capability to enable the region to meet population health needs.
- Develop innovative ways to ensure the supply of the right workforce, with the right skills and knowledge at the right time to deliver high quality patient care.
- Support implementation of the priorities set out in both the national and local People Plans.

Committee Objectives:
- Strategic workforce leadership across the health and care system through recovery & restoration & beyond, supporting the system to develop innovative new working practices & meeting workforce challenges.
- Provide workforce leadership and support, at a system place and provider level.
- Play a key role in future proofing workforce challenges and ensuring plans are developed to minimise future stresses.
- Provide effective integrated workforce planning at an ICS and place level.
- Ensure oversight of the system delivery of the requirements of the People Plan
- Ensure effective cross-organisational, multi-disciplinary working where required is enabled across the system.
- Support the development and activities of primary care training hubs
- Ensuring a truly equal, diverse, and inclusive approach to attracting, supporting, and developing the health and care workforce.
- Fostering effective cross-organisational, multi-disciplinary working, incorporating wider stakeholders e.g. Education, Housing, & VCSE.
- Overseeing the workforce transformation programme with specific responsibility for effective delivery of system wide initiatives e.g., recruitment, temporary staffing, health and wellbeing, talent management, leadership development and broader social and economic development (anchors).

6.8 Quality Committee

Committee Chair: Thelma Stober
Executive Lead: Natalie Hammond

The Quality Committee functions as an **assurance and oversight** committee of the ICB.

The Quality 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.

6.9 Performance Committee

Meeting Chair: Thelma Stober
Executive Lead: Frances Shattock

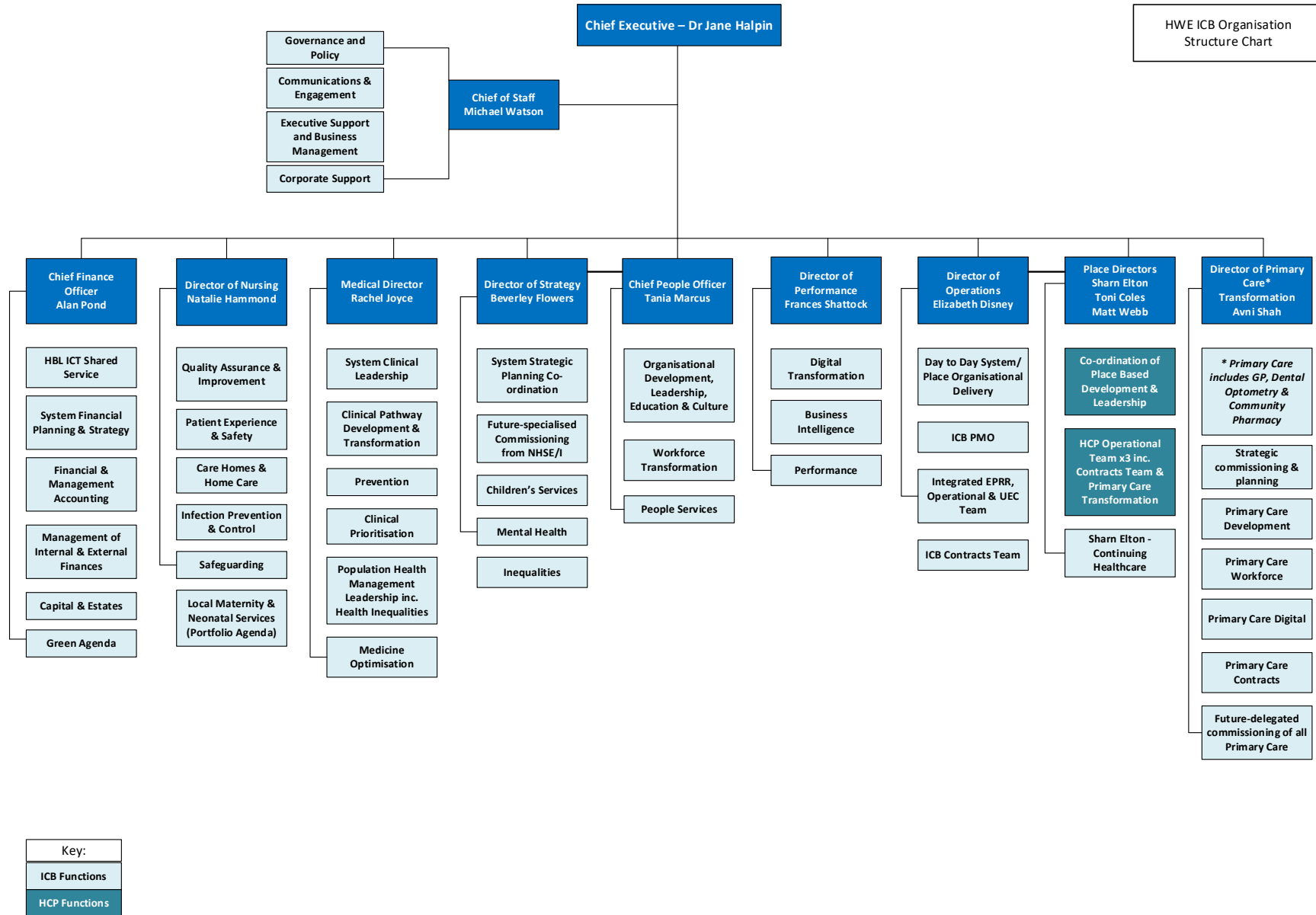The Performance Board functions as an **assurance and oversight** board of the ICB.

The Committee will ensure oversight of the delivery of key performance standards by commissioned providers, performance of the system against the NHS Outcomes Framework and progress with improving wider outcome measures of population health. This includes the evaluation of health services provision, provider resilience & failure, and the performance review and management of system providers and health care partnerships. The committee will have a strong focus for identifying and driving improvement.

- Have oversight to monitor and drive improvements in performance at system, place, and service level within the ICS.
- Providing the oversight of the development of system delivery plans, working with organisations to agreeing objectives, indicators and outcome measures at system, place & individual organisational level.
- Provide specific oversight and challenge, focused around the system's performance against agreed outcome measures which includes NHS constitutional standards, CQC requirements, Operational Planning Guidance, and System and NHSE agreed transformation programmes.
- Provide specific oversight with regard to workforce performance & delivery
- Provide a forum to work with NHSE on any place based or individual organisations intervention undertaken as part of the national system oversight & assurance framework.
- Provide oversight and assurance of the EPRR process across the system.

7. Board and Committees meeting programme

Meeting	Frequency	Chair	Executive Lead
ICB Board in public	Every other month	Paul Burstow	Jane Halpin
Audit and Risk Committee	>4	Catherine Dugmore	Alan Pond
Remuneration Committee	>2	Ruth Bailey	Tania Marcus
Commissioning Committee	Every other month	Gurch Randhawa	Elizabeth Disney
Primary Care Board	Every other month	Nicolas Small	Avni Shah
Performance Committee	Every other month	Thelma Stober	Frances Shattock
Quality Committee	Every other month	Thelma Stober	Natalie Hammond
Finance and Investment Committee	Every other month	Nick Moberly	Alan Pond
People Board	Quarterly	Ruth Bailey	Tania Marcus
Population Outcome and Improvement Committee	Every other month	Gurch Randhawa	Beverley Flowers

8. ICB Executive Structure Chart

Chief Executive – Dr Jane Halpin

HWE ICB Organisation Structure Chart

Governance and Policy

Communications & Engagement

Executive Support and Business Management

Corporate Support

Chief of Staff Michael Watson

Chief Finance Officer Alan Pond
- HBL ICT Shared Service
- System Financial Planning & Strategy
- Financial & Management Accounting
- Management of Internal & External Finances
- Capital & Estates
- Green Agenda

Director of Nursing Natalie Hammond
- Quality Assurance & Improvement
- Patient Experience & Safety
- Care Homes & Home Care
- Infection Prevention & Control
- Safeguarding
- Local Maternity & Neonatal Services (Portfolio Agenda)

Medical Director Rachel Joyce
- System Clinical Leadership
- Clinical Pathway Development & Transformation
- Prevention
- Clinical Prioritisation
- Population Health Management Leadership inc. Health Inequalities
- Medicine Optimisation

Director of Strategy Beverley Flowers
- System Strategic Planning Co-ordination
- Future-specialised Commissioning from NHSE/I
- Children's Services
- Mental Health
- Inequalities

Chief People Officer Tania Marcus
- Organisational Development, Leadership, Education & Culture
- Workforce Transformation
- People Services

Director of Performance Frances Shattock
- Digital Transformation
- Business Intelligence
- Performance

Director of Operations Elizabeth Disney
- Day to Day System/ Place Organisational Delivery
- ICB PMO
- Integrated EPRR, Operational & UEC Team
- ICB Contracts Team

Place Directors Sharn Elton Toni Coles Matt Webb
- Co-ordination of Place Based Development & Leadership
- HCP Operational Team x3 inc. Contracts Team & Primary Care Transformation
- Sharn Elton - Continuing Healthcare

Director of Primary Care* Transformation Avni Shah
- *Primary Care includes GP, Dental Optometry & Community Pharmacy*
- Strategic commissioning & planning
- Primary Care Development
- Primary Care Workforce
- Primary Care Digital
- Primary Care Contracts
- Future-delegated commissioning of all Primary Care

Key:
- ICB Functions
- HCP Functions

9. HWE Integrated Care Partnership

Hertfordshire and West Essex ICP is a statutory joint committee which brings together organisations and representatives involved with improving the care, health, and wellbeing of the population. As a statutory committee, ICPs will be required to be established in every system, have a minimum membership required in law (the ICB and local authorities), and will be tasked with producing an integrated care strategy for their area by March 2023.

The legislation surrounding ICP's is permissive and not prescriptive, allowing local areas to determine the scope and delivery of their own ICP. The government has produced guidance to inform local development of ICPs. This includes the Integrated Care System Design Framework.

The Integrated Care System Design Framework advises that ICPs should be:
- A partnership at system level established by the NHS and local government as equal partners
- A forum to bring partners – local government, NHS, and others, together across the ICS area to align purpose and ambitions with plans to integrate care and improve health and wellbeing outcomes for their population
- A partnership to facilitate joint action to improve health and care services and to influence the wider determinants of health and broader social and economic development.

It also invited systems to consider the role of the partnership in establishing the culture and behaviours of the system, including working under a distributed leadership model, committing to working together equally, and using a collective model of decision-making and a collective model of accountability, where partners hold each other mutually accountable for their shared and individual organisational contributions to shared objectives.

The ICP's relationship to the ICB

The ICB and the ICP will have distinct but complementary roles.

- The ICB is the body responsible for planning and delivery of health and care services, allocating resources for and arranging for provision of NHS services across the system.
- The ICP is a forum for the wider community to come together to agree shared objectives and work on complex issues. The ICP also sets the integrated care strategy which the ICB and upper tier local authorities are required by law to have regard to when making decisions, and when commissioning and delivering services.

The Chairs of the ICP and the ICB will agree how the ICP board will influence the ICB with its NHS priorities, and how the ICB will influence the ICP with its broader remit.

The ICP's relationship to the Health and Wellbeing Boards

Health and Wellbeing Boards (HWBs) were established as part of the Health and Social Care Act 2012 and became statutory committees of local authorities in April 2013. They provide a vehicle for political, clinical, professional and community leaders to develop a shared ambition for improving health and wellbeing and addressing health inequalities. This is undertaken through joint strategic needs assessments (JSNAs) and the agreement of a joint health and wellbeing strategy (JHWS), which clinical commissioning groups (CCGs) must take into account in developing their commissioning plans.

The scope, function, and membership of ICPs are similar to Health and Wellbeing Boards. Both are intended to be partnership bodies rather than executive decision-making committees. Both bring

together representatives of organisations concerned with health and care to agree plans to integrate care and improve health and wellbeing outcomes for their population.

The government has signalled that it will refresh guidance for Health and Wellbeing Boards (HWB) in the light of the wider health and care system changes, and those proposed in the Integration White Paper. The updated guidance is not expected until July 2022.

The proposed membership of the HWE ICP has been aligned as closely as possible with the existing membership of the Hertfordshire and Essex Health and Wellbeing Boards. This approach has been adopted to ensure efficient and streamlined strategic planning.

Membership of the HWE ICP will not be identical to the Hertfordshire HWB, because of the wider geographic footprint of the ICP, which requires additional Essex/West Essex members, but also because of the need to ensure that the four Health and Care partnerships, not currently represented on the HWBs, each have a seat on the ICP.

Early discussions will take place to determine the best relationship between the Hertfordshire and Essex Health and Wellbeing Boards and the Integrated Care Partnership.

A draft Constitution and Standing Financial Instructions for HWE can be found at Appendix 2 and 3.

10.   Decision Making

10.1 Financial Authorisation Limits

Commitment of Healthcare, non-healthcare contracts and expenditure			
Committee	Role	Approval expenditure, business cases and contract award All expenditure must be authorised against known and agreed budget and cannot be exceeded All figures cited below include individual contracts or services where a perceived monetary value has been calculated – e.g., where a service is being offered to the ICB for free or at a reduced market rate. In such cases, and in support of full transparency a cost figure will be identified alongside an anticipated market value.	Authorisation for payment of prior approved expenditure
ICB Board / Governing Body		Unlimited	n/a
Commissioning Committee		**Approve** proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to £2.5m (or up to £5m if contract exceeds 12 months): **With delegated approval for the above sums to the ICBs Primary Care Commissioning Committee** in respect: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract). • Newly designed Local Enhanced Services and Directed Enhanced Services. • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF). • Decision making on whether to establish new GP practices in an area, • Delegation of Pharmacy, Optometry and Dental Commissioning, Section 7A Public health functions and Health and Justice Commissioning – oversight of future model, governance and financial impacts. **Recommend** to the Board for approval all proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to over £2.5m (or £5m if contract exceeds 12 months.	**n/a**
Finance and Investment		As above	**n/a**

Committee			
Remuneration Committee		up £100k, for clinical and non-clinical	**n/a**
Health Care Partnership/Place		**Approve** – • Authority to approve where the source of funds and its use is determined nationally • Proposals on individual contracts or services of a capital or revenue nature amount to, or likely to amount to £1m (or up to £2m if contract exceeds 12 months). **Recommend** to the Commissioning Committee for approval all proposals on individual contracts or services of a capital or revenue nature amount to, or likely to amount to £2.5, (or up to £5m if the contract exceeds 12 months)	
	CEO	up to £1000k	Unlimited
	CFO	up to £500k	Unlimited
	Deputy CFO	up to £50k	£29,999.999
	Other Directors	up to £100k	£ 999,999
	Deputy/Assistant/Associate Directors	up to £50k	£49,999
	Other budget holders*	Up to £25k	£24,999
	Senior Finance Manager	Up to £5k	£1,499,000
	Other Managers*		£4,999
	Continuing Health Care Placements (Operational leads)*	Approve care packages > £1.5K per week	£9,999
	Continuing Health Care Placements (Senior leads)*	Approve care packages < £2.5K per week	£24,999
	Continuing Health Care Placements (Assistant Director)	Approve care packages < £5K per week	£99,999
	Continuing Health Care	Approve care packages > £5K per week	£ 999,999

	Placements (Director Nursing)		
	Financial Services (T10s) For urgent payments	up to £5k	£99.999

Tenders and quotations for non-clinical services			
	1 written quote with evidence to be obtained for contracts	£0 to £24,999	
	3 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£25,000 to £216,446	
	Formal procedure in line with the Public Contract regulations	£213,447	

Tenders and quotations for clinical services			
	1 written quote with evidence to be obtained for contracts	Up to £24,999	
	3 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£25,001 to £299,999	
	4 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£300,000 to £663,539	
	Formal process in line with the Public Contract Regulations	£663,539 & above	

11. Functions and Decision Map

NHS Hertfordshire and West Essex – Integrated Care Board Functions and Decisions Map

The Hertfordshire and West Essex Functions and Decision Map sets out the governance arrangements that support collective accountability between partner organisations for whole-system delivery and performance.

The purpose of this Functions and Decisions Map is to facilitate transparent decision-making and foster the culture and behaviours that enable system working. This document details the (draft) health commissioning duties of NHS Hertfordshire and West Essex Integrated Care Board, it does not detail the wider system duties of the Integrated Care Partnership or the Integrated Care System.

This document should be read in conjunction with the ICB Constitution, ICB Statutory Functions document and the Scheme of Reservations and Delegations document.

NHS England & Improvement, Department of Health & Social Care & Department for Levelling Up, Housing and Communities

Responsible for: setting the direction and supporting the commissioning of high-quality services to deliver the NHS Long Term Plan balancing national direction with local autonomy to secure the best outcomes for patients. Making decisions about how best to support and assure performance, as well as supporting system transformation and the development of Integrated Care Systems. Acting as guardians of the health and care framework: by ensuring the legislative, financial, administrative and policy frameworks are fit for purpose and work together.

Health and Wellbeing Boards

Essex Health and Wellbeing Board

Hertfordshire Health and Wellbeing Board

Responsible for: setting the vision and high-level outcomes and priorities for their areas. Health and Wellbeing Boards (HWBBs) are responsible for conducting Joint Strategic Needs Assessments (JSNAs) for their areas and for setting the high level priorities and outcomes in the Joint Health and Wellbeing Strategies (JHWBs). The HWBB encourages integrated working between health, care, police and other public services in order to improve wellbeing outcomes for the local population.

Hertfordshire and West Essex Integrated Care Partnership

Responsible for: The development of an "integrated care strategy" for the whole population (covering all ages) using the best available evidence and data, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. The ICP will champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It will support place-and-neighbourhood-level-engagement, ensuring the system is connected to the needs of every community it covers.

Working with

NHS Hertfordshire and West Essex Integrated Care Board

A Unitary Board responsible for: Developing a plan and allocating resource to meet the health and care needs of the population. Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan. Establishing governance arrangements to support collective accountability for whole-system delivery and performance. Arranging for the provision of health services including contracting arrangements, transformation, development of PCN's, working with local authority VCSE sector and partners to put in place personalise care for people.

Accountable to

ICB Executive Team

Responsible for: Oversight and management of the day-to-day functions of the ICB. Review key reports and business critical documents, suggesting amendments, prior to submission to the ICB. Support collaborative working across the ICB to ensure efficient and effective health care provision across Hertfordshire and West Essex, and provide a medium in which Directors can discuss shared positions regarding place-based decisions.

Provider Collaboratives

Transformation Programmes

Place-based Partnerships

The three place based partnerships and the Hertfordshire MH&LD Collaborative are key parts of the ICS, about which there needs to be clarity about a transition path that takes them and the whole ICB forwards at a pace appropriate for each. HCPs recognise that they will be held accountable for delegated functions and budgets and that there will need to be a transfer of risk from the ICB to HCPs consistent with the level of delegation that they take on.

West Essex Health and Care Partnership

South & West Herts Health Care Partnership

East and North Herts Health and Care Partnership

Mental Health, Learning Disabilities and Autism Collaborative

ICB Committees

Delegation to these Committees will be set-out in the ICBs Scheme of Reservation and Standing Orders. Further, the scope of these Committees will be detailed in the ICB Governance Handbook.

12. Board and Committee Governance

12.1 Agenda template (see template in Appendix 6)

Meeting agendas are there to support meetings with information including, meeting details (title, date and time, venue and whether it is a meeting in public or private). It should include detail of report titles, including a set time duration for each item, what the purpose of the agenda item is and who will be presenting the report. This will help to ensure your meeting is organised and kept to time.

A template can be found in appendix 6.

12.2 Cover sheets and report template (see template in Appendix 4 and 5)

All cover sheets must be completed in full for all reports. The following elements have been added to the cover sheet for board and all committees:

- **Sensitive information:** Your front sheet must indicate if the paper contains either: commercial information which may be damaging to the ICB, another NHS body or a commercial partner if improperly accessed (NHS Official Sensitive: Commercial); personal information relating to an identifiable individual where inappropriate access could have damaging consequences (NHS Official Sensitive: Personal).
- **Sign off / approval:** The relevant director must approve all papers submitted to boards and committees. Approval should be confirmed by entering their name in this box.
  The director is approving to indicate their approval of the paper and to confirm that any EQIA, QIA or DPIA has been approved.
- **Strategic Objectives:** All reports must be completed and linked to at least one of the ICB Objectives.
- **Key Questions:** You will need to specify what you are asking the Board or Committee to focus on.
- **Report History:** Identify and list and sub-groups / Committees the report has previously been presented at.
- **Executive Summary:** A short of summary of the report.
- **Recommendation:** What are you looking to achieve from the Board or Committee; to note the report, to discuss the report, for assurance, seeking a decision?
- **Implications -** The front sheet must be completed to ensure reference has been made to patient safety, risk and financial implications.
- **Potential conflicts of interest:** State whether any conflicts of interests have arisen and how they have been managed. This is particularly important for procurement programmes which must demonstrate the process for identifying and managing conflict of interest. It should also be stated whether there are any potential conflicts of interest for any attendee of the meeting the paper is being submitted to.
- **Equality and quality impact analysis:** The quality outcomes of the analysis should be included, in addition to the equality impact outcomes.
- **Equality delivery system:** Does your paper provide supporting evidence for HWE ICS ICB EDS2 portfolio?

- Data Protection Impact Assessment (DPIA): State here any outcomes from the privacy impact assessment and how they will be implemented.

12.3 Writing the report

The report must be clear on the following:

- The purpose of the report and the action required from the Board or committee.
- The main messages being communicated.
- The background required to enable the reader to understand the context.
- The associated risks and what actions are being taken to address these.
- The financial implications.

The main body of the report should be **no longer than four pages** and shorter than this is preferred. There are necessary exceptions to this, such as the integrated quality and performance report, operational plan and strategic plans.

The **executive summary** is an important part of the paper. It should be written as if it is the only part of the paper that people will read and should capture all of the main points from the paper and what the committee is being asked to do.

Do not embed other documents in the report, this practice causes logistical issues for meeting secretaries and also embedded documents are not viewable on some devices.

When adding appendices, consider the length of documents and be realistic about whether their inclusion is required. Consider making additional information available on request if they are not critical to the aims of the report. Where your paper refers to appendices for additional assurance, then those appendices must be included. This is particularly the case for reports covering the outcome of procurements and other major decisions.
Papers should be written in plain English and be grammatically correct.

12.4 Timeliness

Deadlines will be issued for submission of reports to the secretary of the meeting. This deadline must be adhered to allow collation and onward circulation of final meeting packs five working days prior to the Board or committee meeting.

Any reports received after the deadline will not be accepted by the meeting secretary and will be postponed until the next meeting.

Reports tabled on the day of the meeting are not permissible unless there are exceptional circumstances, and the chair of the meeting agrees in advance of the meeting.

12.5 Declaring conflicts of interest prior to and during Board and committee meetings

The Herts and West Essex Integrated Care Board Equality, declarations of interest guidance can be found within the Standards of Business Conduct Policy at Appendix 13.

Herts and West Essex Integrated Care Board has adopted the process of requesting declarations of interest in respect of meeting agenda items when the agenda and papers are circulated. This enables the chair and secretary to plan how any conflicts should be managed at the meeting.

It is vital that board and committee members bear in mind the possibility of **perception** of a conflict of interest, even if an actual conflict does not exist. Meeting participants should always ask themselves the question *"could my attendance of this meeting be perceived by some to be a conflict of interest?"* If the answer to this question is yes, the individual should consider recusing themselves from the meeting.

12.6 Prior to Board and Committee meetings

On reviewing the committee or board agenda and accompanying papers, members should inform the chair and secretary details on the specific agenda items and the type of conflict based on the following:

Type of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision.
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.
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.
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.

Interests that have previously been declared should also be included in the pre-meeting declaration. A register of interests is to be completed for all conflicts that have been declared by board and committee members highlighting which meeting this was relevant to, what the conflict was and how this was managed.

12.7 During meetings

At the start of meetings, the chair should summarise all interests received prior to the meeting and call for any other interests in respect of the agenda items.

Just prior to individual agenda items being discussed, the chair should confirm any declarations of interest referred to earlier in the meeting. The chair, in discussion with meeting participants if appropriate, should agree on a course of action to manage those conflicts. This very much depends on an assessment of the facts at the time, but a number of options are available to the chair of the meeting:

- Ask the individual to leave the meeting when the agenda item on which an individual is conflicted is discussed.
- Allow the individual to take part in the discussion but leave the meeting when the decision is made.
- Note the interest but allow them to take part in the discussion and the decision making.

Details on how individual conflicts of interest were managed which should be reflected in the minutes of the meeting and summed up by the chair at the end of the meeting.

It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests, but which have not been declared then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

12.8 Recording meetings

Meetings should only be recorded where there is a clear and legitimate business purpose for the recording. Consideration should be given to whether recording the meeting is necessary and proportionate to the intended benefit and purpose.

An audio and video recording of individuals would naturally constitute personal data as it identifies the attendees and may also be sensitive depending on the discussions that occur. As GDPR will apply, staff are reminded that by recording and storing a meeting on ICB systems, it may be disclosable under a Subject Access Request and possibly under a Freedom of Information Request. These factors should be considered when deciding if it is necessary and proportionate to record a meeting.

If it is decided that a meeting will be recorded, you must inform meeting participants in advance and explain the purpose of the recording. If the recording will be shared or accessible by other than those attending, this should also be made clear prior to recording. The recorded file should be stored appropriately and only accessed by the intended parties. Recordings must not be kept for longer than is necessary and deleted once the purpose has been fulfilled.

12.9 Minutes Template (see template in Appendix 7)

All ICB Board and Sub-Committees and decision-making meetings are required to produce minutes as a record of the meeting. Minutes will include details of who was in attendance/absent from the meeting, if the meeting was quorate with the correct members in attendance, whether there were any identified conflicts of interest and how they were managed, which reports were presented, what the key discussion points were, what

decision was taken, any follow up actions required, details of the next meeting date/time and when the meeting closed.

The ICB minutes template has been colour coded to reflect the report title, decision made and actions so these can be drawn out from the minutes easily.

All minutes will need to be referenced and identified for the relevant meeting. for example:

> The committee title will be identified here, e.g, Quality Committee, will be recorded as QC/01/23. This number will be a continuation for each agenda item and in January will be set back as QC/01/24.

XX/01/23	Insert Agenda Item Title
1.1	[Insert initials] introduced the report highlighting the following points: • • •
1.2	The following points were raised in discussion: • •
1.3	**[insert decision here]**
1.4	*ACTION:*

Recording a summary of the discussion during the board or committee meeting is crucial. However, it is not necessary to keep a verbatim record of all points made. For each agenda item, provide a short summary as presented by the author, record discussions objectively and avoid inflammatory remarks and personal observations. The blue box will record the decision that was taken in reference to the report and the orange box is there for identification of any actions that arose from the discussion. These will also be referenced in the Action Log.

Once the meeting has finished, it is advised to review the notes and decisions recorded to ensure they are concise, clear and easy to read as everything will still be fresh in mind.

Once the minutes have been completed, the secretary is responsible for ensuring the executive lead and chair have reviewed and they can then be shared with the board and committee for final approval. All final approved minutes will need to be marked at the top left and saved in the relevant folder.

12.9 Notes and Actions Template (see template in Appendix 8)

All sub-groups sat under the ICB Committees, unless formal minutes are required as part of a regulatory requirement or that Committee or Group has delegated authority from the ICB to approve decisions - notes and actions template can be used.

13. Guidance for the Development / Review of Policies

DEVELOPMENT / REVIEW

- The **Policy Template** <mark>\<insert link\></mark> provides the format to be used for policies
- The *Governance Manager - Conflicts & Policy* should be informed of any new polcies in development and where an existing policy is under review

- **(1) New Policy Development**:
  - Document Owner (Director) and Document Author should be identfied and draft completed within timescale reported to the Governance Team
  - Subject matter experts / relevent sub-committee(s) should be consulted as appropriate

- **(2) Policy Review:**
  - Lead by Document Owner, initiated by either process changes or as part of periodic review
  - All ammendments should be documented clearly in the Document Control section

- **Information Governance**
- Ensure that the policy includes references to Information Governance (IG) Policies, where appropriate. As an example, if you are making reference to systems/services in the policy it may be adequate to add a reference that ensures data protection by design and default is adhered to when deploying new systems/services or any changes to systems and services, for which processing/storing/communication etc of personal/patient/staff/confidential data is required. This might also apply in procurement policies/commissioning and other policies. Please refer to the HWE IG Framework for relevant IG Policies.

- **Completion and sign-off of Impact Assessments for all policies:**
  - Impact Assessments should be completed for each new policy and revisited at policy review stage, these are to be appended to the policy
  - Equality and Health Inequalities Analysis - Guidance <mark>\<insert link\></mark>, the *Equality and Diversity Lead* is the contact for support/sign-off

APPROVAL

- The Board has delgated the approval of ICB policies to the Commissioning Committee and Executive Team. The new/revised policy should be scheduled for approval at one of the following meetings following discussion with the *Governance Manager - Conflicts & Policy*:
  - (i) **Executive Team**
  - (ii) **Commissioning Committee**
  - (iii) **Primary Care Commissioning Committee**

- Evidence Based Interventions policies should be scheduled for approval at the **Clinical Policies Group** by liasing with the lead from the Medical Directorate.

IMPLEMENTATION

- Following approval, the Document Control page should be updated with approval confirmation
- The final policy should be sent to the *Governance Manager - Conflicts & Policy*, advising where the policy should be made available (HWE ICB internet / intranet / HR intranet)
- Once uploaded to the advised platform, a confirmation email will be sent to the policy author along with a link to the document

14. Equality, quality impact assessments, privacy impact assessment and Data protection impact assessments

The Herts and West Essex Integrated Care Board Equality, Health Inequality and Quality Impact Assessment guidance and template can be found at Appendix 12.

Equality Impact Assessment (EqIA) and Quality Impact Assessment (QIA):

For all Board and committee reports front sheet, authors are required to confirm that the EqIA and/or QIA has been reviewed and approved by the appropriate person or group.

Data Protection Impact Assessment (DPIA):

The ICB is required to complete a DPIA before we begin any type of processing which is "likely to result in high risk". All new IT systems, databases or on-line data submission systems introduced to the ICB containing person identifiable data (PID), whether patient or staff, must be approved by the Information Governance (IG) subgroup to ensure they comply with current technical and information governance requirements. This checklist is to be used by the Information Governance Manager to ensure compliance with the General Data Protection Regulations of new processes, software and hardware involving the processing of person identifiable data (PID).

All processes, electronic or manual, software or hardware incorporating the processing of PID must be tested for GDPR/confidentiality compliance prior to implementation/commencement and approved by the IG Subgroup. The Information Governance Manager will periodically carry out data protection compliance checks on existing processes and a report will be made to the appropriate Director detailing findings and recommendations if compliance is not met.

15. Risk Management Framework

Risk is the effect of uncertainty on the achievement of objectives[4], and an effect is a positive or negative deviation from what is expected. So, risk is the chance that there will be a positive or negative deviation from the objective we expect to achieve[1]. Risk is usually expressed in terms of risk sources, potential events, their consequences, and their likelihood.

Risk management is a statutory requirement of induction programs and mandatory training delivered by the organisation to all members of staff, and a fundamental part of overall strategic and leadership approach.

We have adopted the following eight risk management principles in ISO 31000:2018 risk management guidelines:
1. Risk management is an integral part of all organizational activities.
2. A structured and comprehensive approach to risk management contributes to consistent and comparable results.
3. The risk management framework and process are customized and proportionate to the organization's external and internal context related to its objectives.
4. Appropriate and timely involvement of stakeholders enables their knowledge, views, and perceptions to be considered, resulting in improved awareness and informed risk management.
5. Risks can emerge, change, or disappear as an organization's external and internal context changes. Risk management anticipates, detects, acknowledges, and responds to those changes and events in an appropriate and timely manner.
6. The inputs to risk management are based on historical and current information, as well as, on future expectations. Risk management explicitly considers any limitations and uncertainties associated with such information and expectations.
7. Human behaviour and culture significantly influence all aspects of risk management at each level and stage.
8. Risk management is continually improved through learning and experience.

15.1 Process

The Risk Management Process sets out the steps to be followed to identify, record, manage and monitor risks in our risk management strategy and procedure document.

All strategic, corporate and directorate level risks are recorded on the same template, reviewed monthly by risk owners and leads with their teams or programme boards, and reported to the risk manager. Assurance about the management of relevant strategic and significant risks is provided to the Board and its committees by Executive Directors in every report and summarised in quarterly reports on the Board Assurance Framework (BAF) prepared by the corporate governance team.

The ICB will promote effective risk management across the local health and care system by sharing good quality information about current and emerging risks and possible mitigations, both within the wider system and among or between the sovereign bodies and their networks.

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[4] ISO31000:2018

15.2 Risk Management Framework

Risk management principles reinforces a framework, based on best practice. The ICB risk management template can be found at Appendix 13.

16. Relevant Providers of Primary Medical
(As referenced in HWE ICB Constitution paragraph 3.6.2)

Hertfordshire:

Practice Name	Address	Postcode
North Hertfordshire Locality		
Ashwell Surgery	Lawyers Close, Ashwell	SG7 5PY
The Baldock Surgery	Astonia House, High Street, Baldock	SG7 6BP
Bancroft Medical Centre	Bancroft Court, Hitchin	SG5 1LL
Birchwood Surgery	232-240 Nevells Road, Letchworth	SG6 4UB
Regal Chambers Surgery	50 Bancroft, Hitchin	SG5 1LL
The Garden City Surgery	Station Road, Letchworth	SG6 3BJ
Nevells Road Surgery	Nevells Road, Letchworth	SG6 3TS
The Portmill Surgery	114 Queens Street, Hitchin	SG4 9TH
The Sollershott Surgery	44 Sollershott East, Letchworth	SG6 3JW
Whitwell Surgery	60 High Street, Whitwell	SG4 8AG
Lower Lea Valley Locality		
Abbey Road	63 Abbey Road, Waltham Cross	EN8 7LJ
Cromwell & Wormley Medical Centres	11-11A Cromwell Avenue, Chestnut	EN7 5DL
Cuffley & Goff Oak Medical Centre	Maynards Place, Cuffley	EN6 4JA
High Street Surgery	13-15 High Street, Chestnut	EN8 0XB
Stanhope Surgery	Stanhope Road, Waltham Cross	EN8 7DJ
Stockwell Lodge Medical Centre	Rosedale Way, Chestnut	EN7 6HL
The Maples	Vancouver Road, Broxbourne	EN10 6FD
Warden Lodge Medical Centre	Glen Luce, Chestnut	EN8 8NW
Stevenage Locality		
Bedwell Medical Centre	Sinfield Close, Stevenage	SG1 1YU
Chells Way Surgery	265 Chells Way, Stevenage	SG2 0HN
Kings George Surgery	135 High Street, Stevenage	SG1 3HT
Manor House Surgery	Emperors Gate, Stevenage	SG2 7QX
Knebworth & Marymead Surgery	The Surgery, Station Road, Knebworth	SG3 6AP
Shepwell Way Surgery	29 Shephall Way, Stevenage	SG2 9QN
Stanmore Medical Group	5 Stanmore Road, Stevenage	SG1 3QA
Symonds Green Health Centre	Filey Close, Stevenage	SG1 2JW
Welwyn and Hatfield Locality		
Bridge Cottage Surgery	41 High Street	AL6 9EF
Burvill House Surgery	52 Dellfield Road, Hatfield	AL10 8HP
Hall Grove Surgery	4 Hall Grove, Welwyn Garden City	AL7 4PL
Lister House Surgery	The Commo, Hatfield	AL10 0NL
Peartree Lane Surgery	110 Pear Tree Lane, Welwyn Garden City	AL7 3UJ
Potterells Medical Centre	Station Road, North Mymms	AL9 7SN
The Garden City Practice	11 Guessens Road, Welwyn Garden	AL8 6QW

Practice Name	Address	Postcode
	City	
Spring House Health	Ascots Lane, Welwyn Garden City	AL10 0BS
Wrafton House Surgery	9-11 Wellfield Road, Hatfield	AL10 0BS
Upper Lead Valley Locality		
77 Ware Road	77 Ware Road, Hertford	SG13 7EE
Amwell Street Surgery	Fawkon Walk, Hoddesdon	EN11 8FG
Castlegate Surgery	42 Castle Street, Hertford	SG14 1HH
Church Street Surgery	St Marys Courtyard, Church St Ware	SG12 9HJ
Dolphin House Surgery	6-7 East Street, Ware	SG12 9HJ
Haileybury College	The Health Centre, Hertford Health	SG13 7NU
Hailey View Surgery	39 Christian Close, Hoddesdon	EN11 9FF
Hanscombe House Surgery	52a St Andrews Street, Hertford	SG14 1JA
Orchard Surgery	Baldock Road, Buntingford	SG9 9DL
Park Lane Surgery	8 Park Lane, Broxbourne	IEN10 7NQ
Puckeridge Surgery	Station Road, Puckeridge	SG11 1TF
The Limes Surgery	8-14 Limes Court, Conduit Lane	EN11 8EP
Medical Centre	White Hart Close, Buntingford	SG9 9DG
Wallace House Surgery	5-11 St Andrews Street, Hertford	SG14 1HZ
Watton Place Clinic	60 High Street, Watton at Stone	SG14 3SY
Stort Valley and Villages Locality		
Central Surgery	Bell Street, Sawbridgeworth	CM21 9AQ
Church Street Partnership	30a Church Street Bishops Stortford	CM23 2LY
Much Hadham Health Centre	Ash Meadow Much Hadham	SG10 6DE
Parsonage Surgery	Herts and Essex Hospital, Cavell Drive, Bishops Stortford	CM23 5JH
Sawbridgeworth Medical Services	High Wych Road, Sawbridgeworth	CM21 0HH
South Street Surgery	80 South Street, Bishops Stortford	CM23 3AP

Practice Name	Address	Postcode
Dacorum Locality		
Archwell Surgery	52 High Street, Borehamwood	HP3 0HJ
Bennetts End Surgery	Gatecroft, Hemel Hempstead	HP3 9LY
Coleridge House Medical Centre	2 Colridge Crescent Hemel Hempstead	HP2 7PQ
Everest House	Everest Way, Hemel Hempstead	HP2 4HY
Fernville Surgery	Midland Road, Hemel Hempstead	HP2 5BL
Gossoms End Surgery	Victory Road, Berkhamsted	HP4 1DL
Grovehill Medical Centre	Kilbride Court, Hemel Hempstead	HP2 6AD
Haverfield Surgery	34 High Street, Kings Langley	HP2 5TA
Highfield Surgery	Cambrian Way Hemel Hempstead	HP2 5TA
Lincoln House Surgery	163 London Road, Apsley	HP3 9SQ
Manor Street Surgery	Annandale House, Berkhamstead	HP4 2DL
Parkwood Surgery	Parkwood Drive Hemel Hempstead	HP1 2LD
Rothschild House Group Practice	Chapel Street, Tring	HP23 6PU
The Nap	Kings Langley	WD4 8ET
The New Surgery	St Peter's House Church Yard	HP23 5AE

Woodhall Farm Medical Centre	Valley Green Hemel Hempstead	HP2 7RJ
Hertsmere Locality		
Annandale Medical Centre	The Elms, High Street, Potters Bar	EN6 5DA
Fairbrook Medical Centre	4 Fairway Ave Borehamwood	WD6 1PR
Highview Medical Centre	The Elms, High St, Potters Bar	EN6 5DA
Little Bushey Surgery	California Lane, Bushey	WD23 1EZ
Parkfield Medical Centre	The Walk, Potters Bar	EN6 1QH
Schopwick Surgery	Romeland Elstree	WD6 3BH
The Grove Medical Centre	Borehamwood Shopping Park	WD6 4PR
The Red House Group	124 Watling St, Radlett	WD7 7JQ
St Albans & Harpenden		
Colney Medical Centre	45-47 Kings Rd, London Colney	AL2 1ES
Davenport House Surgery	Bowers Way Harpenden	AL5 4XH
Elms Medical Practice	5 Steward Road, Harpenden	AL5 4QA
Grange Street Surgery	2 Grange St, St Albans	AL3 5NF
Harvey Group Practice	13-15 Russell Avenue	AL3 5HB
Hatfield Road, Surgery	2 The Parade Ellis Hse, Victoria St, St Albans	AL1 3FY
Lattimore Surgery	283 High Street London Colney St Albans	AL2 1EU
Maltings Surgery	8-14 Victoria Street, St Albans	AL1 3JB
Midway Surgery	Chiswell Green St Albans	AL2 3JX
Parkbury House Surgery	St Peters Street, St Albans	AL1 3HD
The Lodge Group	Normandy Road, St Albans	AL3 5NP
The Village Surgery	Amenbury Lane, Harpenden	AL2 2BT
Watford and Three Rivers Locality		
Abbotswood Medical Centre	12 Katherine Place, College Rd	WD5 0BT
Attenborough Surgery	Bushey Health Centre London Road	WD23 2NN
Baldwins Lane Surgery	266 Baldwins Lane, Rickmansworth	WD3 3LG
Bridgewater House Surgeries	7 Printers Ave, Watford	WD18 7QR
Chorleywood Health Centre	15 Lower Road, Chorleywood	WD3 5EA
Gade Surgery	99b Uxbridge Road, Rickmansworth	WD3 7DJ
Garston Medical Centre	6a North Western Avenue Watford	WD25 6GP
Manor View Practice	Bushey Health Centre, London Road, Bushey	WD23 2NN
New Road Surgery	166 New Road Croxley Green	WD3 3HD
Sheepcot Medical Centre	6 Cunningham Way, Watford	WD25 7NL
South Oxhey Clinic	Oxhey Drive, Watford	WD19 7SF
Suthergrey House Medical Centre	37a St Johns Road, Watford	WD17 1LS
The Colne Practice	99a Uxbridge Road, Rickmansworth	WD3 7DJ
The Consulting Rooms Surgery	Oxhey Drive Watford	WD19 7RU
The Elms Surgery	36 The Avenue Watford	WD17 4NT
Vine House Health Centre	87-89 High Street, St Abbots Langley	WD5 0AJ
Watford Health Centre	Colne House 21 Upton Road, Watford	WD18 0JP

West Essex:

Practice Name	Address	Postcode
Epping Locality		
Abridge Surgery	37 Ongar Road, Abridge, Essex	RM4 1UH
Chigwell Medical Centre	300 Fencepiece Road, Hainault, Essex	1G62TA
The Forest Practice	26 Pyrles Lane, Loughton, Essex	IG10 2NH
The Loughton Surgery with Traps Hill Surgery as a branch	25 Traps Hill, Loughton, Essex	IG10 1SZ
High Street Surgery	301 High Street, Epping, Essex	CM16 4DA
Kings Medical Centre	23 Kings Avenue, Buckhurst Hill, Essex	IG9 5LP
The Limes Medical Centre	The Plain, Epping, Essex	CM16 6TL
Loughton Health Centre	The Drive, Loughton, Essex	IG10 1HW
Market Square Surgery	Sewardstone Road, Waltham Abbey, Essex	EN9 1NP
Maynard Court Surgery	17/18 Maynard Court, Waltham Abbey, Essex	EN9 3DN
Ongar Health Centre	Ongar War Memorial Medical Centre, 57 Fyfield Road, Ongar, Essex	CM5 0AL
The River Surgery	16 Rous Road, Buckhurst Hill, Essex	IG9 6BN
Palmerston Road Surgery	18 Palmerston Road, Buckhurst Hill, Essex	
Harlow Locality		
Addison House Surgery	Hamstel Road, Harlow, Essex	CM20 1EW
Church Langley Medical Centre	Minton Way, Church Langley, Harlow, Essex	CM17 9TG
Hamilton Practice	Keats House Health Centre, Bush Fair, Harlow, Essex	CM18 6LY
Lister Medical Centre	Abercrombie Way, Harlow, Essex,	CM18 6YJ
Nuffield House Surgery	The Stow, Harlow, Essex	CM20 3AX
Old Harlow Health Centre	Jenner House, Garden Terrace Road, Old Harlow, Essex	CM17 0AX
The Ross Practice	Keats House, The Fairway, Harlow, Essex	CM18 6LY
Sydenham House Health Centre	Monswick Road, Harlow, Essex	CM20 3NT
Uttlesford Locality		
Angel Lane Surgery	Angel Lane, Great Dunmow, Essex	CM6 1AQ
Elsenham Surgery	Station Road, Elsenham, Essex	CM22 6LA
Eden Surgery	Broomfields, Hatfield Heath, Herts	CM22 7EH
John Tasker House Surgery	56 New Street, Great Dunmow, Essex	CM6 1BH
Newport Surgery	Frambury Lane, Newport, Essex	CB11 3PY
The Crocus Practice	Saffron Walden Community Hospital Site, Radwinter Road,	CVB11 3HY

Stansted Surgery	Castle Maltings, 2 Lower Street, Stansted, Essex	CM24 8XG
Thaxted Surgery	Margaret Street, Thaxted, Essex	CM6 2QN
The Gold St Surgery	Gold Street, Saffron Walden, Essex	CB10 1EJ

17. Appendices

Appendices Contents

Hertfordshire and West Essex Integrated Care Board

Audit and Risk Committee

Terms of Reference_v3

1. Constitution

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

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

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

2. Authority

2.1 The 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.

2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD, other than for the following exceptions:

- add any exceptions agreed by the board.

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

4. Membership and Attendance

4.1 Membership

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 Independent Non-Executive Members of the Board. Other members of the Committee need not be members of the Board, but they may be.

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

4.4 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.

4.4 Committee membership:

- ICB Non-Executive Member (Chair)
- ICB Non-Executive Member (Vice Chair)
- ICB Non-Executive Member

4.5 Chair and vice chair

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

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

Committee members may appoint a Vice Chair who ICB to add any local specifications about who may be vice chair.

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

4.6 Attendees

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

- Director of Finance or their nominated deputy;
- Chief Executive Officer;

- Representatives of both internal and external audit;
- Individuals who lead on risk management and counter fraud matters;
- Chief of Staff;
- Head of IG and Risk;
- ICB Risk Review Group Chair
- Executive leads for Digital and Information Governance.

4.7 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.

4.8 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.

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

5. Meetings Quoracy and Decisions
5.1 The Audit Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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

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

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

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

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

5.3 Decision making and voting

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.

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

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

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

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows:

6.1 Integrated governance, risk management and internal control

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

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

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

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

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

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

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

6.2 Internal audit

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

- Considering the provision of the internal audit service and the costs involved;

- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework;
- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion, (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation; and
- Monitoring the effectiveness of internal audit and carrying out an annual review.

6.3 External audit

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

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; 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.

6.4 Other assurance functions

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

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

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

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

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

6.5 Counter fraud

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

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

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

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

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

6.6 Freedom to Speak Up

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

6.7 Information Governance (IG)

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

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

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

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

6.8 Financial reporting

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

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

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

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

6.9 Conflicts of Interest

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

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

6.10 Management

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

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

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

6.11 Communication

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

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

7. Behaviours and Conduct

7.1 ICB values

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

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

7.2 Equality and diversity

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

8. Accountability and Reporting

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

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

8.3 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.

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

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

9. Secretariat and Administration

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

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

10. Review

10.1 The Committee will review its effectiveness at least annually.

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.

NHS Hertfordshire and West Essex Integrated Care Board

Remuneration Committee

Terms of Reference_v2

1. Constitution

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

1.2 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. Authority

2.1 The Remuneration Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
- 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 but may /not delegate any decisions to such groups.

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

3. Purpose

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

- 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.
- The Board has also delegated the following functions to the Committee: This might include functions such as:
- Elements of the nominations and appointments process for Board members;
- Oversight of executive board member performance.

4. Membership and Attendance

4.1   Membership

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

The Board will appoint no fewer than three members of the Committee including two independent members of the Board. Other members of the Committee need not be members of the board, but they may be.

The Chair of the Audit Committee may not be a member of the Remuneration Committee.

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

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

Committee members:

- Non-Executive Member (Chair)
- ICB Chair
- Non-Executive Member
- Primary Care Partner Member (Vice-Chair)
- Primary Care Partner Member

4.2   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 members.

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 Terms of Reference.

4.3   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 most senior HR Advisor or their nominated deputy
- Director of Finance or their nominated deputy
- Chief Executive or their nominated deputy

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

4.3   No individual should be present during any discussion relating to:

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

5. Meetings Quoracy and Decisions

5.1   The Committee will meet in private.

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.

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

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

5.2   Quorum

For a meeting to be quorate a minimum of two of the non-executive members is required, including the Chair, Vice Chair or ICB Chair.

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

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

5.3   Decision making and voting

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

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

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

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

6. Responsibilities of the Committee

6.1   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.
- For all staff:
- Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change);
- Oversee contractual arrangements;
- Determine the arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.

6.2   Possible additional functions that ICBs might choose to include in the scope of the committee include:

- Functions in relation to nomination and appointment of (some or all) Board members;
- Functions in relation to performance review/ oversight for directors/senior managers;
- Succession planning for the 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).

7. Behaviours and Conduct

7.1   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.

7.2   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.

7.3   Equality diversity and inclusion

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

8. Accountability and Reporting

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

The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

The Remuneration Committee will submit copies of its minutes and a report to the Board following each of its meetings. Where minutes and reports identify individuals, they will not be made public and will be presented at part B of the Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

9. Secretariat and Administration

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 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.

10. Review

10.1   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 reference will be submitted to the Board for approval.

Date of approval: Friday 01 July

Updated version approval: Friday 18 November 2022

Date of review: *within six months' time*

NHS Hertfordshire and West Essex Integrated Care Board

Commissioning Committee

Terms of Reference_v2

1. Constitution

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

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 Commissioning Committee and may only be changed with the approval of the Board.

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

2. Authority

2.1 The Commissioning Committee is authorised by the Board to:

- Oversee procurement and contracting processes;
- Consider commissioning and investment proposals;
- Make decisions about proceeding with commissioning changes including commissioning of new services, significant commissioning changes, decommissioning, and redesign of health services;
- Identify opportunities for commissioning services at scale, including sharing of best practice and innovation across the ICS, and identifying opportunities for improvement, cost efficiency and sustainability;
- Provide assurance and oversight to the Integrated Care Board; and
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Commissioning Committee members. The Commissioning 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 but may not delegate any decisions to such groups.

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

3. Purpose / Objectives:

Committee Purpose: An assurance, oversight and decision-making committee focussed on improvement of services and sustainable service transformation for better outcomes.

3.1 The Commissioning Committee Objectives:

- To drive the strategic commissioning function of the ICS including proactively identifying opportunities for service integration, transformation and re-alignment to improve health and wellbeing outcomes.
- To make effective and timely decisions within the delegations afforded by the ICB Board, including approving or rejecting proposals within Delegated Financial Limits (DFL), or making recommendations to the ICB for proposals above the DFL.
- To make recommendations to the ICB Board on decisions outside of the Committee's financial delegation.
- To provide oversight and seek assurance that the operational arrangements in place across the ICB to support the commissioning of services/care to the local population are in line with the agreed system and place strategic plans.
- To provide oversight and seek assurance that the commissioning arrangements in place across the ICB, including those to deliver delegated or joint services with NHSE/I, are in line with agreed principles.
- Oversee the process for the further delegation of commissioning functions to the ICB.
- Oversee the process of devolving commissioning to place and/or provider collaboratives.
- To provide the health oversight and assurance needed to support the delivery of the joint commissioning agenda with Local Government.
- Identify areas for improvement to be delivered by the system, including ensuring delivery of value for money and affordability, and best outcomes.

4. Membership and Attendance

4.1 Membership

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

4.2 The Commissioning Committee will appoint no fewer than two members of the ICB Board including two independent members of the ICB Board. Members include:

- Non-Executive Member (Chair)
- Two Non-Executive Members
- Acute Partner Member
- Community Partner Member
- Primary Care Partner Member
- ICB Director of Finance
- ICB Director of Operations
- ICB Director of Strategy
- ICB Director of Primary Care
- ICB Medical Director
- ICB Place Directors (3)
- Place representatives (3)
- ICP Representative
- MH/LD Representative
- VCSFE Representative
- Citizen Representative

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

4.3 Chair and Vice Chair

In accordance with the constitution, the Commissioning 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 Commissioning Committee.

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

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

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

4.4 Attendees

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

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

- Governance Team representative(s)
- Committee Secretariate/Admin Support

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 as required.

5. Meetings Quoracy and Decisions

5.1

The Commissioning Committee will meet at least six times each year (bi-monthly) and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

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

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

5.2 Quorum

For a meeting to be quorate a minimum of one non-executive member, two ICB executive members and one partner member is required, including the Chair or Vice Chair.

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

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

5.3 Making Decisions and voting

Decisions will be guided by national NHS policy and best practice.

Decisions will be taken in accordance with the Standing Orders and DFLs.

The Commissioning Committee will publish its decision-making criteria and reserves the right to review and amend this accordingly.

The Commissioning Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Commissioning 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 Commissioning Committee will hold the casting vote.

5.4 Emergency Powers

There may be circumstances in which a decision is required outside of the scheduled meetings, in such cases the Chair can approve the following actions:

- Convene an extra-ordinary meeting to discuss a particular issue/decision required;

- Matters can be dealt with virtually via the exchange of emails.

The exercise of such powers and the outcome shall be reported and minuted at the next scheduled meeting of the Commissioning Committee; decision making and quorum rules apply.

6. Responsibilities of the Commissioning Committee

6.1 Benchmarking and guidance

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

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

6.3 Equality diversity and inclusion

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

7. Accountability and Reporting

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

The minutes of the meetings shall be formally recorded by the secretary, with a summary being submitted to the Board by the ICB governance team.

The Commissioning Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

8. Secretariat and Administration

8.1 The Commissioning 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 Commissioning Committee is updated on pertinent issues/areas of interest/policy developments
- Action points are taken forward between meetings

9. Review

9.1 The Commissioning Committee will review its effectiveness at least annually.

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

Date of approval: Friday 01 July 2022

Updated version approval: Friday 18 November 2022

Date of review: *within six months' time*

NHS Hertfordshire and West Essex Integrated Care Board

Primary Care Board

Terms of Reference_v3

1. Introduction

1.1 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Hertfordshire and West Essex (HWE) Integrated Care Board (ICB) Primary Care Board.

1.2 Definition of Primary Care – Primary care services provide the first point of contact in healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, optometry (eye health) services.

2. Purpose and Remit

2.1 The Primary Care Board is the key HWE ICS Primary Care forum supporting the ICB with the remit to:

- Propose the strategic direction for local primary care services;

- Identify the key priority areas needing change;

- Enable local clinical perspectives to inform strategic decision-making;

- Set the strategic context for transformation and take oversight of its implementation.

- Enable codesign/co-production across areas of primary care transformation and redesign in partnership with patients/citizens and all partners across the wider system.

2.2 The Primary Care Board will play a key role in ensuring delivery of key national policy areas such as Long term Plan (LTP) requirements, Fuller Recommendations, GP Community, Pharmacy, Dental and Optometry contractual requirements and strategic direction; and will lead development and delivery of the HWE Primary Care Strategic Delivery Plan aligned to national and local strategies of ICS framework, People Plan, Digital, Quality and UEC strategy.

2.3 The Board will set out the principles and methodology for transformation in the strategic delivery plan.

3. Role and Responsibility

3.1 **Strategic Oversight of Transformation**

- Lead the development of the primary care strategy and make recommendations to the Integrated Care Board

- Oversee the implementation and delivery of the primary care strategic delivery plan

- Provide a single forum for the oversight of primary care services transformation and innovation across the Integrated Care System, using best practice and a population health management approach to the development and integration of services at a system, place and neighbourhood level. This includes enabling functions including workforce, digital, estates.
- Oversee the system approach to the transfer of community pharmacy, optometry and dental services to the ICB from April 2023 and opportunities of transformation through integration of these services and delivery of transformation plan.
- To drive quality and reduce unwarranted variation in outcomes for patients in primary care across HWE using quantitative data and appropriate qualitative data from partners including Healthwatch.
- To ensure there is alignment of plans across HWE ICB system and place work programmes.

3.2   Communications and Engagement

- To be the 'go-to group' to which any transformational change goes to engage primary care across HWE ICS work streams and ensure there is alignment to each place.

- Ensuring patient/citizen engagement and lived experience is at heart of transformational change through co-design using a population health management approach based on need. This needs to be practice/primary care network/Neighbourhood/locality/place/system.

- To facilitate clear communication between the HWE ICB, Primary Care Board, Primary Care Providers and partners across system and place and all our partner on matters relating to System development.

- Ensuring clinical debate about the key priority areas including impact on primary care in terms of workload, quality which will feed into strategic decision-making.

4. Accountability and Governance Structure

4.1   The Primary Care Board will be underpinned by good governance principles and robust assurance processes, to ensure accountability to the public as patients, citizens or taxpayers.
The Primary Care Board is accountable to the Integrated Care Board. Where there are financial and contractual implications of strategic decisions undertaken by the Primary Care Board, in line with the organisation's SFIs these will be referred to the Primary Care Commissioning Committee for a decision.

Primary Care Governance
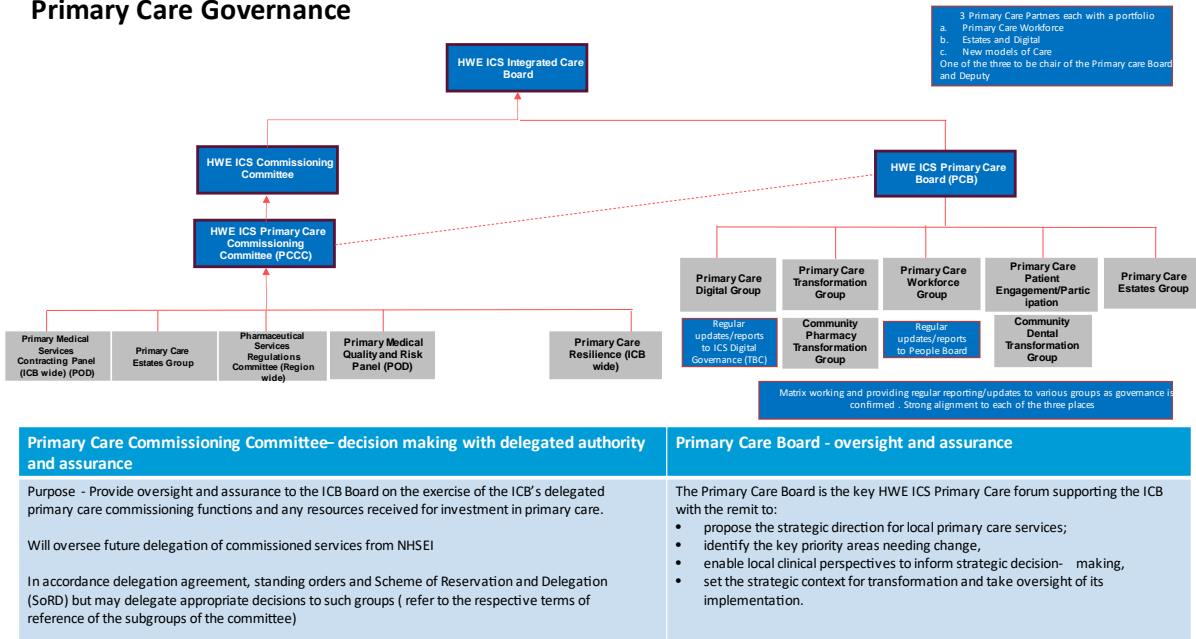
Primary Care Board will have specific working groups reporting progress into the primary care board in particular these will include primary care workforce, primary care digital, primary care transformation.

5. Operating Principles

5.1   Each member on the Group is there in an individual capacity bringing in the experience and acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

6. Reporting Responsibilities

6.1   The Hertfordshire and West Essex Primary Care Board is accountable to the ICS Integrated Care Board.

- The Primary Care Board will be supported by a number of work stream delivery groups, chaired by appropriate senior responsible officers (SROs) focussed on the improvement areas to deliver the required system wide benefits.

- On behalf of the ICS Integrated Care Board, the Chair is responsible for ensuring that workstream Senior Responsible Officer's are held to account for the successful implementation of agreed schemes to support financial, quality and operational improvements.

- Work streams are accountable to the Primary Care Board, which reports into the ICS Integrated Care Board.

- Workstreams will provide regular highlight reports and where necessary exception reports, or in-depth reports as required by the Board.

- Board will have 2-way relationship with the Primary Care Commissioning Committee of the ICB.

- Board will receive regular updates from its subgroups and from representatives of the committee from place including locality leadership.

7. Membership and Chairing Arrangements

7.1   The Primary Care Board will be representative of the HWE health and social care community to ensure diverse input and decision making.

- Primary Medical Service Partner members (3) each with a portfolio including lead in:

    i.   Primary Care Workforce – Chair

    ii.   Primary Care Transformation – Deputy

    iii.   Primary Care Digital and Estates - Deputy

- Community Trust Partner Member

- Non-executive Director – Gurch Randhawa

- ICB Director of Primary Care Transformation

- ICB Medical Director

- ICB Director of Operations

- 3 Nominated Primary Care (GP/PCN CD) leads across HWE (one from each place)

- Independent Clinical advisor for Dental

- Chief Pharmacist and Associate Director of Allied Health Professionals

7.2   **In attendance**

- Healthwatch Representative 1 representative for Hertfordshire and 1 for Essex

- Local Professional Committee representatives Hertfordshire and Essex (LMC, LPC, LOC, LDC)

- Patient representatives from each place (3 representatives)

- Voluntary Community and Social Enterprise (VCSE) representative

- ICS Clinical leads for Strategic Programmes/Enablers as appropriate –primary care transformation, primary care prescribing, workforce and digital

- ICB Communications lead

- AD/Head of Primary Care at Place (3)

- AD for Primary Care Contracting

- PH leads Hertfordshire and Essex (1 from each as appropriate)

- Representatives from Adult Social Care leads from Hertfordshire and Essex (1 from each as appropriate)

- Other leads including Health Education England; Education sectors; digital and other managerial leads as appropriate

8. Quorum

8.1   This meeting provides strategic oversight and is not a forum for decision-making. A meeting will be considered quorate if 50 per cent of members are present, which must include either the Chair or Vice-Chair and one Executive Director.

8.2   No formal business shall be transacted where a quorum is not reached.

9. Member Roles and Responsibilities

9.1   All members are required to attend or send a deputy.

9.2   Workstream and Portfolio leads must ensure that reports and papers are submitted to enable circulation 5 days before the meeting.

9.3   All members are required to complete assigned actions and provide updates to the Board in line with the action log.

9.4   All members are required to be full and active participants, to ensure that relevant expertise is available to the Board to facilitate effective management of the workstreams.

10. Meeting Arrangements

10.1   The full membership of the Primary Care Board will meet on a bi-monthly basis, with work stream Senior Responsible Officer's and members supporting programme delivery joining working group meetings in the intervening months.
- Meetings will be online or hybrid of online and in-person to ensure maximum attendance
- Members who cannot attend will be expected to send deputies.

- Papers will be circulated at least five working days before each meeting.
- Action logs will be circulated within 10 working days of each meeting.

11. Monitoring and Review

11.1   The Terms of Reference will be reviewed on an annual basis, or sooner if required. The next review will take place one year from the date of approval stated below.

Date of approval: Friday 01 July 2022

Updated version approval: Friday 18 November 2022

Friday 26 May 2023

Date of review: *within six months' time*

NHS Hertfordshire and West Essex Integrated Care Board

Population Outcomes and Improvement Committee

Terms of Reference_v3

1. Constitution

1.1   The Population Outcomes & Improvement Committee (Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

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

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

2. Authority

2.1   The Committee is authorised by the Board to:

- Provide assurance and oversight to the Integrated Care Board; and
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee 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 but may not delegate any decisions to such groups.

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

3. Objectives

3.1   The Committees Objectives:

a)   Having oversight, assurance and providing constructive challenge to ensure that NHS Herts & West Essex ICB and partner organisations are delivering on its strategic commitments to:
- Deliver better and equal outcomes for the population
- Support personalisation in all aspects of care
- Develop a prevention focused approach to improving health inequalities & outcomes
- Develop the partnership with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to support delivery
- Ensure that the ICB with its partners will shape and make recommendations to leverage socioeconomic growth, in all its communities and workforce.

- Provide oversight to the development of anchor institutions. This committee sees anchor institutions as being large organisations who are unlikely to relocate, having a significant stake in HWE ICB's geographical area. Further, these organisations long-term sustainability is tied to the wellbeing of the populations they serve.
- Promote and facilitate the use of research and evidence generated by research.

3.2   These objectives will be achieved by:

a)   Promoting the adoption of Population Health Management across the ICS

b)   Understanding the health and care needs of the population, including variation and inequalities to support the identification and clarification of strategic priority areas

c)   Make recommendations on how we transition from a service response to a population response and identifying where there is the biggest opportunity for improvements in service outcomes.

d)   Build research and governance capabilities.

4. Membership and Attendance

4.1   Membership

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

The Committee will appoint no fewer than two members of the Committee including two independent members of the Board. Other members include:

- Two Non-Executive Members (one to act as Chair)
- Three Partner Members representing from across the sectors, to include the:

     o   Primary Medical Service Partner member with a portfolio for estates.

     o   Mental Health Trust Partner Member
     o   Local Government Partner Member (both to be invited but can alternate in attendance)

- HWE ICB Director of Strategy (Vice Chair)
- HWE ICB Medical Director
- ICP Representation
- Voluntary and Community, Faith and Social Enterprise representative(s)
- Three place-based representatives
- ICB Population Health Lead(s)
- County Council Public Health from both County Councils

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

4.1.1   Attendees:
- HWE ICB Chair

- Governance Lead
- Executive Administrator

4.2   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 members.

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.

4.4   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 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.

5. Meetings Quoracy and Decisions

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

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

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

5.3   The Committee will meet every other month. A programme of meeting dates is set annually and advised to all members.

5.4   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.

5.5 Quorum

For a meeting to be quorate a minimum of six members including at least two Partner Members or Non-Executive Members are required, including the Chair or Vice Chair.

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

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

5.4 Making Decisions and Voting

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

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

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

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

6. Behaviours and Conduct

6.1 Benchmarking and guidance

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

6.2 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.

6.3 Equality diversity and inclusion

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

7. Accountability and Reporting

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

7.2   The minutes of the meetings shall be formally recorded by the secretary, with a summary being submitted to the Board.

7.3   The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

8. Secretariat and Administration

8.1   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.

9. Review

9.1   The Committee will review its effectiveness at least annually.

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

Date of approval: Friday 01 July 2022

Updated version approval:

Friday 18 November 2022

Friday 27 January 2023

Date of review: *within six months' time*

NHS Hertfordshire and West Essex Integrated Care Board

Finance and Investment Committee

Terms of Reference_v3

1. Constitution

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

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

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

2. Authority

2.1   The 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) as outlined in these terms of reference
- Commission any reports it deems necessary, including deep dive (in-dept analysis) of issues or uncertainties and mitigate then 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
- Provide assurance and oversight to the Integrated Care Board.
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may /not delegate any decisions to such groups.

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

3. Purpose

3.1   The Committees' main purpose is:

- To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board in the development and delivery of a robust, viable and sustainable system financial plan. This includes:
  - o   financial performance of the ICB
  - o   financial performance of NHS organisations within the ICB footprint
- To provide the ICB Board with assurance that it can meet all its statutory and mandatory financial duties and obligations. This will be achieved through contractual arrangements the ICB puts in place with system partners, alongside effective financial frameworks & operating models
- To seek assurance that an effective system financial framework & operating model (for capital and revenue funding) is in place for collectively distributing and managing resources & that they can be used as efficiently as possible to address the greatest need and tackle inequalities, in accordance with the integrated care strategy.
- To ensure an assurance framework is effectively in place to proactively oversee system productivity & efficiency programmes to meet agreed priorities.
- To review performance and obtain assurance of the above areas at a system, place, and organisational level, as appropriate.

4. Membership and Attendance

4.1   Membership

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

The Committee will appoint no fewer than [three] members of the Committee including [two] independent members of the Board. Other members of the Committee need not be members of the board, but they may be:

- Chair: ICB Partner Member – Local Authority, Herts County Council
- Vice Chair: TBC
- Non-Executive Member

Other members of the Committee need not be members of the board but they may be:

- ICB Chief Finance Officer
- ICB Partner Member FT/Trust – Mental Health
- ICB Partner Member – Primary Medical Services (Estates)
- ICB Partner Member FT/Trust – Acute
- ICB Chair

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

- accounting
- risk management
- 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.

4.2 Chair and Vice Chair

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

The Chair of the Committee shall be independent either holding the role of Non-Executive Member or Partner Member within the ICB. The holder of this post may not chair any other committees of the ICB.

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

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

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

4.3 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:

- Finance Lead(s)
- Contract Lead(s)
- ICB Lead(s) for capital and estates
- Governance Lead
- Executive Assistant

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.

5. Meetings Quoracy and Decisions

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

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

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

A programme of meeting dates is set annually and advised to all members.

Further, 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.

5.2 Quorum

For a meeting to be quorate a minimum of three members of this Committee are required, including the Chair or Vice Chair and Chief Finance Officer.

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

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

5.6 Making Decisions and voting

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

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

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

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

6. Responsibilities of the Committee

The Committee's duties can be categorised as follows:

6.1   System financial management framework

- To set the strategic financial framework of the ICB and monitor performance against it

- To develop the ICB financial information systems and processes to be used to make recommendations to the Board on financial planning in line with the strategy and national guidance

- To oversee the development of financial plans, and ensure they are built bottom-up using local information and data, with a specific focus on reducing inequalities, increasing prevention of ill-health, and improving population health and well-being.

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

6.2   Resource allocations (revenue)

- To develop an approach to distribute the resource allocation through commissioning and direct allocation to drive agreed change based on the ICB strategy

- To ensure there are annual, medium term and long-term plans regarding the allocations the ICB receives and how this will be distributed to perform its functions, in line with national and locally determined health and care priorities. These plans will be presented to the ICB Board for approval.

- To advise on and oversee the process regarding the deployment of system-wide transformation funding

- To work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise

- To work with ICS partners to consider major investment/disinvestment outlined in business cases for material service change or efficiency schemes and to agree a process for sign off

- To work alongside and function as a resource for other committees of the ICB and ICS groups when specific matters of business require financial or contractual management input that is outside of the level of expertise of the other committee or group required to inform a decision

- Where the Board scrutiny or decision is required for related issues, the Committee will review in advance and act as the sponsor for any recommended action/decision required by the Board.

6.3   National Framework

- To advise the ICB on any changes to NHS and non-NHS funding regimes and consider how the funding available to the ICB can be best used within the system to achieve the best outcomes for the local population

- To oversee national ICB level financial submissions

- To ensure the required preparatory work is scheduled to meet national planning timelines

6.4   Financial monitoring information

- To develop a reporting framework for the ICB as a statutory body, using the chart of accounts devised by NHSE and the integrated single financial environment (ISFE) and the ICB as a system of bodies

- To oversee the production of the annual financial statements including core financial controls and the assessment of the financial position and financial impacts (both short and long-term) to support decision-making. The stakeholders place a high value on having a solid financial position, which is shown by a financial balance.

- To work with NHS ICS partners within the scope of this FIC on approaches across the system such as financial reporting, estimates and judgements

- To oversee the development of financial and activity modelling to support the ICB priority areas

- To develop a medium- and long-term financial plan which demonstrated ongoing value and recovery

- To develop an understanding of where costs sit across a system, system cost drivers and the impacts of service change on costs

- To ensure appropriate information is available to manage financial issues, risks and opportunities across the ICB

- To measure climate-related risks and opportunities in investment portfolios

- To manage financial and associated risks by developing and monitoring a finance (and estates) risk register

- To review the risks for its areas of responsibility, considering the adequacy of the submissions including associated mitigations and whether new risks need to be added or whether any risks require escalation to the ICB Board

6.8   Performance

- To oversee the management of the system financial target and the ICB 's own financial targets

- To agree key outcomes to assess delivery of the ICB financial strategy

- To monitor and report to the Board overall financial performance against national and local metrics, highlighting areas of concern

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

6.9   System Efficiencies

- To ensure system efficiencies are identified and monitored across the ICB, in particular opportunities at system level where the scale of the ICB partners together and the ability to work across organisations can be leveraged

- To ensure financial resources are used in an efficient way to deliver the objectives of the ICB

- To review exception reports on any material breaches of the delivery of agreed efficiency improvement plan including the adequacy of proposed remedial action plans

- To- review contractual requirements and obligations with regard to securing effective and efficient services linked to national procurement and provider selection regimes; and where approved, scrutinize implementation/mobilisation of new tenders and contract awards.
- To monitor the delivery of financial plans and performance targets, including agreed system efficiency and productivity programmes/measures. This will be achieved through the receipt of written and verbal briefings and reports as the Committee deems appropriate. This may be at a system, place, collaborative, programme, or individual organisation level.
- To routinely review a schedule of contract levers/remedial notices that have been applied to contracted providers/services (or an explanation of why they have not been applied) thereby reviewing the effective use of contracts incentives and sanctions, where appropriate
- To consider and comment on the development and design of new contractual forms, for system partnership working

6.10 Communication
- To co-ordinate and manage communications on financial governance with stakeholders internally and externally

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

6.11 People

- To develop a system finance, staff development strategy to ensure excellence by attracting and retaining the best finance talent

- To ensure that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements

6.11 Capital

- To be aware of/develop the system estates strategy and plan to ensure it properly balances clinical, strategic and affordability drivers

- To monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used

- To gain assurance that the estates plan is built into system financial plans

- To ensure effective oversight of future prioritisation and capital funding bids

7. Behaviours and Conduct
7.1 Benchmarking and Guidance

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

7.2 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.

7.3 Conflicts of Interest

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

7.4 Equality Diversity and Inclusion

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

8. Accountability

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

The minutes of the meetings shall be formally recorded by the secretary, with a summary being submitted to the Board.

The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

9. Secretariat and Administration

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

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

10. 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 reference will be submitted to the Board for approval.

Date of approval: Friday 01 July 2022

Updated version approval: Friday 18 November 2022

Friday 24 November 2024

Date of review: *within six months' time*

Hertfordshire and West Essex Integrated Care
People Board
Terms of Reference_v3

1. Introduction

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

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

1.3 These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Hertfordshire and West Essex (HWE) Integrated Care System (ICS) People Board.

2. Purpose and Remit

2.1 The Hertfordshire and West Essex People Board will seek to deliver genuine partnership working, with a committed approach to integration, innovation and transformation where it leads to improvements in quality of patient care and support for our staff.

2.2 The purpose of the HWE ICB People Board is to:

- To set and monitor delivery of the system's People Strategy.
- To support our workforce, enabling them to study, work and live in a welcoming, healthy and compassionate workplace.
- Develop a clear understanding of the current and future workforce challenges – through robust service, workforce and skills intelligence.
- Build and develop workforce capacity and capability to meet the system's population health needs.
- Develop innovative ways to ensure the supply of the right workforce, with the right skills and knowledge at the right time to deliver high quality patient care.
- Support implementation of the priorities set out in system, regional and national strategies and work streams.

3. Role and Responsibility

3.1 The People Board will be responsible for:

- Strategic workforce leadership supporting care and health service delivery and transformation and developing innovative new working practices and meeting workforce challenges within the system and the emerging Integrated Care Partnership.
- Provide workforce leadership and support for emerging ICPs and oversight of system wide strategic

workforce challenges and solutions.

- Play a key role in future proofing workforce challenges and ensuring plans are developed to minimise future stresses.
- Supporting the development of the health and social care sector as anchor institutions, supporting the economic and social development of our community.
- Effective workforce planning at an ICS and ICP level.
- Ensuring a truly equal, diverse and inclusive approach to attracting, supporting and developing the health and care workforce across the system.

- Fostering effective cross-organisational, multi-disciplinary working is enabled across the health and social care system, and incorporates wider stakeholders such as Education, Housing, and the Voluntary, Community and Social Enterprise sectors.
- Overseeing the workforce transformation programme with specific responsibility for effective delivery of system wide initiatives and the broader People Strategy, including the six identified workstreams: integrated workforce planning; innovation and new ways of working; sustainable workforce supply; equality and inclusion; staff wellbeing and experience; and education, training and leadership development.

4. Accountability and Governance Structure

4.1 There will be accountability through the People Board Chair to:

- The HWE ICS Executive and wider ICB Governance Structure
- Hertfordshire and West Essex Integrated Care Partnership
- East of England Regional People Board
- NHS England and Improvement and Health Education England Executives.

4.2 The People Board will be underpinned by good governance principles and robust assurance processes, to ensure accountability to the public as patients, citizens or taxpayers.

5. Operating Principles

5.1 Each work stream delivery group established to support the People Board will include a Senior Responsible Officer (SRO) to support programme delivery. The SRO for each People Board work stream will be a member of the People Board, responsible for the vision and delivery of the People Plan and needs to be clear on the time commitments necessary to fulfil the position.

5.2 The focus and commissioning of work from the work streams will be driven by the People Board and will be in line with the ICS' priorities.

5.3 The membership of each work stream will comprise of subject matter experts relating to the functions outlined in the People Strategy.

5.4 The work streams will need to agree how they function, not necessarily meeting regularly as they may operate as a virtual forum.

6. Reporting Responsibilities

6.1 The Hertfordshire and West Essex People Board is accountable to the ICB Board and the Regional People Board.

- On behalf of the ICS, the Chair is responsible for ensuring the SRO's are held to account for the successful implementation of agreed schemes to support financial, quality and operational improvements.
- Members must ensure that they have the necessary delegated permissions and processes are in place for them to act on behalf of the organisations which they represent
- Each member on the Group is there in an individual capacity, acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

- The People Board will be supported by a number of work stream delivery groups, chaired by appropriate senior responsible officers (SROs) focussed on the improvement areas to deliver the required system wide benefits.
- Work steams are accountable to the People Board, which reports into the ICB Board and Regional People Board.

7. Membership and Chairing Arrangements

7.1 The People Board will be representative of the HWE health and social care community to ensure diverse input and decision making.

- Membership will be reviewed annually by the Chair
- The Chair may appoint advisors to provide specialist input/challenge

7.2 Membership will be made up of appropriate representation from the following areas and ensuring representation and membership across all constituent organisations of the ICS, including:

- **Chair** (Non-Executive Director)
- Associated Non-Executive Director
- ICB Chief People Officer – **Vice Chair**
- ICB/ICS Workforce Transformation Lead
- ICB Associate Director for Education, Culture and Orgnaisational Development (OD)
- Integrated Workforce Planning workstream SRO
- Innovation and New Ways of Working Committee SRO
- Sustainable Workforce Supply SRO
- Equality and Inclusion SRO
- Staff Wellbeing and Experience SRO

7.3 Education Talent and Leadership Development SRO Representation from the ICB. NHS Trust and Primary Care constituents of Hertfordshire and West Essex, including:

- HR Director representation
- Clinical Leader representation
- Allied Health Professionals Council representation
- Integrated Care Partnership leadership representative
- Primary Care representation

7.4 Representation from social care and local authority, including:
- Directors of Adult Social Care Services
- Integration and Transformation Directors
- HR Director representation
- Public Health representation

7.5 Representation from wider constituents and key stakeholders, including:
- Trade Union representation
- Higher/Further Education representation
- Representation from the Voluntary, Community and Social Enterprise sector
- EDI/BAME network representation
- Patient/Carer representation

7.6 There will be additional representation invited to attend People Board for discussion on key topics of interest/relevance:
- District Council and Housing representation
- Health Education England representation
- Clinical Leader representation
- Skills for Care representation
- Local Enterprise Partnership representative

8. Quorum

8.1 A meeting will be considered quorate in the following circumstances:

- At least five members are present, which must include either the Chair or Vice-Chair.
- There must be representation from each of the membership groups defined in section 7.2. This should include equitable representation and voice from NHS, primary care and social care sectors.

8.2 No formal business shall be transacted where a quorum is not reached.

9. Conflicts of Interest and Decision Making

9.1 Conflicts of interest will be considered on a case-by-case basis with the chair and chief people officer.

9.2 The ICB workforce programme team will maintain a schedule of Declarations of Interests.

9.3 Members will be required to notify the secretariat of any changes. The schedule will be available to all members on request. Members will be required to declare relevant interests verbally at the start of a meeting and, at the Chair's discretion, they may be asked to leave the meeting while a particular topic

is being discussed.

10. Member Roles and Responsibilities

10.1 Each member of the People Board will have a responsibility to work in the interests of the ICS fully utilising their local and national networks to bring added benefit and focus. Members will support the identification and adoption of best practice within the ICS.

10.2 As well as delivering the duties outlined in section 3, members of the People Board will:

- Provide good governance.
- Identify requirements and sources of funding to support the delivery of the workforce programme across the ICS.
- Be responsible for the utilisation of funds and resources allocated to the People Board.
- Provide a forum for sharing and disseminating national and local best practice.
- Nominated members will chair / lead sub-stream groups and work programmes.
- All members will lead and participate in the delivery of the People Plan.
- All members will take responsibility for reporting to colleagues within their own organisations and professional groups as well as representing the views of colleagues at the People Board.
- Members will represent the People Board at other ICS meetings, organisational groups and other appropriate forums.

11. Code of Conduct

11.1 It is the role of the Chair of the People Board, to ensure all members:

- Adhere to the requirement to comply with the Code of Conduct and Code of Accountability for NHS and local authority Boards.
- Uphold service values including the Seven Principles of Public Life.
- Contribute to, and exercise, their role as members and not as representatives of a specific interest or stakeholder group.
- Adhere to Standing Orders, Standing Financial Instructions, Scheme of Delegation, etc. and be subject to audit by internal and/or external auditors.
- Comply with the governance framework, relevant legal and regulatory frameworks and codes of good practice.
- Observe respect for confidentiality and information governance.

12. Meeting Arrangements

12.1 The full membership of the People Board will meet at least five times a year, with work stream SROs and members supporting programme delivery joining working group meetings in the intervening months.

- Members who cannot attend will be expected to send deputies.
- The ICB People Function will provide administration support and secretariat of the meeting.

- Papers will be circulated at least five working days before each meeting.
- Notes and associated papers resulting from the meeting will be circulated within 10 working days of each meeting.

13. Monitoring and review

13.1 People Board will review its effectiveness at least annually.

13.2 The Terms of Reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of approval: Friday 01 July 2022

Updated version approval: Friday 18 November 2022

Friday 24 March 2023

Date of review: *within six months' time*

Hertfordshire and West Essex Integrated Care Board

Quality Committee

Terms of Reference_v3

1. Constitution

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

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

1.3   The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2. Purpose of the Committee

2.1   The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the NHS England-National Quality Board Shared Commitment to Quality nqb-refreshed-shared-commitment-to-quality.pdf (england.nhs.uk) and enshrined in the Health and Care Act 2022.

2.2   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.

2.3   The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. Delegated Authority

3.1   The Quality 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 set out in the Constitution as may be amended from time to time

https://www.healthierfuture.org.uk/sites/default/files/nhshwe-icb-constitution010722finalpending-approval-by-nhs-england.pdf

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. 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.

4.5 Chair and Vice Chair

4.5.1   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.

4.5.2   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.

4.6 Members

(a) ICB Non-Executive Director (Chair)
(b) ICB Partner Member from Primary Medical Services (Deputy Chair)
(c) ICB Director of Nursing
(d) ICB Medical Director
(e) Other representatives:
(f) 1 x acute provider representative
(g) 1 x community representative
(h) 1 x mental health representative
(i) 1 x primary care representative
(j) 1 x local authority lead from each local authority
(k) 1 x Healthwatch (alternate between Essex and Hertfordshire)
(l) 2 x Patient Safety Partners
(m) Safeguarding Lead for Children and Families

4.7 Attendees

a) ICB Quality Improvement and Patient Safety lead
b) ICB Nursing & Quality lead
c) Independent Chair for Safeguarding Board
d) ICB Continuing Healthcare lead
e) ICB Primary Care Quality lead

f) Voluntary, Community, Faith and Social Enterprise (VCSFE) representative)

g) ICB Quality committee governance lead

h) ICB Quality committee secretarial

j) Clinical Quality Director, NHS England

5. Meetings Quoracy and Decisions

5.1 The Committee will meet every other month. Additional meetings may be convened on an exceptional basis and at the discretion of the Committee Chair.

5.2 Arrangements and notice for calling meetings are set out in the Standing Orders. https://www.healthierfuture.org.uk/sites/default/files/nhshwe-icb-constitution010722finalpending-approval-by-nhs-england.pdf

5.3 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.

5.4 There will be a minimum of the Chair or Vice Chair, plus at least the Director of Nursing or Medical Director, one provider representative and one Local Authority representative.

5.5 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.

6. Decision Making and Voting

6.1 Decisions will be taken in according with the Standing Orders. https://www.healthierfuture.org.uk/sites/default/files/nhshwe-icb-constitution010722finalpending-approval-by-nhs-england.pdf

The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

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

6.3 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.

6.4 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.

7. Responsibilities of the Committee

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

a) Be assured that there are robust processes in place for the effective management of quality

b) 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

c) Agree and submit to ICB put forward the key quality priorities that are included within the ICB strategy/ annual plan

d) Oversee and monitor delivery of the ICB key statutory requirements (e.g., Continuing Health Care) as applicable to quality

e) Review and monitor those risks on the Strategic 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

f) Oversee and scrutinise the ICB's response to all relevant (**as applicable to quality**) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care (DHSC), NHS England & Improvement (NHSEI) and other regulatory bodies / external agencies (e.g. Care Quality Committee (CQC), National Institute for Health and Care Excellence (NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

g) Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation as applicable to quality and assure the ICB that these are disseminated and implemented across all sites

h) Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes

i) Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place

j) 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

k) Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and Prevention of Future Death (PFD) report)

l) To be assured that service users are systematically and effectively involved as equal partners in quality activities

m) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children

n) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control

o) Clinical or Quality related policies should come through the Quality committee for oversight, scrutiny and comment prior to approval and adoption by the ICB. Policy approval will be met through compliance with the ICBs Scheme of Reservation and Delegation.

p) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety

q) Have oversight of the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc).

8. Behaviours
8.1 ICB Values

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

8.2 Equality and Diversity

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

9. Accountability and Reporting

9.1   The Quality 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.

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

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

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:
   a)   The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
   b)   Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
   c)   Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
   d)   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;
   e)   The Chair is supported to prepare and deliver reports to the Board;
   f)   The Committee is updated on pertinent issues/ areas of interest/ policy developments;
   g)   Action points are taken forward between meetings and progress against those actions is monitored.

12.   Review

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.

Date of approval: Friday 01 July 2022

Updated version approval:

Friday 18 November 2022

Friday 27 January 2023

Date of review: *within six months' time*

Hertfordshire and West Essex Integrated Care Board

Performance Committee

Terms of Reference_v3

1. Constitution

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

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

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

2. Authority

2.1 The Performance Committee is authorised by the ICB Board to:

The Committee will drive improvement in performance and **ensure** oversight of the delivery of key performance standards by healthcare providers, performance of the system against the NHS Outcomes Framework https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022 and progress with improving wider outcome measures of population health. This includes the evaluation of health services provision, provider resilience & failure, and the performance review and management of system providers and health care partnerships.

The committee will have a strong focus for identifying and driving improvement:

a) Have oversight to monitor and drive improvements in performance at system, place, and service level within the ICS.

b) Providing the oversight of the development and delivery of system delivery plans, working with organisations to agreeing objectives, indicators and outcome measures at system, place & individual organisational level.

c) Provide specific oversight and challenge, focused around the system's performance against agreed outcome measures which includes NHS constitutional standards, CQC requirements, Operational Planning Guidance, and System and NHSE agreed transformation programmes.

d) Provide specific oversight and seek assurance from organisations with regard to **workforce delivery challenges impacting on performance and, identify and seek assurance on any system wide workforce issues which are blockages to system wide performance improvement**.

e) Provide a forum to work with NHSE on any place based or individual organisations intervention undertaken as part of the national system oversight & assurance framework.

f) Provide oversight and assurance of the **Emergency Preparedness, Resilience and Response process** across the system.

3. Purpose

3.1 The Terms of Reference (TOR) sets out how Hertfordshire and West Essex (HWE) ICS will work in partnership with the regional and national NHS England and NHS Improvement teams to provide effective, streamlined oversight for quality, performance, collective use of resources, and delivery of the 2021/22 Operational Planning requirements.

3.2 These requirements include: Covid-19 restoration and recovery, a greater emphasis on population health management, and improving health inequalities, outcomes, and access.

3.3 The Performance Committee is the primary governance forum to oversee the Partnership's mutual accountability arrangements. Its primary function is to monitor system performance and provide assurance relating to quality, finance, workforce and operational performance against constitutional standards, national priorities, and local strategic plans.

3.4 The TOR describe the scope, function, and ways of working for the Performance Committee. They should be read in conjunction with the Hertfordshire and West Essex (HWE) Partnership Memorandum of Understanding.

4. Membership and Attendance

4.1 Membership

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

The Performance Committee will appoint no fewer than two members of the ICB Board (the Board), including one Independent Non-Executive Members of the Board. Other members of the Performance Committee will be:

Members

- ICB Non-Executive Member (Chair)
- ICB Non-Executive Member (Vice Chair)
- ICB Non-Executive Member
- ICB Director of Performance
- ICB Director of Nursing (or Deputy)
- Chief People Officer (or Deputy)
- ICB Medical Director
- ICB Director of Primary Care (or Deputy)
- ICB Chief Executive Officer
- ICB Place Director from each Health & Care Partnership/place-based partnership (3)
- Director of Performance or nominated Director lead for each acute provider

- Director of Performance or nominated Director lead for community providers
- Director of Performance or nominated Director lead for mental health providers
- Primary Medical Service representative
- One nominated director from Essex County Council, and one nominated director from Hertfordshire County Council.
- NHS England – with the representative(s) being determined by the agenda.

4.2 Chair and vice chair

The Performance 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 Performance Committee.

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

4.3 Attendees

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

- Voluntary, community, Faith and Social Enterprise (VCFSE) representative(s) – with those sought being connect to agenda items
- 999 service representative
- Senior Responsible Officers (SROs) for identified quality and performance areas
- SROs and programme lead(s) for transformation programmes
- Specific project or programme leads from across the system

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

4.5 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.

4.6 Attendance

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

5. Meetings Quoracy and Decisions

5.1 The Performance Committee will meet a minimum of six times a year and arrangements and notice for calling meetings are set out in the Standing Orders.
https://www.healthierfuture.org.uk/sites/default/files/nhshwe-icb-constitution010722finalpending-approval-by-nhs-england.pdf Additional meetings may take place as required.

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

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

5.4 Quorum

For a meeting to be quorate at least 50% of the Committee membership will be in attendance with a minimum of two independent Non-Executive Members of the Board, including the Chair or Vice Chair of the Performance Committee.

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

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

5.7 Voting

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

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

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

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

5.9 Conflicts of Interest

The Performance 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.

6. Behaviours and Conduct

6.1 ICB values

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

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

6.2 Equality and diversity

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

7. Accountability and Reporting

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

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

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

8. Secretariat and Administration

8.1   The Performance 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 Performance 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.

9. Review

9.1   The Performance Committee will review its effectiveness at least annually.

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

Date of approval: Friday 01 July 2022

Updated version approval: Friday 18 November 2022

Friday 24 March 2023

Date of review: *within six months' time*

HERTFORDSHIRE AND WEST ESSEX INTEGRATED CARE PARTNERSHIP CONSTITUTION

BACKGROUND

Section 116ZA of Local Government and Public Involvement in Health Act 2007 requires the Integrated Care Board **(ICB)** and each local authority in ICB to establish an Integrated Care Partnership **(ICP)**, which is a joint committee of these bodies. The ICP may appoint other members and determine its own procedures.

ICPs have a critical role to play in Integrated Care Systems **(ICS)**, facilitating joint action to improve health and care outcomes and experiences across their populations, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.

NAME

The name of the ICP is 'The Hertfordshire and West Essex Integrated Care Partnership'

OBJECTIVES

The Hertfordshire and West Essex ICP will consider what arrangements work best in its area by creating a dedicated forum to enhance relationships between the leaders across the health and care system that:-

- build on existing governance structures such as Health and Wellbeing Boards **(HWBs)** and other place-based partnerships, and support newly forming structures to ensure governance and decision-making are proportionate, support subsidiarity and avoid duplication across the ICS

- drive and enhance integrated approaches and collaborative behaviours at every level of the system, where these can improve planning, outcomes, and service delivery

- foster, structure, and promote an ethos of partnership and co-production, working in partnership with communities and organisations within them

- address health challenges that the health and care system cannot address alone, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes, including employment, reducing offending, climate change and housing

- continue working with multiagency partners to safeguard people's rights and ensure people are free from abuse or neglect and not deprived of their liberty or subject to compulsory detainment or treatment without safeguards

- develop strategies that are focused on addressing the needs and preferences of the population including specific cohorts.

FUNCTIONS

Under s116ZB of the Local Government and Public Involvement in Health Act 2007 the Hertfordshire and West Essex ICP is required to prepare an integrated care strategy that:-

- Details how the needs of resident of its area will be met by either the ICB, NHS England, or local authorities

- Considers how NHS bodies and local authorities could work together to meet these needs using section 75 of the National Health Service Act 2006

- Must have regard to the NHS mandate and guidance published by the Secretary of State

- Involves the local Healthwatch and people who live or work in the ICP's area

- Is reviewed and revised as required when a new health and social care joint strategic needs assessment is received from a local authority within the ICP

- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area

- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities.

Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:-

- Any joint assessment of health and social care in relation to the area for which they are responsible

- Any Integrated Care Strategy that applies to the area of the local authority
- Any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICB

The Hertfordshire and West Essex ICP will not perform a Health scrutiny function and will itself be subject to scrutiny by the Health Scrutiny Committees of the County Councils of Hertfordshire and Essex.

MEMBERSHIP

There are three classes of members of the ICP:

- Statutory members

- Co-opted voting members

- Co-opted non-voting members

The initial statutory membership of the Hertfordshire and West Essex ICP will be one member appointed by each of the County Councils and the ICB.

Subject to the agreement of the Hertfordshire and West Essex ICP from time to time its co-opted voting membership will comprise of the following:-

Type/Sector	Role	Herts & West Essex	Herts	Essex
County Council	Leader of the Council/Chair of Health and Wellbeing Board		1	1
County Council	Elected councillors		2	1
County Council	Director level or above		3	2
District/Borough Council	Chief executive/Elected councillors		2	1
ICB	Independent chair	1		
ICB	Chief Executive	1		
ICB	NHS Provider/Health and Care Partnership		3	2
Police /	Police and Crime Commissioner/Police,		1	1

Criminal Justice Board	Crime and Fire Commissioner/Chair of Criminal Justice Board			
Voluntary, community, faith, and social enterprise sector (VCFSE)	Chief executive/Chair		2	1
Healthwatch	Chief executive/Chair		1	1
Care providers	Chief executive/Chair		1	1
University of Hertfordshire	Vice-Chancellor or his/her nominee		1	0

Where a member is to be appointed other than by a county council or the ICB then the ICP will invite nominations via any fair process determined by their appointing organisations and the agreed nominee will be co-opted on to the ICP at a meeting of the ICP. In the event that there is no clear nominee or if there is a dispute as to the identity of the nominee the ICP may co-opt as it thinks fit.

Essex County Council, whose Health and Wellbeing Board now operates across three ICS will not be exercising Health and Wellbeing Board activity through the Hertfordshire and West Essex ICP and nor will Hertfordshire County Council.

In addition to the membership of the Hertfordshire and West Essex ICP, the Hertfordshire and West Essex ICP may appoint such additional persons as it sees fit, either as co-opted voting members or as observers who shall be entitled to participate in discussion at meetings of the Hertfordshire and West Essex ICP but shall not be entitled to vote.

PROFESSIONAL AND ADMINISTRATIVE SUPPORT

The Hertfordshire and West Essex ICP may establish Programme Boards/Advisory Sub-Groups to oversee specific work programmes or broader thematic areas as required. Programme Boards/Sub-Groups, reporting into the Hertfordshire and West Essex ICP, will be managed in accordance with separate terms of reference as agreed by the Hertfordshire and West Essex ICP

The role, remit and membership of Programme Boards/Advisory Sub-Groups will be reviewed regularly by the Hertfordshire and West Essex ICP to ensure they remain flexible to the demands of ongoing and new programmes of work.

Administrative support to the Hertfordshire and West Essex ICP will be provided by Hertfordshire County Council and the reasonable cost of this will be split between by

the ICB, Hertfordshire County Council and Essex County Council subject to the agreement of each authority which is expected to pay.

The Hertfordshire and West Essex ICP may from time to time decide that an organisation other than Hertfordshire County Council may support the ICP.

STANDING ORDERS

The Hertfordshire and West Essex ICP is governed by Standing Orders approved and amended by the ICP from time to time. The Current standing orders are set out in Annex A attached to this Constitution.

Annex A – Hertfordshire and West Essex ICP STANDING ORDERS

1.   Membership

1.1   The Hertfordshire and West Essex ICP may appoint representatives to other outside bodies as co-opted members, voting or non-voting.

1.2   A representative of NHS England shall be entitled to attend meetings of the Hertfordshire and West Essex ICP as an observer and to participate in discussion but shall not be entitled to vote unless appointed as a co-opted voting member by the Hertfordshire and West Essex ICP.

2.   Alternate or Substitute Members

2.1   Each voting member will be entitled to appoint from time to time one named alternate or substitute member in exceptional circumstances, who may act in all aspects as a voting member of the Hertfordshire and West Essex ICP in the absence of the voting member appointed.

2.2.   The Chair of the Hertfordshire and West Essex ICP must be informed in advance of the relevant meeting of the identity of a substitute.

3.   Term of Office

3.1.   The term of office of voting and alternate or substitute voting members shall end:

a) if rescinded by the organisation by whom they are appointed; or

b) if a Councillor appointed by a Council cease to be a member of the appointing Council.

c) if an ex officio member cease to be appointed in that role

d) if the individual change's role within an organisation and is no longer in the role that led to their appointment to the ICP.

4.   Appointment of Chair and Vice-Chair

4.1   In addition to appointing the Chair, the Hertfordshire and West Essex ICP shall appoint 2 Vice Chairs.

4.2   The Chair and vice Chair will hold office until they resign, cease to be a member of the Hertfordshire and West Essex ICP or until their successor is appointed under this paragraph and will be appointed annually at the first meeting taking place after Hertfordshire County Council and Essex County Council have held their annual meetings .

4.2   If a vacancy arises for either position within the Municipal Year, an appointment will be made for the remainder of the Municipal Year.

5.   Quorum

5.1   The quorum for meetings of the Hertfordshire and West Essex ICP will be 1 voting member appointed by each of Hertfordshire County Council, Essex County Council and the ICB.

5.2   If there is no quorum at the published start time for the meeting, a period of ten minutes will be allowed, or longer, at the Chair's discretion. If there remains no quorum at the expiry of this period, the meeting will be abandoned, and no business will be transacted.

5.3   If there is no quorum at any stage during a meeting, the Chair will adjourn the meeting for a period of ten minutes, or longer, at their discretion. If there remains no quorum at the expiry of this period, the meeting will be closed, and no further business will be transacted.

6.   Member Conduct

6.1   Members of the Hertfordshire and West Essex ICP who are not Councillors or officers of a County Council shall comply with any code of conduct applicable to their professional body and/or the organisation they represent.

6.2   Members of the Hertfordshire and West Essex ICP are required to declare any interests they have in respect of matters being discussed by the Hertfordshire and West Essex ICP.

6.3   If a member persistently disregards the ruling of the Chair, or person presiding over the meeting, by behaving improperly or offensively or deliberately obstructs business, the Chair, or person presiding over the meeting, may move that the member be not heard further. If seconded, a vote will be taken without discussion.

6.4 If the member continues to behave improperly after such a motion is carried, the Chair, or person presiding over the meeting, may move that either the member leaves the meeting or that the meeting is adjourned for a specified period. If seconded, a vote will be taken without discussion.

7. Meetings and Proceedings of the Hertfordshire and West Essex ICP

7.1 The Hertfordshire and West Essex ICP shall hold at least four meetings each year. Special meetings may be called at any time by (i) the Chair or (ii) by a written notice requiring a meeting to be called being served on the Chair by the ICB or Hertfordshire County Council or Essex County Council specifying the business to be transacted.

7.2 All meetings shall be open to the public except when, in the view of the Chair (or in their absence the Vice -Chair or the person presiding over the Meeting) it is likely that, due to the nature of the business to be transacted, confidential information would be disclosed to members of the public.

7.3 Any decision regarding the need to exclude the public from a meeting shall, as far as is reasonably possible, be made prior to the publication of the Agenda.

7.4 In the absence of the Chair at a meeting of the Hertfordshire and West Essex, the Vice Chair will preside over that meeting. In the event that both the Chair and Vice Chair are absent then the ICP will appoint one of its members to preside at that meeting.

7.5 The Hertfordshire and West Essex ICP may hold any meeting remotely using Zoom, Microsoft Teams, or any other suitable platform and may live stream the meeting.

7.6 The manner of Voting be determined by the person chairing the meeting.

8. Notice of and Summons to Meetings

8.1 At least five clear working days before a meeting, a copy of the agenda and relevant/associated papers shall be sent by email or post to every member of the ICP. The agenda shall include the date, time and confirmation as to whether the meeting will be held in person or virtual, whether the Public are excluded and specify the business to be transacted.

9. Voting

9.1 Hertfordshire and West Essex ICP members commit to seek, where possible, to operate based on consensus.

9.2 If it is not possible in a specific instance to find a consensus, the issue may be deferred to a later meeting of the Hertfordshire and West Essex ICP, which may be an adjournment of the same meeting. Where an item has been deferred for lack of consensus a vote will be taken at and, if a consensus is still not achievable, the decision will be made based on a simple majority.

9.3 In the case of an equal number of votes the Chair (or in his absence the Vice Chair or the person presiding at the meeting) shall have a casting vote.

10. Reports from Health Overview and Scrutiny Committees

10.1 The Hertfordshire and West Essex ICP will receive any reports and recommendations from the Health Scrutiny Committee of both Hertfordshire and Essex County Councils and the Chairs of those Scrutiny Committees, or a nominated representative on their behalf, will be entitled to attend meetings of the Hertfordshire and West Essex ICP to represent the Committee.

11. Participation at the Hertfordshire and West Essex ICP

11,.1 All members of the Hertfordshire and West Essex ICP are entitled to speak and vote unless they have been co-opted as a non-voting member by the Hertfordshire and West Essex ICP.

11.2 At the discretion of the Chair, co-opted non-voting members may be permitted to speak and participate at meetings of the Hertfordshire and West Essex ICP.

12. Public Questions

12.1 At any meeting of the Hertfordshire and West Essex ICP, which is open to the public, a member of the public who is a resident or a registered local government elector of Hertfordshire or Essex may ask a question about any matter over which the Hertfordshire and West Essex ICP has power, or which directly affects the health and wellbeing of the population.

12.2 A member of the public who wishes to ask a question under 12.1 above must give written notice, including the text of the proposed question, to

Hertfordshire County Council's Director of Law & Governance at least 5 clear working days before the meeting.

12.3   Unless the Chair otherwise agrees and subject to 12.4 below, a member of the public may only ask one question under 12.1

12.4   Questions shall be put orally at the meeting in the order in which notice of the question has been received. At the end of each reply, the questioner may ask one supplementary question arising from the answer. A member of the Hertfordshire and West Essex ICP nominated by the Chair will either give an oral reply to the question and/or any supplementary question orally or will indicate that a written reply will be sent to the questioner within 5 working days. There shall be no debate about the question or any supplementary question between members of the to the Hertfordshire and West Essex ICP.

12.5   The period allocated to questions under 12.1 shall be limited to 20 minutes unless the Chair agrees to extend this time. Any questions remaining after that period has elapsed shall be subject to a written reply within 5 working days.

12.6   Answers given orally at the meeting shall be included in the Minutes. Written replies shall be copied to all members of the Hertfordshire and West Essex ICP.

12.7   For the purposes of 11.1 to 12.3 above and for the avoidance of doubt a County Councillor, or a District Councillor for a District Council in Hertfordshire or Essex, who, in either case, is not a member of the Hertfordshire and West Essex ICP shall be regarded as a member of the public.

13.   Minutes

13.1   The Chair will sign the minutes of the proceedings at the next suitable meeting after they have been agreed as a correct record at that meeting. The Chair will move that the minutes of the previous meeting be signed as a correct record.

13.2   The minutes will be accompanied by a list of agreed action points, which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for the meeting.

14.   Interpretation of Standing Orders

14.1   The ruling of the Chair of the Hertfordshire and West Essex ICP as to the interpretation of these Standing Orders shall be final.

15.   Suspension of Standing Orders

15.1 As far as is lawful, any of these Standing Orders may be suspended by motion passed by the majority of those members present and entitled to vote.

APPENDIX 2: MEMBERSHIP OF THE HWE ICP AS OF OCTOBER 2023

Type/Sector	Role	Herts & West Essex	Herts	Essex
County Council	Leader of the Council/Chair of Health & Wellbeing Board		**1** **Councillor Richard Roberts, Leader of Hertfordshire County Council**	**1** **Councillor John Spence, Cabinet Member for Health and Adult Social Care and Integration**
County Council	Elected councillors		**2** 1. **Cllr Tony Kingsbury, Cabinet Member for Adult Care, Health & Wellbeing** 2. **Cllr Fiona Thomson, Cabinet Member for Children, YP & Families**	**1** 3. **Cllr Jane Fleming, Deputy to Cabinet Member for Health and Adult Social Care and Integration**
County Council	Director level or above		**3** 1. **Chris Badger, Executive Director, Adult Care Services** 2. **Jo Fisher, Executive Director ,Children's Services** 3. **Sarah Perman, Interim Director of Public Health**	**2** 1. **Chris Martin, Director for Strategic Commissioning (Children and Families)** 2. **Katherine Thompson, Consultant in Public Health**
District/borough council	Chief executive or elected councillors		**2** 1. **Cllr Elizabeth Dennis-Harburg, Leader of North Herts District Council** 2. **Richard Cassidy Chief Executive of East Herts District Council**	**1** **Georgina Blakemore, Chief Executive, Epping Forest District Council**

ICB	Independent chair	**1** **Paul Burstow**		
ICB	Chief Executive	**1** **Dr Jane Halpin**		
ICB	NHS provider/Health and Care Partnership		**3**	**2**
			1. **Sharn Elton, Place Director, ENH HCP** 2. **Matthew Coats, Chair, SWH HCP Board** 3. **Karen Taylor, Co-Chair, Hertfordshire MHLDA Health and Care Partnership, and CEO, HPFT**	1. **Toni Coles, Place Director, WE HCP** 2. **Ms Alex Green, COO, EPUT**
Police and Crime Commissioner / Criminal Justice Board	Police and Crime Commissioner		**1** **Commissioner David Lloyd**	**1** **Chief Superintendent Leighton Hammett**
VCFSE Voluntary, community, faith and social enterprise sector	Chief executive/Chair		**2** **1. Joanna Marovitch VCFSE Alliance Chair &** **CEO Herts Mind Network** **2. Charlotte Blizzard-Welch VCFSE Alliance Vice Chair &** **CEO Citizens Advice, Stevenage**	**1** **Kate Robson VCFSE Alliance Vice Chair &** **CEO Uttlesford Citizens Advice**
Healthwatch	Chief executive/Chair		**1** **Neil Tester, Chair Healthwatch, Herts**	**1** **Amanda Cherry, Chair of Trustees Healthwatch Essex**
Care providers	Chief executive/Chair	**1** **Sharon Davies CEO, Herts Care Providers Association**		

University of Hertfordshire	Vice-Chancellor or his/her nominee		**1** **Professor Jackie Kelly, Dean of School of Health and Social Work**	
		3	16	10
TOTAL		**29**		

Hertfordshire and West Essex Integrated Care Partnership – Officers

Name	Role	ICP Office Role
Cllr Richard Roberts	Leader of the Council Hertfordshire County Council	Chair
Paul Burstow	Independent Chair Hertfordshire and West Essex Integrated Care Board	Vice Chair
Cllr John Spence	Cabinet Member for Health and Social Care and Integration, Essex County Council	Vice Chair

Meeting:	**< Meeting title>**			
	Meeting in public	☐	*Meeting in private (confidential)*	☐
Date:	**< day, date, month, year>**			
Time:	**< start time – end time>**			
Venue:	**< venue / Microsoft Teams >**			

The Nolan Principles

In May 1995, the Committee on Standards in Public Life, under the Chairmanship of Lord Nolan, established the Seven Principles of Public Life, also known as the "Nolan principles". These principles are the basis of the ethical standards expected of all public office holders.

The Hertfordshire and West Essex Integrated Care Board recognises that in all its work it must seek to meet the highest expectations for public accountability, standards of conduct and transparency. It will therefore ensure that the Nolan principles, set out below, are taken fully into account in its decision making and its policies in relation to standards of behaviour.

1. Selflessness. Holders of public office should act solely in terms of the public interest.

2. Integrity. Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. Objectivity. Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. Accountability. Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. Openness. Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. Honesty. Holders of public office should be truthful.

7. Leadership. Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

Meeting:	*Meeting in public*	☐	*Meeting in private (confidential)*		☐
	< BOLD >		**Meeting Date:**	**DD/MM/YYYY** **< BOLD >**	
Report Title:	**< BOLD >**		**Agenda Item:**	**< BOLD >**	
Report Author(s):	< Name, Title, Organisation >				
Report Presented by:	< Name, Title, Organisation >				
Report Signed off by:	< Executive Name, Title >				

Purpose:	**Approval / Decision**	☐	**Assurance**	☐	**Discussion**	☐	**Information**	☐

Which Strategic Objectives are relevant to this report **[Please list]**	< Please identify from the five ICB Strategic Objectives and list below > ▪ ▪ ▪ ▪ ▪
Key questions for the ICB Board / Committee:	< Please list two / three key questions for the ICB Board / Committee > ▪ ▪ ▪
Report History:	< Group/Committee where previously reported, including date and any recommendations, if none then state N/A > ▪
Executive Summary:	< Provide background, context and key points from the paper >

Recommendations:	< Outcome required from Board / Committee > ▪ ▪ ▪			
Potential Conflicts of Interest:	*Indirect*	☐	*Non-Financial Professional*	☐
	Financial	☐	*Non-Financial Personal*	☐
	None identified			☐
	< Provide details here - review the Register of Interests (Board/relevant committee membership), and highlight any potential conflicts, which the Chair needs to manage or state N/A if none >			
Implications / Impact:				
Patient Safety:	*[Consider the impact of the paper on patient safety, e.g. Does the paper support improvement in patient safety and mitigate risks to patient safety]*			
Risk: *Link to Risk Register*	*[Refer to latest Risk Register when completing]*			
Financial Implications:	*[State funding costs and potential savings]*			
Impact Assessments: *(Completed and attached)*	*Equality Impact Assessment:*	<Yes / No / N/A >		
	Quality Impact Assessment:	<Yes / No / N/A >		
	Data Protection Impact Assessment:	<Yes / No / N/A >		

1. Executive summary

2. Background

3. Issues

4. Options

5. Resource implications

6. Risks/Mitigation Measures

7. Recommendations

8. Next Steps

Meeting:	**< BOLD >**	
	Meeting in public ☐	*Meeting in private (confidential)* ☐
Date:	**< BOLD >**	
Time:	**< BOLD >**	
Venue:	**< BOLD >**	

AGENDA

Time		Item	Action	Presenter
09:00	1.	Welcome, apologies and housekeeping		Chair
	2.	Declarations of interest		Chair
09:10	3.	Minutes of the last meeting held on <date> and Matters Arising	Information	Chair
	4.	Action tracker <delete if N/A>	Approval	Chair
09:15	5.	<complete details as appears on report cover sheet>	Assurance	Lead
09:30	6.	<complete details as appears on report cover sheet>	Assurance	Lead
09:45	7.	<complete details as appears on report cover sheet>	Information	Lead
10:15	8.	<complete details as appears on report cover sheet>	Assurance	Lead
10:30	9.	<complete details as appears on report cover sheet>	Assurance	Lead
10:45	10.	Reflections and feedback from the meeting		Chair
	11.	Review of Impact assessments for reports: Equality Impact Assessment (EQIA) / Quality Impact Assessment (QIA) / Data Protection Impact Assessment (DPIA)		Chair
10:50	12.	Any other business		Chair
10:55	13.	Close of meeting		Chair

DRAFT / FINAL MINUTES

Meeting:	< BOLD >			
	Meeting in public	☐	*Meeting in private (confidential)*	☐
Date:	< BOLD >			
Time:	< BOLD >			
Venue:	< BOLD >			

MINUTES

Name	Title	Organisation
Members present:		
In attendance:		

XX/01/23	Welcome, apologies and housekeeping
1.1	The Chair welcomes all to the meeting.
1.2	Apologies received from: • • • The Chair noted that the meeting was quorate.
XX/02/23	Declarations of interest
2.1	The Chair invited members to declare any declarations relating to matters on the agenda: • None declared.
2.2	Conflict of Interest register
2.3	• All members confirmed their declarations were accurate and up to date. • Committee register attached for information. Colleagues were reminded to declare any offers of gifts or hospitality received in the last 28 days to the Governance Team(s).
XX/03/23	Minutes from the previous meeting
3.1	The minutes of the meeting held on <date> were approved as an accurate record.
XX/04/23	Action tracker <delete if N/A>
4.1	The action tracker was reviewed, and updates noted: •
4.2	
4.3	
4.4	ACTION:
XX/05/23	Insert Agenda Item Title
5.1	[insert initials] introduced the report highlighting the following points: • •
5.2	Key points to note from discussion: • •
5.3	[insert decision here]
5.4	ACTION:
XX/06/23	Insert Agenda Item Title
6.1	[insert initials] introduced the report highlighting the following points: • •
6.2	Key points to note from discussion: • •
6.3	[insert decision here]
6.4	ACTION:
XX/07/23	Insert Agenda Item Title
7.1	[insert initials] introduced the report highlighting the following points: • •
7.2	Key points to note from discussion:

	•
	•
7.3	**[insert decision here]**
7.4	*ACTION:*
XX/08/23	**Insert Agenda Item Title**
8.1	[insert initials] introduced the report highlighting the following points:
	•
	•
8.2	Key points to note from discussion:
	•
	•
8.3	**[insert decision here]**
8.4	*ACTION:*
XX/09/23	**Insert Agenda Item Title**
9.1	[insert initials] introduced the report highlighting the following points:
	•
	•
9.2	Key points to note from discussion:
	•
	•
9.3	**[insert decision here]**
9.4	*ACTION:*
XX/10/23	**Insert Agenda Item Title**
10.1	[insert initials] introduced the report highlighting the following points:
	•
	•
10.2	Key points to note from discussion:
	•
	•
10.3	**[insert decision here]**
10.4	*ACTION:*
XX/11/23	**Reflections and feedback from the meeting** **Review of Impact assessments for reports; (Equality Impact Assessment (EQIA) / Quality Impact Assessment (QIA) / Data Protection Impact Assessment (DPIA)**
11.1	The Chair noted the reports with attached impact assessments:
	•
	•
XX/11/23	**Any other business**
11.1	
11.2	
XX/12/23	**Date and Time of next meeting**
12.1	[insert date and time of next meeting]
XX/13/23	**The meeting closed at XX:XX**

ICB Meeting Notes and Actions

[Insert meeting title] [Date of meeting]:		
Signed off by Chair and Lead:	**[Please insert initials and date of sign off]**	
Members and Attendees:		
Key items discussed: *(From agenda)*		
Agreed Actions:		
Items for escalation / Committees / Board to note:		
Date and time of next meeting:		

APPENDIX 9

Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Herts and west Essex Integrated Care Board [insert meeting title] Action Tracker Last updated on [insert date]

Private / Public	Action Tracker Ref No	Date of Meeting	Subject	Action	Responsible Lead	Deadline Date	Comments and Updates	Reasons not completed by original completion date	Status
PUBLIC	[insert reference from minutes]	xx.xx.2022	[insert agenda item title]			xx.xx.2022			Open

RAG Rating Key:	
Red	Open (overdue)
Amber	Open (on-going)
Green	Completed / Action Closed

APPENDIX 10

Herts and west Essex Integrated Care Board Decision Register for Board and Committees July 2022

Name and Date of Meeting	Minute Reference	Title of Agenda Item	Decision Made	Associated Costs	Conflicts of Interest Reported by	How the Conflict was Managed	Date Reported to Audit Committee

\<Insert Title\>

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Document Owner:	\<insert name off Director\>
Document Author(s):	
Version:	
Approved By:	\<Board / Commissioning Committee / Executive Team\>
Date of Approval:	
Date of Review:	
Link to Strategic Objective(s):	\<Identify from the five ICB Strategic Objectives and list below\>

Change History:

Version	Date	Reviewer(s)	Revision Description
0.1	\<insert date\>	\<insert title & name\>	Draft
1.0	\<insert date\>	\<insert title & name\>	Final

[At each formal approval by a Committee the version should be reflected as 1.0, 2.0 etc…where minor amendments are made outside of Committee approval the version should be reflected as 1.1, 1.2, etc.]

CONTENT

Section No.		Page No.
1.0	Introduction – Purpose, Scope, and Definitions	
2.0	Roles and Responsibilities – Implementation and Monitoring	
3.0	<insert main title> Process …	
3.1	<insert sub-heading>	
3.2	<insert sub-heading>	
3.3	<insert sub-heading>	
Appendices	Appendix 1 – <insert appendix title>	
	Appendix 2 – <insert appendix title>	
	Appendix 3 – Equality and Health Inequalities Analysis	

1.0 Introduction

1.1 NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) is …

1.2

1.3

1.4 Purpose

1.4.1 The purpose of this policy is to:

(a)

(b)

(c)

1.5 Scope

1.5.1 This policy applies to:

(a) All ICB staff members, including the Board and Practice Representatives, involved in the ICB's policy-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third-party supplier).

(b)

(c)

1.6 Definitions

1.6.1 The following definitions apply in the context of this policy:

Term	Definition

2.0   Roles and Responsibilities

2.1   The following definitions apply in the context of this policy:

[LIST ALL COMMITTEES/ TEAMS/ INDIVIDUALS]

Role	Responsibilities

2.2   Implementation

[Briefly explain how the policy will communicated and whether there is any associated training]

2.2.1   This policy will be made available via the HWE ICB <delete as appropriate> internet/intranet/HR intranet

2.2.2   Training…

2.3   Monitoring

[Briefly explain how compliance with the policy will be monitored, e.g: external/internal reporting requirements, auditing, training uptake, etc]

2.3.1

2.3.2

3.0 Policy for…
[LIST ALL PROCESSES / PROCEDURES – USE SCENARIOS WHERE POSSIBLE]

3.1

3.1.1

3.1.2

3.2

3.2.1

3.2.2

3.3

3.3.1

3.3.2

Appendix 2
[Add additional Appendices as required in numerical order, last two Appendices should be Impact Assessments, templates follow]

Equality Analysis

Title of policy, service, proposal etc being assessed:

What are the intended outcomes of this work? Include outline of objectives and function aims
How will these outcomes be achieved? What is it that will actually be done? What is it that the proposal will stop, start, or change?
Who will be affected by this work? e.g., staff, patients, service users, partner organisations etc. If you believe that there is no likely impact on people explain how you've reached that decision and send the form to the equality and diversity manager for agreement and sign off

Evidence
Impact Assessment Not Required There may be occasions the papers presented do not require a decision and/or will have no impact (positive or negative) on people from the equality and health inequality groups, for example papers presented for information or for assurance. Where you can show that this is the case use this box to explain why. You will not need to complete the rest of the template. The template will still need to be sent to Paul Curry who will, if it is the case, confirm that no equality impact assessment is required.
Impact Assessment Required What evidence have you considered? Against each of the protected characteristics below list the main sources of data, research, and other sources of evidence (including full references) reviewed to determine impact on each equality group.
If you are submitting no evidence against a protected characteristic, please explain why.
If there are gaps in evidence, please state how (and when) you will gather evidence and review the equality impact assessment in the Next Steps section of this document. Evidence for all groups could include population data and service usage data,

Age Consider and detail age related evidence. This can include safeguarding, consent, and welfare issues.
Disability Detail and consider disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities.
Gender reassignment (including transgender) Detail and consider evidence on transgender people. This can include issues such as privacy of data and harassment.
Marriage and civil partnership Detail and consider evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.
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Sex Detail and consider evidence on men and women. This could include access to services and employment.
Sexual orientation Detail and consider evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.
Carers Detail and consider evidence on part-time working, shift-patterns, general caring responsibilities.
Other identified groups Detail and consider evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers).

Engagement and involvement
How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

How have you engaged stakeholders in testing the policy or programme proposals?

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Summary of Analysis
Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impacts, if so state whether adverse or positive and for which groups and/or individuals. How you will mitigate any negative impacts? How you will include certain protected groups in services or expand their participation in public life?

Now consider and detail below how the proposals could support the elimination of discrimination, harassment, and victimisation, advance the equality of opportunity, and promote good relations between groups. This is the part of the Public Sector Equality Duty (see page 2).

Eliminate discrimination, harassment, and victimisation

Advance equality of opportunity

Promote good relations between groups

Next Steps

Please give an outline of what you are going to do, based on the gaps, challenges, and opportunities you have identified in the summary of analysis section. This is your action plan and should be SMART.

How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EqIA will be published on the CCG website either as part of the report on the proposals or separately on the equality and diversity pages.

Health Inequalities Analysis

Evidence **1. What evidence have you considered to determine what health inequalities exist in relation to your work?** List the main sources of data, research, and other sources of evidence (including full references) reviewed to determine impact on each health inequality group. If there are gaps in evidence, state what you will do to mitigate them.
Impact **2. What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?
3. How can you make sure that your work has the best chance of reducing health inequalities?
Monitor and Evaluation **4. How will you monitor and evaluate the effect of your work on health inequalities?**

For your records
Name of person(s) who carried out these analyses:
Date analyses were completed:

Equality and Diversity Lead Sign off

Equality Impact Assessment and Health Inequality Impact Assessment (EqIA) Guidance and Template

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Document Owner:	Chief People Officer (Tania Marcus)
Document Author(s):	Equality and Diversity Lead (Paul Curry)
Version:	1.1 FINAL
Approved By:	Board
Date of Approval:	July 2022
Date of Review:	March 2024

Change History:

Version	Date	Reviewer(s)	Revision Description
1.0 Final	July 2022	Equality and Diversity Lead	Approved by Board
1.1 Final	May 2023	Equality and Diversity Lead	Reformatted into template, no content change

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Contents

This template is an adapted version of the NHS England Equality and Health Inequalities template which was published in September 2014 and is the current standard.

If you require training, or a refresher session, on assessing impact and/or how to compete this template please contact the equality and diversity lead.

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Introduction

These analysis templates were developed to help you to think through the implications of your work on equality and on addressing health inequalities. They aim to help you take the right steps to make sure that the policy, commissioning and/or procedure you are developing has the best chance of reducing health inequalities and advancing equality of opportunity, whilst capturing the evidence that you have done so. This will support the ICB to meet our duties on equality and health inequalities.

Legal Duties

The ICB has two separate duties on equality and on health inequalities. Whilst the purpose of both duties is to ensure that informed and conscious consideration is given by decision makers to assess needs in respect of the equality and inequality duties, it is important to appreciate that they are two distinct duties. This document is therefore divided into two parts; one contains the Equality Analysis template and the other the Health Inequalities Analysis template.

Public Sector Equality Duty

The public sector equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

• Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

• Advance equality of opportunity between people who share a protected characteristic and those who do not.

• Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims of the general equality duty. The Act explains that having due regard for advancing equality involves:

• Removing or minimising disadvantages suffered by people due to their protected characteristics.

• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Health Inequalities Duties

The Health and Care Act 2022 established specific duties on ICBs to reduce inequalities

- Each integrated care board must, in the exercise of its functions, have regard to the need to—

  (a)reduce inequalities between persons with respect to their ability to access health services, and, (b)reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services (including the outcomes described in section 14Z34(3)).What is meant by "…have regard to…" in the duties?

- Lawyers advise that "having regard to the need to reduce" means health inequalities must be properly and seriously taken into account when making decisions or exercising functions, including balancing that need against any countervailing factors.

- Part of having regard includes accurate record keeping of how the need to reduce health inequalities have been taken into account.

Definition of Health Inequalities

Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health inequalities have been documented between population groups across at least four dimensions, as illustrated in the figure below. It is important to note that these are overlapping dimensions with people often falling into various combinations of these categories.

Examples of the characteristics of people/communities in each of these groups are below (this is not an exhaustive list):

- Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment).
- Protected characteristics: e.g. age, sex, race, sexual orientation, disability
- Vulnerable groups of society, or 'inclusion health' groups: e.g. vulnerable. migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers
- Geography: e.g. urban, rural.

Action on health inequalities requires improving the lives of those with the worst health outcomes, fastest.

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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The Equality and Health Inequality Analysis Template

Neither the public sector equality duty nor the health inequalities duties specify how The ICB should analyse the effect of our existing and new policies and practices on equality or on health inequalities. These templates are designed to help ICB staff members to assess the impact of policy and decision-making on equality and on

addressing health inequalities and to keep records of doing so. There are, and should be, overlaps between the two templates and the evidence gathered for each.

The process of using the templates and working through the questions is as important as the outcome. The process is an opportunity to evaluate your evidence base for each question and involve stakeholders who can be involved in the discussion. If the evidence is not readily available or gaps are found, a proactive approach may be needed. Finally, record keeping should take place as a matter of course.

Very occasionally it will be clear that some papers, reports or proposals will not impact on the protected equality groups and health inequalities groups. Where you can show that there is no impact, positive or negative, on any of the groups please complete the template explaining how you have concluded that there is no impact.

When you send the competed impact assessment template to the equality and Diversity Lead please also send the report that the assessment relates to.

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Equality Analysis

Title of policy, service, proposal etc being assessed:

What are the intended outcomes of this work? Include outline of objectives and function aims

How will these outcomes be achieved? What is it that will actually be done? What is it that the proposal will stop, start, or change?

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Evidence
Impact Assessment Not Required There may be occasions the papers presented do not require a decision and/or will have no impact (positive or negative) on people from the equality and health inequality groups, for example papers presented for information or for assurance. Where you can show that this is the case use this box to explain why. You will not need to complete the rest of the template. The template will still need to be sent to Paul Curry who will, if it is the case, confirm that no equality impact assessment is required.
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Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

Page **6** of **10**

Age Consider and detail age related evidence. This can include safeguarding, consent, and welfare issues.
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Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Engagement and involvement
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Now consider and detail below how the proposals could support the elimination of discrimination, harassment, and victimisation, advance the equality of opportunity, and promote good relations between groups. This is the part of the Public Sector Equality Duty (see page 2).
Eliminate discrimination, harassment, and victimisation
Advance equality of opportunity
Promote good relations between groups

Next Steps
Please give an outline of what you are going to do, based on the gaps, challenges, and opportunities you have identified in the summary of analysis section. This is your action plan and should be SMART.
How will you share the findings of the Equality analysis? This can include sharing through corporate governance or sharing with, for example, other directorates, partner organisations or the public. The completed EqIA will be published on the CCG website either as part of the report on the proposals or separately on the equality and diversity pages.

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

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Health Inequalities Analysis

Evidence
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3. How can you make sure that your work has the best chance of reducing health inequalities?

Monitor and Evaluation
4. How will you monitor and evaluate the effect of your work on health inequalities?

For your records
Name of person(s) who carried out these analyses:

Date analyses were completed:

Equality and Diversity Lead Sign off

Equality Impact Assessment and Health Inequalities Impact Assessment Template v1.1 Final
Hertfordshire and West Essex Integrated Care Board

Page **9** of **10**

Equality Impact Assessment (EqIA) completion process

Start as early as possible in the drafting and consideration of proposals.
The process, evidence and conclusion of the EqIA should by challenged by decision makers
and a weak or incomplete EqIA could delay your proposals.
An EqIA must not be competed after the decision on which proposal to implement has been made.

⬇

Specify what is being impact assessed:

"We propose to X by doing Y"

For example, "we propose to merge services currently provided in two buildings by closing one building and transferring the services to the other building"

With the objective to identify impact "and this may produce an outcome that could impact on Z" (in the example, "which could affect people who can't travel to the new building easily because of disability")

⬇

Gather information
Consult relevant people; consider using a previous EqIA as a starting point; consider previous consultation; consider current profile vs. what might be expected.
The level of detail in the assessment needs to be proportionate to the potential equality impact of the proposal.

⬇

Assess the impact on people who share each of the protected characteristics and combinations of characteristics.

⬇

Complete the Equality Impact Assessment form

⬇

When completing the Full Equality Impact Assessment Form
Where there is a negative impact look to change the proposal, reduce or remove the impact or be able to justify continuing with the proposals despite identifying negative impact, where allowed in law.

Consider where it may be possible to use the proposals to promote equality and to eliminate any discrimination, harassment or victimisation.

It is presumed that most proposals will lead to outcomes that will affect people to some extent. Exceptions may include, for example, banking proposals or some purely procedural proposals.

The following characteristics are the protected characteristics—

age;
disability;
gender reassignment;
marriage and civil partnership;
pregnancy and maternity;
race;
religion or belief;
sex;
sexual orientation.

For advice, support or training on completing and EqIA please contact:

Paul Curry

Equality and diversity lead
p.curry@nhs.net

Risk Management Policy

DRAFT V1.3

DOCUMENT CONTROL

Document version:	1.3 DRAFT
Approved By	HWE Integrated Care Board
Responsible Director	Michael Watson, Chief of Staff
Author(s)	Head of Governance, and Corporate Governance Manager
Directorate	Chief of Staff: Corporate Governance
Staff Audience	All
Effective Date	1 July 2022
Next Review Date	2 June 2023
Superseded Documents	HWE CCGs' Risk Management Strategies, Policies and Procedures

Change History

Version	Date	Authors(s)	Revision Description
1.0 Draft	1 July 2022	Katy Patrick, Head of Governance	Initial draft document prepared based on and to supersede existing HWECCG's Risk Management Strategies, Policies and Procedures
1.1 Draft	25 July 2022	Leon Adeleye, Corporate Governance Manager	Presented and discussed at the Executive Team: • Removed duplications, added page number to the document and formatting • Replaced the table of content to capture headings and page numbers • Updated various sections, including the terms and definitions – vocabularies in line with ISO31000:2009/18, risk appetite table, consequence table • Replaced process diagrams including the assurance process • Removed the Guidance for Datix Risk Register from the Appendices and provided on a separate document for regular revision • Added the Data Protection Impact Assessment (DPIA) Screening Tool to the Appendices
1.2 Draft	18 August 2022	Leon Adeleye, Corporate Governance Manager	Further updates: • Full revision of the structure, content and format. • Added the Risk Management Implementation Plan for 2022/23 • More emphasis on leadership and culture, objectives, ownership risk appetite and revised the assurance • Revised the responsibilities sections, reporting arrangement table and process diagrams. • Enhanced the risk matrix and the action trigger table for risk assessment across the ICB. Including risk appetite, and threshold for reportable incidents to ICO.
1.3 Draft	05 September 2022	Leon Adeleye, Corporate Governance Manager	Presented and Discussed at the Audit and Risk Committee: • Revised the risk matrix with minor changes • Added the EqIA to Appendix H

Contents

Figures

Tables

1. Introduction

The NHS Hertfordshire and West Essex Integrated Care Board ("the ICB") is an organisation that is committed to creating a health and care system fit for the future, with transformed services that join up around the people who use them. Its objectives drive work plans and decisions and enable the ICB to provide all stakeholders with assurance about the internal system of controls.

Risk management is fundamental to the success of the ICB and, by this policy, the ICB sets out its aims to operate in a culture where risk management is core and effective at both a strategic and operational level to support the creation and protection of value in the organisation.

1.1   Purpose

The purpose of risk management is the creation and protection of value[1], and when risk management is properly implemented, it increases performance, set priorities, fosters creativity, and assists in the achievement of objectives[2].

Organisations of all types and sizes face external and internal factors and influences that make it uncertain whether they will achieve their objectives. Therefore, the purpose of this Risk Management Policy is to ensure the ICB achieves its objectives and vision under the following four Integrated Care System (ICS) Primary Purposes:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development

1.2   Vision

An organisation highly respected for its excellent Risk Management.

2. Policy Statement

The ICB recognises its obligation to ensure that all identified risks are adequately managed. It is mindful that risk management must be at the core of the organisation for it to achieve its vision and purpose. It therefore implements the framework and best practises outlined in this risk management policy to ensure that risks and opportunities are identified, evaluated, and controlled consistently.

2.1   Leadership and risk intelligent culture

Risk management is both a statutory requirement and an indispensable element of good management at the ICB. Therefore, the ICB's governance, leadership, and culture rely on efficient risk management, which is essential to achieving its objectives. It is a fundamental part of the ICB's approach to governance and essential to its ability to discharge its statutory functions.

---

[1] ISO 31000:2018(en), Risk management — Guidelines
[2] Creating a Risk Intelligent infrastructure | Deloitte | ERM, People, Process, Technology, Services

The degree to which the ICB's risk management policy and best practices are being implemented is largely determined by its risk culture. It includes the general understanding, attitudes, and behaviours of the ICB staff toward risk as well as how risk is handled within the organisation. Therefore, the ICB recognises that the risk culture will be affected by the observed behaviours and attitudes of individuals and especially senior management within the organisation.

The ICB is aware that some risks will never be eliminated. Consequently, the ICB will coordinate its activities to prevent or reduce the likelihood that risk events may occur and their related consequences, which could have a negative impact on the ICB's objectives. All members of staff are responsible for contributing to a positive risk culture across the organisation. Figure 1 provides a framework consisting of sixteen Risk Culture Indicators aligned to the four Risk Culture Influencers.

Figure 1 Risk Culture Framework

Risk Culture Influencers

Risk competence
The collective risk management competence of the organization.

Motivation
The reasons why people manage risk the way they do.

Relationships
How people in the organization interact with others.

Organization
How the organizational environment is structured and what is valued.

Source: Deloitte (2012) Cultivating a Risk Intelligent Culture Understand, measure, strengthen, and report.

This will allow a focused assessment and full understanding of the ICB's current risk culture

and to track progress of cultural change. Public sector organisations cannot be culturally risk averse and be successful (GFF, 2021). Therefore, strong risk leadership and a clear "tone from the top" is therefore essential for the implementation of this risk management policy.

2.2 Accountability.

Clear risk management accountability is at the core of the ICB's approach to risk management and is central to the wider system of governance and internal control. The ICB has an effective risk management system in a clearly defined structure that:

- Contributes to the policy of accountability across the ICB and reviews and approves the Risk Management Policy
- Provides clear criteria for objective setting and on-going performance management
- Scrutinises the system of risk management at a level appropriate to each element of the structure and reduces the risk of blurred responsibility boundaries and the chance that key activity will be overlooked
- Provides role clarity for individuals and a clear focus for day-to-day activity management
- Improves overall oversight, challenge and decision making, and support a culture of risk awareness and positive risk-taking behaviour

3. Terms and definitions (Vocabulary)

The ISO standard 73:2009 defines the general vocabulary associated with risk management. It seeks to encourage mutual and consistent knowledge of, and a coherent approach to, the description of risk management activities, as well as the use of standard risk management vocabulary in risk management processes and frameworks.

Table 1 combines a few definitions and explanations from the ISO guide, the Orange Book, and other publications listed in the reference section.

Table 1 Definition of terms

3.1	Terms relating to risk
Risk	the "effect of uncertainty on objectives" (ISO, 2018). To simplify this definition, a risk is defined as a chance or possibility of loss, damage, injury, or failure to achieve objectives caused by an unwanted or uncertain action or event.
3.2	**Terms relating to risk identification**
Risk identification	The process of finding, recognising, and describing risks • Risk identification involves the identification of risk sources, events, and their causes as well as their potential consequences. • Risk identification can involve historical data, theoretical analysis, informed and expert opinions, and stakeholder needs.
Risk articulation	A structured statement of risk usually contains three elements: cause, event, and effect. Capturing all the components allows an effective risk description.

	To do this, the ICB recommends using the best practise of articulating its risks using conjunctions such as "IF" (state the risk source/cause), "THEN" (state the potential risk event), and "RESULTING IN" (effect on the ICB's objectives).
Risk source	element which alone or in combination has the intrinsic potential to give rise to risk.
Effect	A departure from the norm; it can be positive, negative, or both; and it can address, create, or result in opportunities and threats for the ICB.
Event	An occurrence or change of a particular set of circumstances. • An event can have one or more occurrences and can have several causes and consequences. • An event that can be expected but may not happen, or something unexpected and does • An event can be a risk.
Consequence	The outcome of an event, affecting objectives. • A consequence can be certain or uncertain and can have positive or negative, direct, or indirect, effects on objectives. • Consequences can be expressed qualitatively or quantitatively. • Any consequence can escalate through cascading and cumulative effects.

3.3 Terms relating to risk analysis

Risk analysis	Process to comprehend the nature of risk and to determine the level of risk • Risk analysis provides the basis for risk evaluation and decisions about risk treatment. • Risk analysis includes risk estimation.
Likelihood	The chance of an event occurring, whether defined, measured, or determined objectively or subjectively, qualitatively or quantitatively, and in general or mathematical terms. • The equivalent of the term "probability."
Probability	Measure of the chance of occurrence expressed as a number between 0 and 1, where 0 is impossibility and 1 is absolute certainty
Exposure	Extent to which an organization and/or stakeholder is subject to an event
Frequency	Number of events or outcomes per defined unit of time • Frequency can be applied to past events or to potential future events, where it can be used as a measure of likelihood/probability.
Vulnerability	Intrinsic properties of something resulting in susceptibility to a risk source that can lead to an event with a consequence
Risk matrix	Tool for ranking and displaying risks by defining ranges for consequence and likelihood
Level of risk	Magnitude of a risk or combination of risks, expressed in terms of the

	combination of consequences and their likelihood
Risk Score	Risk Score (RS) is the result of multiplying the consequence rating by Likelihood rating (i.e., C x L = RS) on the risk matrix table.
Primary Risks	Primary Risks are those that score 16 and above (red zone risks) following assessment of the current risk profile: these will be reported to the board. Committees will also review and discuss those primary risks that are in the sphere of their responsibility. For more information about risk scoring- and action triggers see page 29.
Principal Risks	Principal Risks are amber and red zone risks with a score of 12 and above, following assessment of the current risk profile: these will be reported to the Audit and Risk Committee and to the board. Committees and groups will also review and discuss these principal risks by exception.
Rationale for the risk score	Rationale for the risk score means a set of reasons or a logical basis to justify the risk score. Risk leads are expected to provide this update each time a risk is reviewed on Datix.
Hazard	source of potential harm • Hazard can be a risk source
Risk owner	Person or entity with the accountability and authority to manage a risk. Risk owners have designated responsibilities for each reported risk, therefore they must: • Ensure compliance to the policy in respect of owned risks and the escalation of risks where required. • Ensure the risk owned is effectively always mitigated and kept up to date. • Oversee the delivery of key action plans agreed with action owners. • Monitor the status of owned risks with a particular focus on monitoring circumstances that may alter the severity of risks.
Risk lead	Risk leads have delegated responsibilities including: • Taking a lead role in embedding risk management processes in their directorates and teams. • Taking a lead role in the maintenance of risk registers via Datix and ensuring risks that rate a current risk score of 12 or higher are escalated and managed on the Corporate Risk Register. • Providing assurance of risk management activity through the relevant committees and the Risk Review Group.

3.4   Terms relating to risk evaluation

Risk evaluation	Process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable • Risk evaluation assists in the decision about risk treatment.
Risk attitude	Organization's approach to assess and eventually pursue, retain, take or turn away from risk
Risk appetite	Amount and type of risk that an organization is willing to pursue or retain

	i.e., the amount and type of risk that the ICB is willing to take in pursuit of its strategic objectives as determined by the Board.
Risk tolerance:	Organization's or stakeholder's readiness to bear the risk after risk treatment to achieve its objectives. • Risk tolerance can be influenced by legal or regulatory requirements. • While risk appetite is the level of risk with which the ICB aims to operate, risk tolerance is the level of risk with which the ICB is willing to operate.
Risk aversion	Attitude to turn away from risk
Risk aggregation	Combination of a number of risks into one risk to develop a more complete understanding of the overall risk
Risk acceptance	Informed decision to take a particular risk • Risk acceptance can occur without risk treatment or during the process of risk treatment. • Accepted risks are subject to monitoring and review.

3.5   Terms relating to risk treatment

Risk treatment	Process to modify risk
	• Risk treatment can involve:
	  o avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk
	  o taking or increasing risk in order to pursue an opportunity
	  o removing the risk source
	  o changing the likelihood
	  o changing the consequences
	  o sharing the risk with another party or parties [including contracts and risk financing; and
	  o retaining the risk by informed decision.
	• Risk treatments that deal with negative consequences are sometimes referred to as "risk mitigation", "risk elimination", "risk prevention" and "risk reduction".
	• Risk treatment can create new risks or modify existing risks.

Control	Measure that maintains and/or modifies risk. • Controls include, but are not limited to, any process, policy, device, practice, or other conditions and/or actions which maintain and/or modify risk. • Controls may not always exert the intended or assumed modifying effect.
Risk avoidance	Informed decision not to be involved in, or to withdraw from, an activity in order not to be exposed to a particular risk • Risk avoidance can be based on the result of risk evaluation and/or legal and regulatory obligations.
Risk financing	Form of risk treatment involving contingent arrangements for the provision of funds to meet or modify the financial consequences should they occur
Risk retention	Acceptance of the potential benefit of gain, or burden of loss, from a

	particular risk • Risk retention includes the acceptance of residual risks. • The level of risk retained can depend on risk criteria.
Residual risk	Risk remaining after risk treatment • Residual risk can contain unidentified risk. • Residual risk can also be known as "retained risk".
Resilience	Adaptive capacity of an organization in a complex and changing environment

3.6 Terms relating to monitoring and measurement

Monitoring	Continual checking, supervising, critically observing or determining the status to identify change from the performance level required or expected • Monitoring can be applied to a risk management framework, risk management process, risk or control.
Review	Activity undertaken to determine the suitability, adequacy and effectiveness of the subject matter to achieve established objectives • Review can be applied to a risk management, risk management process, risk or control.
Risk reporting	Form of communication intended to inform particular internal or external stakeholders by providing information regarding the current state of risk and its management
Risk Register	Record of information about identified risks • The set of risks can contain those that relate to the whole organization, part of the organization, or as otherwise defined. • It is presented as a list containing all identified risks faced by an organisation; controls; assurance; and mitigating actions to strengthen the controls and assurance.
Risk profile	Description of any set of risks • The set of risks can contain those that relate to the whole organization, part of the organization, or as otherwise defined.
Risk management audit	Systematic, independent and documented process for obtaining evidence and evaluating it objectively in order to determine the extent to which the risk management framework, or any selected part of it, is adequate and effective.

3.7 Terms relating to risk management

Risk Management	According to ISO31000:2009, is coordinated activities to direct and control an organisation with regard to risk. Risk management is application specific. Where terms related to the management of risk are used in a standard, it is imperative that their intended meanings within the context of the standard are not misinterpreted, misrepresented, or misused.
Framework	Conceptual structure intended to serve as a guide for the building of something useful, comprising the systems, processes, behaviours, and hierarchies within which everything is done (Dower & Bullivant, 2014).

Risk Management Framework	According to ISO31000:2009, is a set of components that provide the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management throughout the organisation. • The foundations include the policy, objectives, mandate, and commitment to manage risk. • The organisational arrangements include plans, relationships, accountabilities, resources, processes, and activities. • The risk management framework is embedded within the organisation's overall strategic and operational policies and practices.
Risk Management Policy	According to ISO31000:2009, is the statement of the overall intentions and direction of an organisation related to risk management.
Risk Management Plan	According to ISO31000:2009, is the scheme within the risk management framework specifying the approach, the management components, and resources to be applied to the management of risk. • Management components typically include procedures, practices, assignment of responsibilities, sequence, and timing of activities. • The risk management plan can be applied to a particular product, process and project, and part or whole of the organisation.
Objectives	Objectives are short- and medium-term goals the organisation is working toward in order to achieve its long-term strategic goals.

3.8   Terms relating to risk management process

Risk Management Process	Systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing the context, and identifying, analysing, evaluating, treating, monitoring and reviewing risk.

	Continual and iterative processes that an organization conducts to provide, share or obtain information, and to engage in dialogue with stakeholders regarding the management of risk.
	
	• The information can relate to the existence, nature, form, likelihood, significance, evaluation, acceptability, and treatment of the management of risk.
	• Consultation is a two-way process of informed communication between an organization and its stakeholders on an issue prior to deciding or determining a direction on that issue. Consultation is:
	  ○ a process which impacts on a decision through influence rather than power; and
	  ○ an input to decision making, not joint decision making.

Stakeholder	Person or organisation that can affect, be affected by, or perceive themselves to be affected by a decision or activity. • A decision maker can be a stakeholder.
Risk perception	Stakeholder's view on a risk • Risk perception reflects the stakeholder's needs, issues, knowledge,

	belief, and values.

3.9   Terms relating to risk assessment and assurance

Risk Assessment	Overall process of risk identification, risk analysis and risk evaluation. It is a systematic method of identifying and prioritising risks and then determining the most appropriate risk response.
Mitigating actions	Plans are agreed in response to formal risk assessments or to strengthen existing controls where gaps are identified. • Action articulation should follow best practice models, for example: 'SMART' (Specific, Measurable, Achievable, Realistic and Timely).
Risk Directional Movement	Shows the risk trends over time. It is sensitive to controls put in place and essentially indicates effectiveness, or lack of it.
Horizon Scanning	Systematic activity designed to identify, as early as possible, indicators of changes in risk.
Key Risk Indicators	While Key Performance Indicators (KPIs) give insight on risk events that have already impacted an organisation, Key Risk Indicators (KRIs) better monitor future shifts in risk conditions or new, emerging risks, allowing proactive identification.
Assurance	A positive declaration that a thin is true or control is indeed in place. According to the Good Governance Institute, assurance is the information and evidence provided or presented which are intended to induce confidence that a thing is true (Dower & Bullivant, 2014).
Reassurance	Confirmation or re-iteration that a this is true, with the intention of restoring or reconfirming confidence (Dower & Bullivant, 2014).
Assurance Framework	Assurance Framework according to the Institute of Internal Auditors Practice Advisory 2050-2 is defined as "...an objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organization." Therefore, the HM Treasury summarises assurance framework as "a structured means of identifying and mapping the main sources of assurance in an organisation, and co-ordinating them to best effect".
Assurance mapping	Assurance mapping is a mechanism for linking assurances from various sources to the risks that threaten the achievement of an organisation's outcomes and objectives.
Positive assurance	implies that the Audit and Risk Committee is satisfied that the Risk Owner/Risk Lead has done sufficient work to assert with evidence the ICB's internal control system, e.g., the financial statements give an accurate picture of its true financial situation based on evidence.
Negative assurance	Negative assurance is a conclusion that a certain set of facts is regarded to be correct since no opposing evidence has been discovered to contradict them.

3.10 Terms relating to risk culture	
Risk Culture	is the set of encouraged and acceptable behaviours, discussions, decisions, and attitudes toward taking and managing risk within an organisation[3]. - A risk-management-friendly culture promotes open and upward communication, best practices and knowledge sharing, continuous improvement, and a strong commitment to ethical and responsible corporate behaviour. - Effective risk management does not exist in a vacuum and is able to succeed with effective leadership.

4. Roles and responsibilities

The following section identifies the staff members and business functions with responsibilities, including the resources, to support the risk management function for the ICB.

4.1 Board

The Board is ultimately responsible for determining the level and nature of risks it is willing to take in achieving its objectives, as well as the level of assurance to gain confidence. The board needs to be aware of progress regarding its strategic objectives, in particular the elements of uncertainty (risks) and be assured (positively or negatively) about the feasibility of achieving these objectives. Therefore, the board will

- Ensure that objectives (strategic, corporate, and operational) are well established across the ICB to identify risks and gain necessary assurance. Objectives much be clear and measurable (as other governance components cannot function effectively without clear objectives and success measures are in place)
- Scrutinise the significant risks to achieving strategic objectives and satisfy itself that effective controls are in place by management to achieve objectives
- Ensure that a robust and effective risk management structure is in place and consistently applied in light of risk appetite, risk tolerance, and the cumulative impact and likelihood of risks to achieving its objectives
- Maintain sound risk management and effective internal control systems across the ICB. Take actions in response to risk, including additions and amendments to strengthen the controls framework
- In conjunction with the Audit and Risk Committee, determine the need to update and/or revise the policy as part of its on-going overview role. Reviewing and approving the level of risk that ICB takes on.
- Gain assurance that the key and emerging risks to the ICB have been identified and managed appropriately via the risk register
- According to the UK Corporate Governance Code, "the board should establish procedures to manage risk, oversee the internal control framework, and determine the nature and extent of the principal risks the company is willing *to take in order to achieve its long-term strategic objectives"*, therefore, the Board will establish a clear Assurance Framework (AF) so that it is able to ensure internal control effectiveness ahead of signing its Annual Governance Statement
- Reviewing, in accordance with the annual cycle of business, risk reporting via the

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[3] Risk Culture: From Theory to Evolving Practice

assurance framework and monitoring of 'primary risks' from the corporate risk register, including any ad-hoc escalated risk information.
- Reviewing an annual report from the Chair of the Audit and Risk Committee on the adequacy and effectiveness of the ICB's management of risk.

4.1.1 Chief Executive

The Chief Executive ("Accountable Officer") has the overall responsibility for risk management within the ICB. As part of the assurance framework, the accountable officer on behalf of the Board, write and publish a Statement on Internal Control (known as the 'Annual Governance Statement'). This will give stakeholders confidence that the ICB can demonstrate it is adequately informed about the totality of their risks. Therefore, the Accountable Officer, supported by the Board, is responsible for:

- Ensuring all parts of the business implement the ICB's Risk Management Policy, for robust governance, risk management and internal control arrangements across the whole organisation
- Fostering a culture of open discussion and debate, promoting risk owner accountability and a risk aware culture.
- Ensuring the Executive Team members' personal objectives have an appropriate focus on risk and risk management.
- Ensuring authority, in terms of accountability and respective delegations, needs to be appropriately and clearly established and monitored

4.1.2 Executive Directors

Executive Directors are responsible for risk management and compliance with relevant regulations for their respective 'Places.' Each Director is a Risk Owner and accountable for:

- Articulating the risk appetite statement for their risk domain or for which they are an Executive lead
- Developing the corporate objectives for their directorate on behalf of the organisation
- Demonstrating leadership, active engagement, and support for risk management within their directorate.
- Ensure corporate objective are linked to strategic objectives and have clear outcomes and risks to achieving them are identified, as well as ensuring effective controls are in place and well represented on the assurance framework.
- Ensuring that the Risk Management Strategy is consistently implemented throughout the ICB.
- Holding risk owners accountable for progress on risk reduction and risk management
- Ensuring risk owners provide a monthly update on actions, progress, and any changes to risk scores.

4.1.3 Non-executive Directors

Non-executive Directors are responsible for scrutinising and, if required, challenging the soundness of risk management systems and processes. The UK Corporate Governance Code states that "non-executive directors should scrutinise and hold to account the performance of management and individual executive directors against agreed performance objectives" (Financial Reporting Council, 2018), thereby assuring themselves of the integrity of financial information and the effectiveness of financial controls and risk management systems are robust and defensible.

4.2   Chief of Staff

The Chief of Staff provides strategic counsel to the Accountable Officer on risks across the ICB, thereby supporting the Executive team and the Board and its committees, Auditors, Regulators, and other stakeholders, both internal and External. The role is a key conduit for ensuring all stakeholders' deliverables meet expected quality standards and strategic positioning. Supported by the Assistant Director for Governance and Organisational Alignment, will

- Ensure department, teams within the ICB organisation takes responsibility for implementing the requirements of this risk management policy
- Ensure the Assurance Framework refer to wider systems and processes of governance which are in place to provide the Board with assurance regarding the achievement of its strategic objectives
- Ensure the Assurance Framework is 'live', and based on strategic objectives that are well-defined, owned by executive leads and aligned to with operational incident management (risk register and incident reporting)
- Ensure real risk are captured and have adequate oversight
- Ensure risk is a top standard agenda item for the Board, and the Board is not silent on major areas of activities such as culture of the ICB and uncertainties about partners, stakeholders, and regulatory compliance.
- Ensure controls to help achieve outcomes are in place, including organisational or committee structure supported by Scheme of Delegation and accountability framework, policies, procedures, guidelines, training, and management actions are regularly taken

4.3   Senior Information Risk Owner

the Chief Finance Officer (CFO) is the ICB's "Senior Information Risk Owner" (SIRO) specifically for information risk management. The SIRO is accountable for information risk on the Board and in internal discussions and is concerned with the management of all information assets. The SIRO has responsibility to:

- Take ownership of the risk assessment process including review of an annual information risk assessment to support and inform the Annual Governance Statement
- Ensure the effectiveness of the ICB's financial control systems
- Review and agree action in respect of identified information risks
- Significant risks faced by the ICB are identified and managed effectively.
- The Audit and Risk Committee and internal audit effectively perform their roles in assuring the ICB 's system of internal control; and
- Robust Counter Fraud arrangements are in place

4.4   Executive Team

The Executive Team is responsible for overseeing the implementation of the ICB's Risk Management Policy, including defining, sponsoring, supporting, debating and challenging key risk and risk management activity across the ICB. The Executive Team will review and monitor progress against the policy and play a key role in providing assurance to the Board and Audit Committee on the effectiveness of the policy, its application, and the management of key risk areas. The Executive Team will:

- Ensure that key and emerging strategic risks are identified, assessed and managed by undertaking on-going analysis of risk information to assess risk criticality, common themes and trends; and identify areas of emerging risk requiring further quantification or scenario analysis.
- Ensure that there is an appropriate reporting structure in place to support the delivery and execution of the ICB's Risk Management Policy.
- Promote a risk-aware culture and an environment that creates positive risk-taking behaviour and clear accountability.
- Monitor the overall level of risk assumed by the ICB and the effectiveness of risk assessment, risk mitigation strategies and internal control processes, including monitoring progress of critical risk mitigation and the implementation and maintenance of effective controls.
- Receive and review updates and recommendations from the Corporate Governance team on the management of significant risk and the effectiveness of the risk management process.
- Request the attendance of ICB management and risk owners at meetings and receive presentations on specific key risks and policy application effectiveness.
- Ensure all contracts include appropriate consideration of risk exposure factored into the selection process

4.5   Senior leadership

The senior leadership of the ICB have delegated responsibility and authority for risk management within their respective fields of expertise. This include reporting risks and taking the necessary action whenever risks are identified in their sphere of influence, including

- demonstrating leadership in active participation, and commitment for operating within the provision of ICB's risk management infrastructure
- coordinating the use of resources to reduce, manage, and control the possibility and/or effect of recognised risks

All managers have a 'first line' responsibility for identifying, assessing, and managing risk within their own area of responsibility, for implementing agreed actions to manage risk, and for reporting activities or circumstance that may give risk to new or changed risk.

This risk management policy is mandatory and applies to every part of the organisation. The ICB recognises that risk management is a process that extends its network of partners and risk management policies and processes across the ICS have been considered when drawing up this policy, in order that all of us in this 'extended enterprise' (IRM, 2014) are working to shared risk management principles.

4.6   Risk management lead

The responsibility for the consolidation, challenge and reporting of all risk management information sits with the Corporate Governance Manager, and the provision of support and guidance on the application of the policy across the ICB, including:

- Facilitate risk management activity, including identification and assessment across the ICB.
- Proactively, raise risk and risk management awareness and understanding at all

levels.

- Provide summary, regular and ad-hoc reporting on key business risks, control strength, the risk environment, progress of critical action and risk process effectiveness to the Executive Team, Audit and Risk Committee and the Board in accordance with the annual cycle of business.
- Attend the Executive Team as required to provide an on-going view of risk management performance.
- Provide on-going risk management advice and training to all parts of the organisation.
- Develop, implement, maintain, and evolve the policy, taking account of evolving good industry/regulatory practice, considering the application and on-going use of the policy.
- Monitor the overall level of risk assumed by the ICB and the strength of the control environment

4.7   Programme lead

Each project has an assigned Project Manager to enable objectives to be met, and the reporting of project specific risks is based on the corporate approach as defined within this document. Specifically, actions include:

- Project Initiation Documents capture risks that could potentially impact upon the delivery of the project.
- Once the project has been agreed, the relevant risks are transferred to the Datix Risk Register.
- Project risks are included within the Project Highlight Report update and are reviewed by each stakeholder group with a lead Director.
- Projects are reviewed on a 3 to 4 monthly basis and significant risks and issues are highlighted through these updates.
- Any project risks that are not manageable at project team level are escalated to the relevant director for inclusion in their corporate risk register

4.8   Information Communication Technology (ICT) lead.

The ICB's ICT function is provided via Hertfordshire, Bedford and Luton (HBL) ICT Shared Services, who also provide services to other NHS organisations. The ICT risk management function is managed centrally via the ICT Shared Services Board. Relevant ICB risk must be reported via Datix Risk Management System.

4.9   All staff

All staff must comply with this Risk Management Policy and assisting in the risk management process by:

- Proactively and promptly identifying risks within their area of work and at meetings and adding risks to the relevant Risk Registers on the ICB's web-based risk management system – Datix
- ensuring that risks have been assigned to Risk Owner and Risk Leads to estimate the severity of the risk with regards to the likelihood and impact on objectives at any level.
- reviewing existing controls and where there is a gap, agree on planned actions to strengthen the controls.

- describing risks using the best practice provided in this risk management policy.
- proactively reporting of incidents within 72 hours of becoming aware including health and safety, data protection or information security breach, etc., via the incident module on Datix, as well as recommending actions to avoid or reduce recurrence.
- attending risk management training and development events to ensure a full understanding of their risk management responsibilities and expectations.

4.10   Audit and Risk Committee

The Committee's core responsibilities in relation to risk management are set out below.

- Have oversight of system risks where they relate to the achievement of the ICB's objectives.
- Scrutinise assurances about the adequacy and effectiveness risk management and internal control for activities that support the achievement of objectives, and to highlight any areas of weakness to the Board.
- 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.
- Ensure that financial systems and governance are established to facilitate compliance with DHSC's Group Accounting Manual.
- Ensure that the ICB acts consistently with the principles and guidance established in HM Treasury's 'Managing Public Money'.
- Identify opportunities to improve governance, risk management and internal control processes across the ICB.

4.11   Committees with assurance functions

Committees with assurance functions will 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. Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit, and will have the following responsibilities in relation to risk management:

- Scrutinise the structures in place to support planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern
- Oversee and monitor delivery of the ICB key statutory requirements
- Review and monitor risk in a timely manner
- Support the ICB Board and Audit Committee with regards to issues or alerts associated with the quality of the care commissioned and to triangulate or critically review this for action by the ICB, or providers from whom the ICB commissions
- Oversee the work programmes for the groups reporting into the Committee and ensure that escalation routes are clear for risks being managed at other levels

4.12   Internal and External Auditor

Both Internal Auditor and External Auditor will provide assurance to the Audit and Risk Committee on the effectiveness of its system of internal control including the policy and its application across the organisation. It will also use the outputs from the policy to drive its assurance plan going forward throughout the year, to:

- Develop risk-based annual internal or external audit plans.
- Review the effectiveness of controls in place to manage key risks identified.
- Provide an annual review and opinion on the effectiveness of the ICB's risk management arrangements by reviewing the policy and its application on behalf of the Audit and Risk Committee and reporting findings

4.13   Risk Review Group

The Risk Review Group will assist the Audit and Risk Committee in the oversight of Risk Management by

- Leveraging the aggregate influence of top, middle, and bottom-line tone on risk management.
- Embedding the physical mechanisms driving risk culture, including risk governance structure (policies and procedure, oversight activities, risk appetite dialogue of the executive team and Board, risk assessment process, key risk indicator reporting, training on risk management process and system used day-to-day in executing the corporate strategy
- Integrating necessary processes in place to achieve statutory compliance requirements and to contribute to the overall delivery and assurance of risk management across the ICB.
- Promoting the use of risk appetite statement and tolerance in decision making
- Challenge the management of risk to improve the quality of Board discussions on significant risk to strategic objectives and escalated risks.

4.14   Directorates

Each Directorate must ensure that any risks potentially impacting their service provision are identified, assessed and reported based on the corporate approach as defined within this document. Specifically, actions include:

- Identifying and assessing key risks within the business Directorate (and wider) for management through the risk management process.
- Taking ownership of key risks as directed by the Executive Team.
- Overseeing the progress of actions to manage risks identified and ensure the risks are kept up to date, with a review during directorate/team meetings at least quarterly.
- Ensuring teams within their sphere of responsibility put into practice the requirements of the policy and hold them to account for this as appropriate.
- Sending representatives to risk oversight forums as directed to discuss risks in relation to own area of responsibility and policy application.
- Ensuring personal objectives of all team members have an appropriate focus on risk and risk management.
- Ensuring appropriate resources are in place to deliver the requirements of the policy effectively within area of responsibility.
- Sponsoring a culture of risk awareness and positive team behaviour in relation to risk and risk management.
- Reviewing and challenging key risks, control effectiveness and the progress of mitigation actions through on-going dialogue.
- Conducting routine emerging risk identification sessions within teams.

5. Risk Management Framework

5.1 Risk Management Principles

The principles underpinning this policy are:

- Managing risk is a fundamental part of governance and leadership at all levels. All staff must consider risk and accept responsibility for risks associated with their area of authority.
- Directors and the Board are required to actively identify risks to achieving the ICB objectives and ensure adequate resources to manage risks are in place.
- The onus lies on every employee to identify risks on the Datix Risk Register and to ensure that the management of risks within their remit/teams/directorates is carried out in line with this.
- All significant risks to the ICB's strategic objective and their associated controls and assurances must be added to the Risk Register.
- It is the responsibility of Risk Owners and Risk Leads to ensure that their risk entries on the Datix Risk Register are regularly reviewed and updated in line with the
- Primary and principal risks should be reduced to an acceptable level, within an appropriate range.
- The risk register produced will include assurance mapping to assist Directors in discussions at the Board, Committees or with their teams to analyse any risks connected to objectives, new projects, or areas of work and to identify any assurance gaps where action is needed to strengthen the existing controls.
- All risks must be discussed and reported at all appropriate team, Risk Review Group, Committee, and Board meetings.
- For proper supervision, risk management should be a standing item on the agenda of each meeting within the ICB structure.

5.2 Risk Management Implementation Plan for 2022/23

Adopting a systematic and efficient approach to risk management will enable an adaptive and innovative environment for the ICB, suited to embrace new possibilities and challenges to provide the best integrated care possible. Figure 1 depicts the three phases within our risk management implementation plan through which various outputs will be delivered. See Appendix F for the details and time schedules estimated for 2022/23.

Figure 2 Implementation Phases
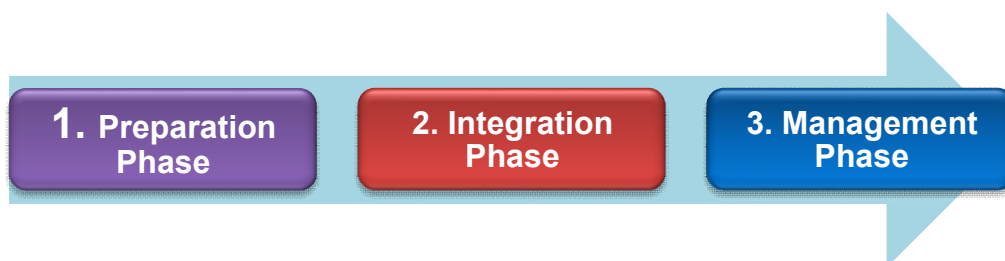
This policy therefore draws on the principles within the International Organization for standardization - ISO 31000:2018 and the government's Orange Book as well as other best practises. It sets out the processes by which the ICB will proactively and effectively manage its known risks. The policy will enable the ICB to systematically embed risk management principles across the organisation.

5.3   Risk Management Process

Figure 3 Risk Management Process Diagram
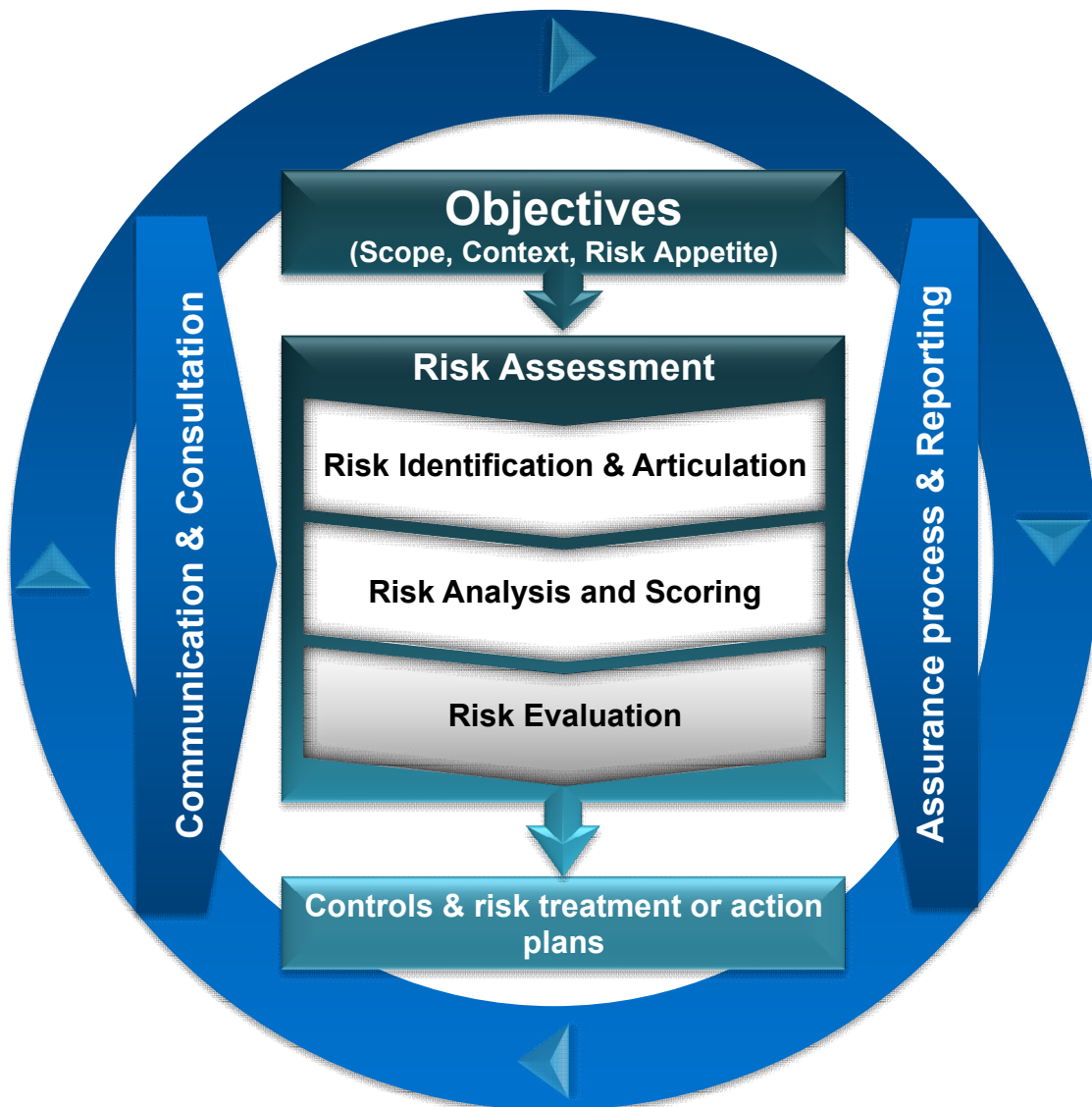
Source: adapted from the ISO31000:2018 Risk Management – Guidelines

5.4   Objectives Framework

The definition on objective is provided under section 3.7 of this policy. Objectives can be described into three level within an organization – strategic, corporate, and operational objectives, which can be applied at different levels of the ICB including: strategic, organisation-wide, departmental, project and team.

Objectives set the scope, context, and criteria or risk appetite against which risks are identified and managed. This means that there is no risk where the objective is unknown or not defined. Therefore, understanding the context is important because risk management takes place in the context of the objectives and activities of the ICB.

Figure 4 illustrates the three layers of objectives in which the ICB manages its risks.

HWEICB's Risk Management Policy v1.3

Figure 4 Layers of objectives

- **Board** • **Strategic Objective:** The Board will establish strategic objectives for the ICB organisation and receive updates on potentias risks from the Executives and determine how to respond.
- **Executive** • **Corporate objectives** as set at this level and linked to strategic objectives for their directorates. Executives will set high-level operational objectives and recieve updates on potential risks to corporate objectives.
- **Teams** • **Operational objectives** are set at this level. risks to achieving this objectives are identified and responded to or escalated.

The ICB's changing environmental factors can be a source of risk. The pandemic, the war in other countries and extraordinary inflationary pressures all have impact on organisational objectives. By changing the scope of a programme of work, risk may be avoided, but if the risk relates to an ICB 'must do', this might not be an option.

5.4.1 Strategic Objectives

Strategic objectives set the boundaries for what the ICB's effort must focus on as an organisation. They are the top layer of the ICB's goals set by the senior leadership, articulating what the ICB will focus on to achieve their vision of success. See figure 4. Strategic objectives are broad statement of direction that connects the ICB's vison to the annual plan or goals. Ideally, strategic objectives are long-term (i.e., 3 to 5 years) that addresses the core functional area of the organisation – ICB.

According to Good Governance Institute, "strategic objectives should support achievement of the primary purpose (or the mission) of the organisation". Therefore, the ICB uses the four ICS Primary Purposes as the focus areas underneath which its strategic objectives are defined:

A good framework of strategic objectives include:

- They are multi-year in nature
- Less in more, i.e., having too many objectives creates a plan that is difficult to manage and likely lacks focus
- It provides organisation-wide direction, i.e., they are talking points for the Accountable Officer or executive team to express the priorities of the ICB in the current year and beyond focusing on **where the organisation is going**; and
- It is NOT a mishmash of departmental goals.

Strategic objective should be translated into or expressible as tangible success measures i.e., those things that will tell you at the end of the year whether the strategic objective has been achieved. These should be easily understood by all members of the Board and wider within the organisation. Strategic objectives should be SMART (Dower & Bullivant, 2014), i.e., the ICB will use the mnemonic acronym S.M.A.R.T (Specific, Measurable, Achievable, Relevant, and Time-Bound) when setting the strategic objectives.

In relation to best practice, a well-written SMART objective will include at least the following three elements:

- **Action** + **Detail** + **Deadline** (i.e., starting off the definition with a verb ensures the intension is specific. Adding the details makes the goal specific, realistic, and measurable. Adding a deadline makes the objective time-bound regarding

In terms of leadership, figure 5 illustrates that the executives lead owns the objectives and associated risks.

Figure 5 Ownership of objectives

Strategic Objectives

Objective Owners (Executive Leads) are accountable for the successful achievement of the objective, and

responsible for the management of risks to the objectives
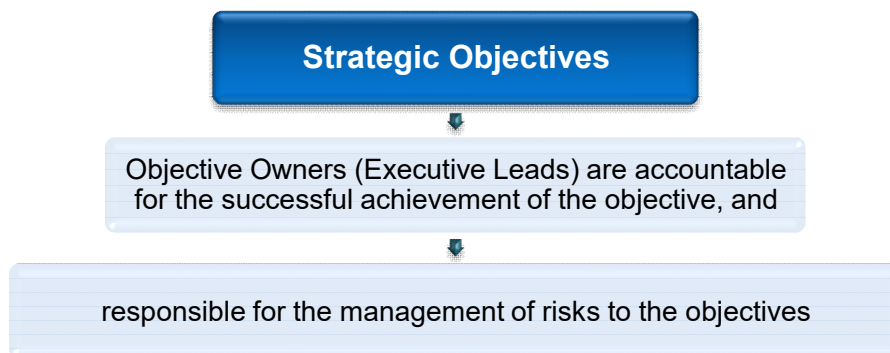
Source: adapted from Amberwing

5.4.2 Corporate objectives

Corporate objectives are medium-term goals (annually) relating to the business and achievable within director's portfolios to accomplish the longer-term goal, i.e., strategic objectives. Corporate objectives are usually derived from strategic objectives and then subdivided into divisional, directorate, and team objectives as necessary.

These objectives are set by focusing on broad general issues such as to achieve the integrated care system primary priorities, financial; health and wellbeing; quality; health inequalities, workforce, digital, transformation and sustainability goals. Strategic goals are often long-term; from them, further goals are set and established for various durations and locations.

5.4.3 Operational objectives

Operational objectives are practical, short-term goals that the ICB sets and achieves in order to partially achieve long-term objectives. It is the strategic objectives that are translated into operational objectives and broken down to directorate or departmental objectives. Risks to achieving such objectives will be reported on Datix risk management system wherein they will be appropriately managed.

5.5   Risk appetite or tolerance Statement Framework

Risk appetite is the art of taking risks and exercising control while considering differing views at a strategic, tactical, and operational level. It provides consistency in the decision-making process, which will enable the ICB to take well-calculated risks when opportunities arise that will improve delivery, and conversely, to also identify when a more cautious approach should be taken to mitigate a threat.

According to Deloitte, effective risk appetite framework generally includes the following three key principles:

- "Risk appetite should be aligned to the strategic objectives and considered a forward-looking view of an organization"

- "Board and senior management should be actively involved, and strong accountability structures and clear incentives and constraints should be in place."

- "Risk appetite statements should be operationalized through use of the right level and type of information, fostering strong internal relationships, and establishing risk limits with actionable input for risk and business managers."

The ICB's risk appetite or tolerance is influenced by the risk categories listed in Appendix B. The board directors are responsible for making the risk appetite statements for each risk category, specifying the appetite level the ICB may or may not take, relative to objectives.

Table 2 below illustrates the different levels of risk appetite in pursuit of objectives, noting that the level of appetite increases and decreases depending on the various stages of willingness to accept the terms of impact on objectives.

Table 2 Risk Appetite Matrix

Risk appetite levels	Averse 1	Cautious 2	Open 3	Seek 4	Significant 5
Descriptors	Avoidance of risk is a key objective. Activities undertaken will only be those considered to carry virtually no or minimal inherent risk.	Preference for very safe business delivery options that have a low degree of inherent risk with the potential and only a limited reward potential	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of reward.	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	Confident in setting high levels of risk appetite because controls, forward scanning and respective systems are robust

Source: adapted from Good Governance Institute

The defined risk appetite will provide the Executive Leads (risk owners) with relevant information with which they may evaluate significance of risks to ICB objectives and thus support decision-making processes.

Risk appetite should be defined when setting strategic objectives and evaluating risks to achieving them. The following should be considered:

- the nature and type of uncertainties that can affect outcomes and objectives (both

tangible and intangible) in relation to the ICB's risk domains

- how consequences (both positive and negative) and likelihood of the risk occurring and its potential impact on our business will be defined and measured in relation to the ICB's risk matrix

- how the level of risk is to be determined in relation to risk appetite and tolerance

- how combinations and sequences of multiple risks will be considered in relation to the impact/consequences table.

Examples on risk appetite or tolerance

a) If the ICB's risk appetite level is **"eager",** to take risks on objectives that present a potential benefit, such as innovation, then the ICB is willing to accept the terms of risk. The ICB may decide that the level of control in place is adequate to manage that particular risk and will not necessarily need to strengthen those controls above all else.

b) For **reputational risks**, the Board can state that "We have adopted a **cautious** stance for reputational risks, with a preference for safer delivery options, tolerating a cautious degree of residual risk and choosing the option most likely to result in successful delivery, thereby enhancing our reputation for delivering high quality, cost-effective." (GFF, 2021).

c) The ICB's appetite for **financial risk** is operating within the risk tolerance position – **cautious**. Where financial decisions are heavily scrutinised, with value for money being a key factor in decision-making. The ICB will accept risks that may result in some small-scale financial loss or exposure on the basis that these can be expected to balance out but will not accept financial risks that could result in significant reprioritisation of budgets. (GFF, 2021).

5.6   Communication and Consultation

The purpose of communication and consultation is to ensure relevant stakeholders are aware and understand the risks to ICB objectives. The consultation involves obtaining feedback and information to support decision-making. Risks are reported via Datix and assigned to the appropriate Executive Leads to:

- bring different areas of expertise together for each step of the risk management process

- ensure that different views are appropriately considered when defining risk appetite and when evaluating risks

- provide sufficient information to facilitate risk oversight and decision-making

- build a sense of inclusiveness and ownership among those affected by risk

5.7   Risk Assessment

Risk assessment is the overall process of risk identification, risk analysis and risk evaluation. It should be conducted systematically, iteratively, and collaboratively, drawing on the knowledge and views of stakeholders.

The assessment of current impact and likelihood will combine to provide the current risk severity. When assessing the current risk, the key controls, assurances, and gaps need to be considered to ensure the assessment is correct.

5.8   Risk identification

The first and perhaps most important task in developing the ICB risk profile is to find, recognise and describe risks that might help or prevent the ICB from achieving its objectives. Risks to achieving objectives can and should be identified through various methods, noting that risks might be external or internal to the ICB, and new/emerging or continuous or residual. Some methods can include, but not limited to:

- gap analysis and Key Performance Indicators (KPIs) – a gap between the target outcomes and the actual performance against outcomes could highlight the existence of a risk

- Horizon scanning for external and internal environmental factors that might threaten the achievement of objectives

- Risks identified during discussions at board, committee or team meetings should be documented and reported

- Proactive exercise including 'top-down' assessment of strategic risks, facilitated involving the Board, Executive Team and wider management, as required; 'bottom-up' risk reporting and risk discussions at a local level, as required, to ensure a consistent approach across the directorates; project risks identified by the project initiation documentation (PID) and on-going review against the delivery and success factors of the project; assessment of emerging risk areas and horizon scanning, in conjunction with the Executive Team, as well as through the risk reporting process; and risk identification to support business planning and the determination of strategic priorities.

- The finding from the Internal Audits and External Audit reviews are risks and the ICB will manage these risks in line with associated management action recommendations.

- Incidents, claims, complaints, suppliers, partners, services commissioned, resources allocation, planning, procurement, conflict of interest, trends, patterns in events and risk assessment can potentially give rise to risks and should be appropriately managed or escalated.

Factors to be considered when identifying a risk include

- tangible and intangible sources of risk,
- causes and events, threats and opportunities,
- vulnerabilities and capabilities,
- changes in the external and internal context,
- indicators of emerging risks,

- the nature and value of assets and resources,
- consequences and their impact on objectives,
- limitations of knowledge and reliability of information; and
- time-related factors.

Each Directorate must ensure that risks are identified within their area of the business and escalated where necessary. The input and outputs of this risk identification must be managed through Datix Risk Management System.

5.9 Articulation of risk

It is important to understand the anatomy of risks. As defined, risk is an uncertainty that something impacting on objectives is likely to happen:

- NOT something that has happened (incident)
- NOT something that will happen or is already happening (issue)

Risk consists of a combination of three elements, including cause, event, and effect. The risk description should follow the best practice model: **IF** (cause), **THEN** (risk event), and **RESULTING IN** (effect/impact), to help determine risk severity and how risks can best be mitigated. Table 3.

Table 3 Risk Anatomy

Cause	Event	Effect
What might trigger the event to occur e.g., "IF" our financial performance is incomplete	An unplanned/unintended variation from an objective, e.g., "THEN" we may be unable to demonstrate value for money in all areas	How the organisation could be impacted should the event occur, e.g., "RESULTING IN" (1) a threat to future funding and (2) damage to the ICB's reputation

Source: adapted from Amberwing

This allows a careful consideration of the real risk; the principal causes that may give rise to the risk; and the effects for the ICB should the risk materialise. The risk in table 3 is therefore articulated as:

*"**If** our financial performance is incomplete, **then** we may be unable to demonstrate value for money in all areas **resulting in** (1) a threat to future funding and (2) damage to the ICB's reputation."*

5.10 Risk Analysis (with enhanced Risk Matrix table)

Risk analysis involves a detailed consideration of uncertainties, risk sources, consequences, likelihood, events, scenarios, time-related factors and volatility, the effectiveness of existing controls, sensitivity and confidence levels. When a risk has been identified, the risk owner and the risk lead will need to analyse the characteristics of the risk and estimate the severity of the risk should it occur and the likelihood.

Table 4 below is a 5 x 5 risk matrix, which should be used to estimate the risk score. The risk score is estimated when the likelihood (L) is multiplied by the consequence (C).

Table 4 Enhanced Risk Matrix

		Consequence (Impact)				
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood	5. Almost Certain	5	10	15	20	25
	4. Highly Likely	4	8	12	16	20
	3. Possibly	3	6	9	12	15
	2. Unlikely	2	4	6	8	10
	1. Rare/	1	2	3	4	5

ENHANCEMENT: the Risk Matrix in table 4 is enhanced to combine three key functions, namely:

1. **Centralise the scoring across various disciplines** requiring risk assessments including, incident risk assessment such as those affecting staff, risks to projects, and personal data breaches reportable incidents to the Information Commissioner's Office (ICO).

2. **Action trigger** for risks or incidents falling within the coloured zones. See table 5

3. **Risk appetite levels** for the categories of risks. See appendix D

5.10.1 Risk scoring

The risk score is calculated by multiplying the consequence/impact by the likelihood: C/L (consequence/impact) x L (likelihood) = R (risk score):

- The **Inherent score** (or interchangeably, 'Initial' or 'Original') is the risk score without any existing controls being taken into consideration, i.e., unmitigated

- The **Current score** is the risk score after existing controls have been taken into consideration.

- The **Target score** (taking the risk appetite into consideration) is the level of risk the ICB is prepared to accept or tolerate. It is also the risk estimated to remain or exist following the implementation of controls.

5.10.2 Action triggers Matrix

Table 5 should be used in conjunction with the risk matrix. It is separated into five Zones – Green, Yellow, Amber, Red and Stripped Zone. The descriptors provide advice to the risk owners or leads on what must be done once a risk falls within the zones.

Table 5 Risk Zones and Descriptors

Risk Zones and Descriptors	
Green Zone:	Review – no action required. Risks in this zone should be reviewed every quarter or as required.
Yellow Zone:	Continue to watch. Action is discretionary. Risks in this zone which are scored below 12 should be reviewed quarterly, but if rated above 12 then review monthly.
Amber Zone:	Action should be taken and / or continued monitoring by the ICB. Risks in this zone which are scored below 12 should be review quarterly, but if rated above 12 then review monthly.
Red Zone:	Immediate actions required / or continued monitoring by the ICB; review every month.
Stripped/layered Zone:	Incidents causing personal data breaches that meet the criteria of consequences (seriousness) and likelihood of harm are reportable to the ICO as soon as possible **within 72 hours**

- Risk owners are required to update an action status assessment for all actions agreed through the risk management process.

- Action owners must be assigned for all actions deemed appropriate, together with timeframes/deadlines for action completion.

- The need for further risk mitigation must be considered in the context of the ICB's risk appetite principles.

It is not the intention of this Policy to remove all risks or to manage risks to a low assessment. To be successful, the ICB needs to take informed risks: allocating further resource to mitigate assessed residual risk that is already within our view of acceptability may not best serve overall objectives.

5.11   Risk Evaluation

The purpose of risk evaluation is to support decisions. This compares the results of the risk analysis with the established risk criteria to determine where additional action is required, leading to a decision to:

- do nothing further
- consider risk treatment options
- undertake further analysis to better understand the risk
- maintain existing controls; or
- reconsider objectives.

The Risk Review Group will support the ICB with risk evaluation. The outcome of risk evaluation will be recorded, communicated, and then validated at appropriate levels of the ICB.

5.12   Risk Treatment

Risk treatment can be described as the process by which key controls are identified to mitigate a risk. The purpose of risk treatment is to select and implement the best options for addressing the risk. The process may include formulating mitigating actions or existing controls; planning and implementing mitigating actions; assessing the effectiveness of the controls in place or progress actions; deciding whether the remaining risk is acceptable; or if not acceptable, agreeing further actions with stakeholders to further mitigate the risk.

In selecting the most appropriate risk treatment option(s), balance the potential benefits derived about the achievement of the objectives against costs, effort, or disadvantages of implementation. Risk treatment options are not necessarily mutually exclusive or appropriate in all circumstances. Therefore, it is worth considering one or more of the following:

- avoiding the risk by deciding not to start or continue with the activity that gives rise to the risk
- taking or increasing the chance to pursue an opportunity
- removing the risk source
- changing the likelihood or consequences
- sharing the risk (e.g., through contracts, buying insurance); or
- retaining the risk by informed decision.

Risk treatment can also introduce new risks that need to be managed.

5.12.1 Treatment Actions

The residual severity of the risk will help to identify whether action is required to further mitigate risk to a level that we are comfortable with, based on a clear appreciation of risk appetite and tolerance that is set by the board and reflected in the risk assessment criteria.

Where residual risk is assessed, and action is required then a plan will be put in place to ensure that the action is implemented. There are four types of risk response that should be considered in determining the required action:

a) **Terminate.** Terminating or avoiding the activity or circumstance that gives rise to the risk or choosing another approach with a lower risk.

b) **Tolerate.** Accepting the consequences of the risk should it occur. This may be appropriate when the resources required to reduce the risk in other ways exceed the consequences of the risk occurring. If a risk is accepted, a contingency plan will be of increased importance.

c) **Transfer.** Transferring the risk by sharing it with or passing it onto suppliers, customers, or contractors, including the use of insurance and defined liability contracts. In practice, it is more likely that only some elements of a risk can be passed on: financial implications may pass down to a provider, but reputational risk relating to a service is more likely to be retained by the commissioning organisation.

d) **Treat.** Implementing controls and other mitigation actions (including contingency plans) that will reduce the likelihood and impact of risks identified. This option can be further analysed into four different types of control.

5.12.2 Identifying existing controls

Having identified key risks and assessed the severity, we must be clear on the high level, key existing controls that are in place to manage each risk. Existing controls should be identified and recorded on Datix Risk Register. Documenting the current controls ensures that there is a clear indication of what is being relied upon to prevent the risk event from materialising.

In addition, the team or individual that provides primary oversight over the control should document the key sources of assurance in relation to the control that are in place. In doing so, the risk owner should consider management oversight and review, as well as reviews undertaken by internal audit, compliance audits, health and safety audits and other more formal assurance processes. This will allow the ICB to review the adequacy of assurance in relation to assessed risk severity and determine the nature and level of assurance that needs to be provided.

5.12.3 Identifying gaps in controls

Assessing the effectiveness of current controls and assurances is subjective but nevertheless an important part of the risk assessment process: it helps to determine both the need for further mitigation and the key controls.

5.12.4 Assessing target risk

The process also identifies the target level of risk which is the risk's profile following the application of existing controls, assurances, and additional actions to mitigate the risk. The assessment of target impact and likelihood will combine to provide the agreed target risk severity that is acceptable in accordance with the risk appetite agreed.

5.13   Recording and reporting

The focus of the ICB's Risk Management Policy is continuous proactive engagement on key risk issues as part of everyday business management. One output of this is the on-going process of reporting risks and controls. Reporting of risk and control information is not a one-way process as it promotes oversight, challenge and business engagement that seeks to improve risk and performance.

5.14   Monitoring and reviewing

The management of risk must be reviewed by the board and committees to:

- monitor whether the risk profile is changing

- gain assurance that risk management is effective, or identify that further action is necessary if it is not effective

- receive assurances available about risk management that deliver an overall opinion about risk management effectiveness; and

- comment on appropriateness of the risk management and assurance processes which are in place

Table 6 Risk Reporting Arrangements

Discussion Forum:	Reporting requirements:
Board	Risk Report: • Assurance Framework, • Corporate Risk Register - 'Primary Risks' only (rating 16+).
Audit and Risk Committee	Assurance Report: • Assurance Framework, • Corporate Risk Register - 'Principal Risks' only (rating Amber 12+), • Provided summary of decisions made at Executive Meeting (including new risks and mitigated risks). • Risk 'deep dives'
Other Committees	Reporting of assurance relating to specific risk areas to the Audit and Risk Committee and ICB Board. Risk 'deep dives'
Executive Team	Reporting updates with regards to: • Assurance Framework, • Corporate Risk Register • Decisions about new risks and closure of mitigated risks.
Risk Review Group	Risk Update Report: • Review of strategic and operational risks of the ICB and those from the Health and Care Partnerships. • Overview of the key risk issues identified across the Integrated Care System, the wider network and horizon scanning. • Reviewing development of risk appetite and tolerance for the ICB. • Reviewing development of and compliance with the Risk Policy. • Proposing matters for escalation to the Executive and/or the Audit Committee
Team/Directorate	Risk Register as a standing item on the agenda each month. Matters for escalation/discussion reported to the Risk Review Group.

5.15   Corporate Risk Register

The main aim of the Corporate Risk Register is to ensure that risks are actively managed by those responsible. Ensuring that risks are managed effectively at the level at which they exist avoids unnecessary elevation of the risk and increases accountability. The objectives of the Corporate Risk Register are to:

- use a systematic approach to provide an overall understanding of the ICB's risk exposure and level of assurance over the effectiveness of the control environment in the ICB's key functions
- provide a basis for early warnings; and
- identify actions for improvement (above and beyond those already identified / being pursued).

The approach and process are reliant on those who have been assigned ownership acknowledging and taking professional responsibility for the management of the risk. The risks are aligned with the ICB's strategic and corporate (annual) objectives, recognising that one risk may impact on the achievement of several objectives.

5.16   Directorate Risk Registers

Each directorate and, where deemed appropriate, distinct functions within a directorate, should maintain and review its own register of risks that impact on the delivery of their directorate level objectives: these should follow the Corporate Risk Register format (see Appendix E) and be discussed at least monthly at team meetings.

Risks that have been assessed to have a rating of 12 or above must be reviewed by the Executive Director for the directorate. Where the impact and likelihood are high, the Director will escalate the risk as a corporate risk for addition to the Corporate Risk Register.

5.17   Risk closure

Risks can be considered for closure if the risk no longer applies (i.e., the process that gave rise to the risk no longer exists) or the risk has reached its target level and no outstanding actions remain. Risk closure is decided by the Executive Team and there are two categories for closed risk which determine the level of ongoing review:

- Risk still exists but is within target level. These risks will be reviewed once a year to ensure they remain at the target level.

- Risk no longer applies. These risks will not be subject to further review.

6. Assurance Framework

Assurance is about providing evidence of adequate levels of confidence that risks to objectives are controlled. However, it is acknowledged that it is never possible to provide complete and absolute assurance, and as such the concept of positive or negative assurance is adopted.

The definition of assurance framework is provided in the definitions section of this policy, and it is a requirement established by the Department of Health to enable organisations including the ICB to satisfy itself that risks to achieving its objectives are adequately managed.

6.1   Key principles of assurance framework

Implementing an assurance framework, which makes sure that the different assurance procedures are focused and harnessed to give the best outcomes in a reasonable and efficient manner, is an effective technique to manage how effectively performance and the related risks to objectives are managed. To properly construct an assurance framework, the following conditions must be met:

- Clarity on the objectives (especially considering the needs of the Board and the Accounting Officer) and ownership of the framework at the Board level.

- Support and guidance from the Accounting Officer.

- Establishing the framework initially inside a controllable perimeter (starting with the primary strategic risks at a high level)

- Avoid technical jargon; processes should strive to create a common, readily understood language.

- Simplicity – do not try to include too much in a single assurance map (some organisations have various maps at different levels or separate maps for planning and assessment)

The assurance framework is an integral part of an ICB's risk management strategy rather than a stand-alone activity and is an integral part of the risk management framework used to effectively achieve the ICB's objectives and outcomes. The Audit and Risk Assurance Committee is delegated regular assurance monitoring by the Board, as well as oversight.

6.2   Levels of Assurance

The aim of obtaining assurance is to ensure sufficient and appropriate evidence, to support confidence that a risk is well mitigated. The higher the level of assurance provided, the greater the confidence in the risk management. The Risk Owners and Leads will achieve this by conducting a more in-depth assessment of the assurance. The following are the two common levels of assurance that can be obtained.

- **Positive assurance (+).** As defined, this could mean that either a 'reasonable' or 'substantial' level of assurance is evidenced, not that there is an absolute level of assurance.
- **Negative assurance (-).** As defined, this could mean that there is either 'no assurance' or only a 'partial/limited' level of assurance.

6.3   Three Lines of Defence

To ensure the effectiveness of the ICB's risk management framework, the board and senior management need to be able to rely on adequate line functions – including monitoring and assurance functions – within the organisation. The 'Three Lines of Defence' model is used as a way of explaining the relationship between the oversight functions within the assurance process. See Figure 6 below.

Figure 6 Assurance Process Diagram
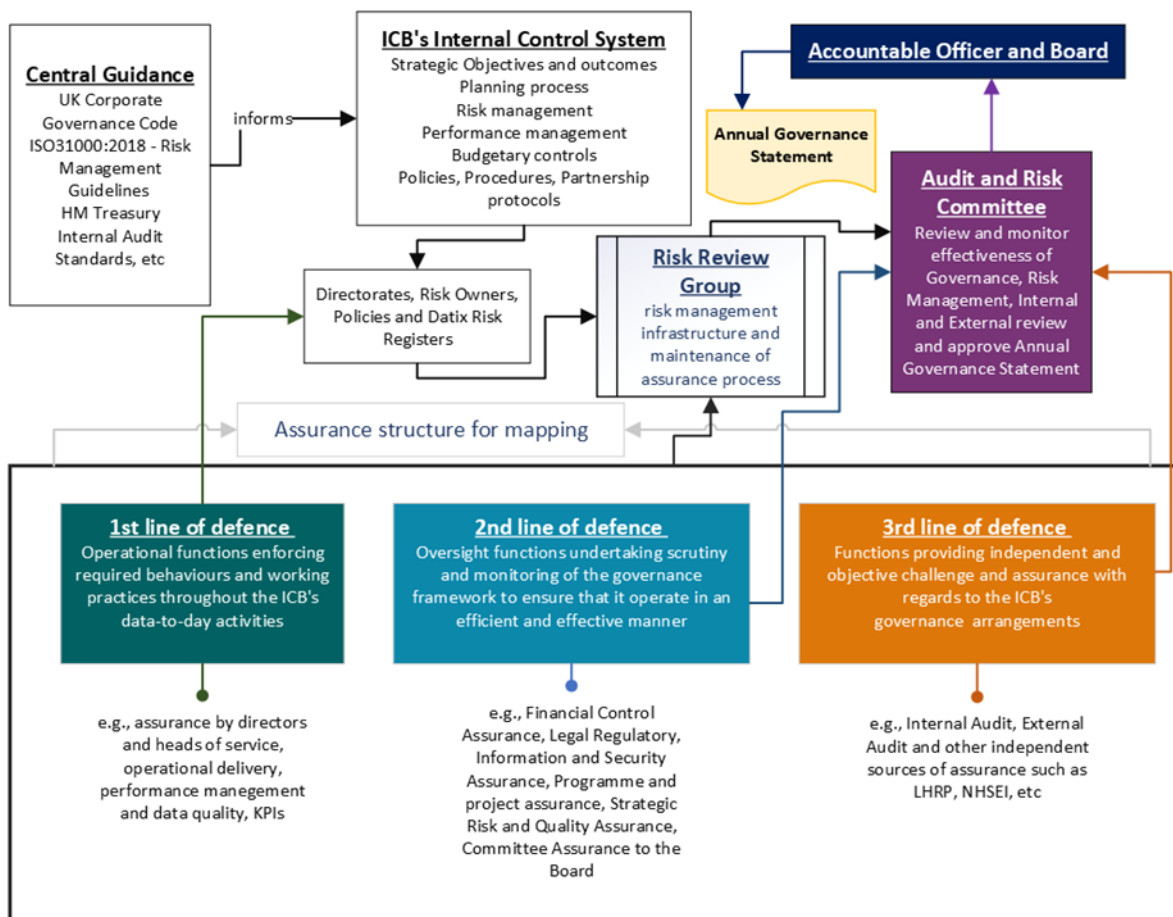
6.3.1   1st Line of Defence

The internal control framework that enforces required behaviours and working practices throughout the ICB's day-to-day activities. For example: policies, processes, systems, procedures, protocols, professional standards, codes of conduct, etc. Operational management has ownership, responsibility, and accountability for assessing, controlling, and mitigating risks together with maintaining effective internal controls.

6.3.2   Second Line of Defence

Oversight functions that: undertake scrutiny; facilitate and implement effective risk management practices by operational management; assist the risk owners in defining the target risk exposure; and report adequate risk related information through the organisation. For example: governance, compliance framework, financial control, quality, external performance, and commissioning responsibilities, reported to the board.

6.3.3 Third Line of Defence

Functions providing independent and objective challenge and assurance with regard to the ICB's governance arrangements. Internal Audit, External and other independent assurance providers, and regulators.

6.4 Assurance Mapping

An Assurance Map is created to obtain clarification in relation to assurance currently provided. Assurance Maps can be used at different levels and for different reasons as determined by need. The starting point can also vary depending on purpose:

- Gain a clear and complete understanding of the services delivered, the activities undertaken, and the types of assurance obtained.
- Identify any potential areas where assurance activities are not present or are insufficient (assurance gaps).
- Identify any areas where assurance is duplicated, repeated or excessive when compared with the activity being undertaken.

The 'Three Lines of Defence' on the Assurance Framework will be captured separately through an assurance mapping report to the Audit Committee and subsequently the Board.

7. Training

Embedding of the Risk Management Policy will be supported by a range of training options for all staff delivered by the Governance team. This includes:

- an introduction to risk management as part of the integrated governance induction training; and
- updates delivered as part of mandatory training.

It is essential that all staff are aware of the Risk Management Policy and their role in implementing it.

Table 7 Training pattern

Training	Who	How Often	Status
Overview of the new Policy at an ICS 'All Staff Briefing' event.	All staff	Once	Voluntary
Series of 30-minute workshops delivered at team meetings and facilitated by the governance team and OD colleagues.	All staff in preparation for transition to the ICB	Once	Mandatory
Series of 1-hour workshops aimed at managers with risk reporting responsibilities.	All managers with risk reporting responsibilities	Once	Mandatory
Specific training for using the Datix software platform for risk management.	All risk owners, risk leads and other users of the Datix risk management	Once	Mandatory

	module.		
Risk Management Policy for the ICB board members and non-members Executives.	Board members and other Executives	Annually	Mandatory
Risk Management Appetite and Tolerance Board and Executive Team discussion.	Board members and other Executives.	Once	Mandatory
Risk management summary included in Integrated Governance induction training.	All new staff	Quarterly	Mandatory
Health & Safety on-line training via ESR (incorporates risk management).	All staff	2-yearly	Mandatory
Risk Management for Teams Workshop to refresh current risks and identify new ones.	All staff	On request	As required

Embedding of this Risk Management Policy across the ICB is essential to facilitate delivery of effective governance arrangements.

The ICB will:

- Ensure all ICB staff, board members and stakeholders have access to a copy of this document via the internet and intranet.

- Produce the necessary reports for review and cascade as necessary in relation to risk management activity.

- Monitor and review the performance of the organisation in relation to the management of risk and the continuing suitability and effectiveness of the systems and processes in place to manage risk, introducing further training as necessary.

8. References

This ICB policy document has been prepared with reference to risk management policies, strategies, and procedures for the three CCGs in Hertfordshire and West Essex (HWE); risk management policies for NHS trusts and local authorities in HWE; and international best practice and UK government guidance.

The following specific references have also informed the production of this document:

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9. Appendix A: ICB Focus Areas & Strategic Objectives

The Four ICS Primary Purposes as the ICB's Focus Areas	
1	Improving outcomes in population health and healthcare.
2	Tackling inequalities in outcomes, experience, and access.
3	Enhancing productivity and value for money.
4	Helping the NHS support broader social and economic development.

Focus Areas	1) Improving outcomes in population health and healthcare.	2) Tackling inequalities in outcomes, experience, and access.	3) Enhancing productivity and value for money.	4) Helping the NHS support broader social and economic development.	Other ICB Objectives
Strategic Objectives (prioritised from the Corporate Objectives)					

10.Appendix B: Risk Appetite Statement Development Tool

Risk categories	Risk Appetite Statements
Strategy	
Commissioning risks	
People and workforce risks	
Medical	
Medicine optimisation risks	
Public Health risks	
Nursing and Quality	
Continuing HC risks	
Children services risks	
Patient Safety risks	
Safeguarding risks	
Primary Care Transformation	
Primary care Development risks	
Primary care Workforce risks	
Primary care Estate risks	
Finance	
Capital risks	
Estates risks	
Green Agenda risks	
Operations	
Project/Programme risks	
Place risks	
EPRR risks	
Security and Technology risks	
Chief of Staff	
Governance risks	
Information risks	
Communications risks	
Performance	
Business intelligence risks	
Digital Transformation risks	

11. Appendix C: Sources of Assurance

Internal Sources of Assurance *(adapted from HFMA NHS Audit Committee Handbook 2018)*
• Internal audit
• Key Performance Indicators
• Performance reports
• Board reports
• Committee reports
• Compliance Reports (reports from specialist compliance leads such as business continuity, security management specialists, health and safety advisors)
• Local counter fraud work
• Clinical audit
• Staff satisfaction surveys
• Staff appraisals
• Training records
• Training evaluation reports
• Results of internal investigations
• Serious Incidents Requiring Investigation (SIRI)
• Complaints records
• Infection control reports
• Patient experience surveys and reports
• Information Governance toolkit self-assessment
• Patient advice and liaison services (PALS) reports
• Workforce and organisational development
• Internal Benchmarking
• Whistleblowing report and Freedom to Speak Up Guardian

External Sources of Assurance *(adapted from HFMA NHS Audit Committee Handbook 2018)*
• External Audit
• Health Education England
• Care Quality Commission
• NHS England and Improvement
• Royal College visits
• External benchmarking and statistics
• Accreditation schemes
• National and regional audits
• Peer reviews
• Feedback from patients and service users
• Feedback from healthcare and third sector partners
• Investors in People and other team development tools
• Local networks – for example, cancer networks
• Healthwatch
• NHS Counter Fraud Authority quality assurance programme
• National Risk Register
• Local Resilience Forum Community Risk Register

12. Appendix D: Risk Levels Descriptors

Table 8 Consequence (C) levels descriptors

Risk domains	1. Negligible (Risk appetite: Minimal)	2. Minor (Risk appetite: Cautious)	3. Moderate (Risk appetite: Open)	4. Major (Risk appetite: Seek)	5. Catastrophic (Risk appetite: Significant)
Data Protection and Information Security	No adverse effect There is absolute certainty that no adverse effect can arise from the breach	Potentially some minor adverse effect or any incident involving vulnerable groups even if no adverse effect occurred A minor adverse effect must be selected where there is no absolute certainty. A minor adverse effect may be the cancellation of a procedure but does not involve any additional suffering. It may also include possible inconvenience to those who need the data to do their job	Potentially Some adverse effect An adverse effect may be release of confidential information into the public domain leading to embarrassment or it prevents someone from doing their job such as a cancelled procedure that has the potential of prolonging suffering but does not lead to a decline in health.	Potentially Pain and suffering/ financial loss There has been reported suffering and decline in health arising from the breach or there has been some financial detriment occurred. Loss of bank details leading to loss of funds. There is a loss of employment.	Death/ catastrophic event
Clinical Quality and Patient Safety (Including equipment)	No risk of negative impact to ICB	Small risk of delay in patient receiving the required care Small risk of negative impact to ICB Guidance not regularly reviewed.	High risk of delay in patient receiving the required care High risk of negative impact to ICB, and possibly consequences to commissioned services. Guidance insufficient / poor training.	Serious risk of delay in patient receiving the required care Serious risk of harm to patients due to poor commissioning. Investigation resulting in identification of serious omission on the part of the part of the ICB to consider quality and safety in commissioning decisions.	Potential to cause one or a number of fatalities. Compliance breach, causing serious fine, investigation, legal action.
Strategy, Innovation/ Performance/ Outcomes	Minimal impact upon productivity, costs or quality Appetite: Guiding principles or rules in place that minimise risk in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 4-5 year intervals	Small risk of impact upon productivity, e.g., waiting times, patient outcomes. Small risk of impact upon delivery of QIPP schemes (if applicable) Appetite: Guiding principles or rules in place that allow considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 3-4 year intervals	High risk of impact upon productivity e.g., waiting times, patient outcomes High risk of impact upon delivery of QIPP schemes (if applicable) Appetite: Guiding principles or rules in place that are receptive to considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 2–3-year intervals	Significant risk of impact upon productivity e.g., waiting times, patient outcomes. High risk of impact upon delivery of QIPP schemes (if applicable). Appetite: Guiding principles or rules in place that welcome considered risk taking in organisational actions and the pursuit of priorities. Organisational strategy is refreshed at 1-2 year intervals	Significant risk of negative impact upon patients, providers and/or the ICB i.e., non- delivery of key objectives; loss of percentage of budget
Reputational	Rumours Potential for public concern Appetite for risk taking limited to those events where there is **no chance** of any significant repercussion for the organisation.	Local media coverage and discussions on social media short-term reduction in public confidence Elements of public expectation not being met Appetite for risk taking limited to those events where there is **little chance** of any significant repercussion for the organisation.	Local negative and critical media coverage and discussions on social media leading to medium-term reduction in public confidence MPs and stakeholders raise concerns with ICB Appetite to take decisions with potential to expose organisation to additional scrutiny, but only where appropriate steps are taken to minimise exposure.	Sustained negative and critical local media coverage and discussions on social media National negative media coverage for less than 3 days MPs and stakeholders raise concerns with ICB NHS England and Improvement or DHSC raises concerns with ICB. Appetite to take decisions which are likely to bring additional Governmental / organisational scrutiny only where potential benefits outweigh risks .	National negative media coverage for more than 3 days MPs and stakeholders raise concerns in public fora (e.g. questions in the House of Commons or critical media articles) Total loss of public confidence

Risk domains	1. Negligible (Risk appetite: Minimal)	2. Minor (Risk appetite: Cautious)	3. Moderate (Risk appetite: Open)	4. Major (Risk appetite: Seek)	5. Catastrophic (Risk appetite: Significant)
Human resources/ organisational development/ staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections / Regulatory Action/Legal	No or minimal impact or Breach of guidance/ statutory duty. Appetite: Want to be very sure we would win any challenge.	Breach of statutory Legislation. Reduced performance rating if unresolved. Appetite: Want to be reasonably sure we would win any challenge.	Single breach in statutory duty. Challenging external recommendations/ improvement notice. Appetite: Want to be reasonably sure we would win any challenge.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Appetite: Chances of losing are high but exceptional benefits could be realised.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report
Governance/ Business objectives/ projects	Insignificant cost increase/ schedule slippage. Appetite: Willing to consider low risk actions which support delivery of priorities and objectives. Processes, and oversight / monitoring arrangements enable limited risk taking. Organisational controls maximise fraud prevention, detection and deterrence through robust controls and sanctions	<5 per cent over project budget. Schedule slippage. Appetite: Willing to consider actions where benefits outweigh risks. Processes, and oversight / monitoring arrangements enable cautious risk taking. Controls enable fraud prevention, detection and deterrence by maintaining appropriate controls and sanctions.	5–10 per cent over project budget. Schedule slippage. Appetite: Receptive to taking difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements enable considered risk taking. Levels of fraud controls are varied to reflect scale of risks with costs	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Appetite: Ready to take difficult decisions when benefits outweigh risks. Processes, and oversight / monitoring arrangements support informed risk taking. Levels of fraud controls are varied to reflect scale of risk with costs.	Incident leading >25 per cent over project budget. Schedule slippage Key objectives not met
Finance including claims	Small loss. Risk of claim remote. Appetite: only prepared to accept the possibility of very limited financial impact if essential to delivery	Loss of percentage of budget. Claim less than £10,000. Up to 0.05%. Appetite: Seek safe delivery options with little residual financial loss only if it could yield upside opportunities.	Loss of percentage of budget. Claim(s) between £10,000 and £100,000. Up to 0.15%. Appetite: Prepared to invest for benefit and to minimise the possibility of financial loss by managing the risks to tolerable levels	Key objectives not met. Uncertain delivery of key objective/Loss of per cent of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time. Up to 0.5%. Appetite: Prepared to invest for best possible benefit and accept possibility of financial loss (controls must be in place).	Non-delivery of key objective/ Loss of per cent of budget. Failure to meet specification/ slippage. Loss of contract / payment by results. Claim(s) >£1 million. Over 0.5%
Health and Safety	Minimal effect on staff	Potential for minor harm or intruding into normal non-working time	Incident requiring hospital treatment for more than one member of staff. Intrusion into normal non-working time	Significant injuries, potential death. Major intrusion into staff's time	Deaths and / or major effect on staff lives
Technology/- Service/ Business interruption/ Environmental impact	Loss/interruption of >1 hour. Minimal or no impact on the environment. Appetite: Only essential systems / technology developments to protect current operations.	Loss/interruption of >8 hours. Minor impact on environment. Appetite: Consideration given to adoption of established / mature systems and technology improvements. Agile principles are considered.	Loss/interruption of >1 day. Moderate impact on environment. Appetite: Systems / technology developments considered to enable improved delivery. Agile principles may be followed.	Loss/interruption of >1 week. Major impact on environment. New technologies viewed as a key enabler of operational delivery. Agile principles are embraced.	Permanent loss of service or facility. Catastrophic impact on environment

Table 9 Likelihood (L) levels descriptors

Descriptor	1. Rare/ Not occurred	2. Unlikely / Not likely	3. Possible/ likely	4. Highly Likely	5. Almost certain/ Occurred
Frequency How often might it/does it happen	This will probably never happen/recur

or

There is absolute certainty that there can be no adverse effect. This may involve a reputable audit trail or forensic evidence | Do not expect it to happen/recur but it is possible it may do so

or

In cases where there is no evidence that can prove that no adverse effect has occurred this must be selected | Might happen or recur occasionally

or

It is likely that there will be an occurrence of an adverse effect arising from the breach | Will probably happen/recur but it is not a persisting issue

or

There is almost certainty that at some point in the future an adverse effect will happen | Will undoubtedly happen/recur, possibly frequently

or

There is a reported occurrence of an adverse effect arising from the breach. |

13. Appendix E. Risk Register & Assurance templates for all risks (dovetails with Datix field required).

Corporate risk register

								Risk Profile							Assurance Mapping							
ID	Date Opened	CCG Strategic Objectives	Reference	Executive Owner	Risk Lead	Risk Appetite	CCG Risk Description	Rating (initial)	Rating (current)	Rating (Target)	Risk Movement	Controls	Gaps in controls	1st Line – Operational functions enforcing required behaviours and working practices throughout the organisation's day-to-day activities	1st Line - Level of assurance	2nd Line – Oversight functions undertaking scrutiny and monitoring of the governance framework to ensure that it operate in an efficient and effective manner	2nd Line - Level of assurance	3rd Line – Functions providing independent and objective challenge and assurance with regards to the organisation's governance arrangements	3rd Line - Level of assurance	Gaps in assurance	Approval status
							If, Then, Resulting in	20	16	8					None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead
															None		None		None		Awaiting approval and assignment to Executive lead

ICS Strategic Objectives	No.
Improving outcomes in population health and healthcare	0
Tackling inequalities in outcomes, experience and access	0
Enhancing productivity and value for money	0
Helping the NHS support broader social and economic development	0
Total	0

Assurance report

STRATEGIC OBJECTIVES (ICS PRIMARY PURPOSES)		IMPACTED
1	Improving outcomes in population health and healthcare	Yes
2	Tackling inequalities in outcomes, experience and access	Yes
3	Enhancing productivity and value for money	Yes
4	Helping the NHS support broader social and economic development	

TRIGGER ZONES FOR MANGEMENT ACTION PLANS

Risk Matrix

Consequence (C)

Likelihood (L)	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain				3 risks	
4. Highly Likely				12 risks	
3. Possibly					
2. Unlikely					
1. Rare					

Analysis

51 corporate risks scored 12+

15 risks scored 16+, (23%)

12 risks scored 16

3 risks scored 20

Risks scored 12+   Scored 16   Scored 20

RAG rating of overall performance

Amber

→ Progress

Brief comments on the adequacy of assurance

RISK ID	SO ID	RISK LEAD	RISK DESCRIPTION	CURRENT SCORE	Current risk score directional movement		ASSURANCE LEVEL		
15 records	Initials	Directorates		L x C = RS	Initial — Current — Target		1st line	2nd line	3rd line
	1	Medical		16		↑	Substantial	Substantial	Substantial
	1	Nursing and Quality		16		↔	None	None	None
	3	Finance		16		↔	None	None	None
	2	Primary care		16		⇄	None	None	None

14.Appendix F: ICB Risk Management Implementation Plan for 2022/23

Table 10 Implementation Plan

Item no.	Action/area of focus	Objectives	Outcome	Activity/progress	Target Date
Output 1: Enabling environment for effective risk management					
1	**Effective risk management framework implementation including the provision of risk management toolkit such as guidance document on Datix Risk Register, and update on policy**	Finalise Risk Management Policy document and ensure consistency across other policies including IG and H&S	Approved risk management documents	Presented to the Board	31 August 2022
2	**Redesign of Datix Risk Register and Incident forms to reflect the new structures and management arrangements**	Risk ownership and leadership, i.e., individual responsibility for risks within the workflow administration on Datix Clear lines responsibilities are established	Risk leads across ICB are confident using Datix risk management system	Currently in development	30 September 2022
3	**Transfer of aligned commissioning risks and transition risks onto Datix, as well as identification of ICB risks**	Complete ICB risk register	Accruable and available risk data for decision-makers	Underway, work to be undertaken by risk leads in relation to fully updating newly identified ICB risks	31 August 2022
Output 2: Awareness, Training and Risk Management Support					
4	**Publication and adoption of the risk management policy**	Directorates and partners are aware of the risk management framework	achieve consistency across the ICB and ICS	To be published on the website, intranet site – intranet still under development	31 August 2022
5	**Deliver training on the core principles of risk management (value creation and protection)**	Create a healthy a risk culture through induction and training programmes Publish guidance materials including videos on the ICB website. Increase awareness and	Improve level of maturity	Training materials to be designed and created. Risk glossary to be developed Needs risk appetite to be agreed at an organisational and executive level in order to clearly communicate throughout the organisation	31 October 2022

Item no.	Action/area of focus	Objectives	Outcome	Activity/progress	Target Date
		the usage of risk management vocabularies			
Output 3: Risk management framework with the oversight functions in the assurance framework					
6	**Develop the ICB's Strategic Objective and risk appetite**	Risks are correctly linked to, or identified against strategic objectives	SMART strategic objectives Leadership: Exec lead for each of the aligned ICS's Primary Purposes or strategic objectives	Proposal from LA and work underway by SS	30 September 2022
7	**Develop the ICB's risk appetite statement**	Risk appetites statements are provided by each Director for their area of focus	Risk appetite: risk management efforts are proportionate to the level of risk exposure	?	31 October 2022
8	**Assurance mapping**	Identification of sources of assurance and 3 lines of defence	Clear expectations for the three lines of defence are set	This area of work will be prioritised in light of the audit activity taking place in Q2. Review and support provided where appropriate.	31 August 2022
9	**Internal Audit recommendation following review to be monitored as risks to completions are via Datix**	Controls are evidenced on the three lines of defence	Audit and Risk Committee can scrutinise the controls system and level of assurance	Follow up and handover recommendation update and reconciliation taking place. Any new ICB audit recommendations to be added – First audits taking place in Q2.	31 October 2022
10	**Identify action plans to strengthen controls in place.**	Risks have agreed action plans assigned to action leads	Clear process for planned mitigating actions is established. The actions planned can be exported separately or as part of risk register	Review ICB risks owners in need of support or training. Best practice examples to be shared in order to demonstrate 'what good looks like'	31 October 2022
Output 4: Management of the governance and risk oversight activities					
11	**Establish the Risk Group activities**	Provide Guidance, Direction, and oversight on Risk Management.	Approved Risk Groups annual cycle of business and Terms of Reference (ToR)	ToR for the ICB Risk Review Group completed, and annual cycle of business being developed	30 September 2022

Item no.	Action/area of focus	Objectives	Outcome	Activity/progress	Target Date
12	**Risk Review Group report to the Audit and Risk Committee**	Progress on the implementation of Risk Management	Status reports outlining implementation Report on the status to the Audit & Risk Management Committee.	Risk review group are meeting initially in August. Execs to confirm nominated delegates	15th November 2022
13	**Commitment from senior leadership**	Statement of commitment signed by the Accountable officer and the Board is enclosed in the Risk Management Policy	Statement of commitment signed by the Accountable officer and the Board is enclosed in the Risk Management Policy	To be drafted by Chief of Staff, propose to go to board for 22nd September	30th September 2022

15. Appendix G: Data Protection Impact Assessment – Initial Screening tool

Project/Service				
Name of the Project or Service:		HWEICB Risk Management Policy		
DPIA Reference:	PIA:	☐ Proposed	☒ Existing	
Date of Completion:	18/07/2022			
Who is likely to be affected by this project?		☒ Staff	☐ Patients	☐ Public
Description of Project or Service:		Risk management policy development. The purpose is to define how the ICB approach to managing risks that affect its organisation daily, as well as how staff identify, evaluate, assess, and manage risk across the ICB and stakeholders as part of good governance.		
Identified benefits, quality expectations and intended outcomes:		Supports the delivery of the ICB's risk management objectives and outlines application principles, risk oversight structures, key accountabilities, and requirements for identifying, assessing reporting and monitoring risk.		
Project/Service Lead				
Name:		Leon Adeleye		
Job Title:		Corporate Governance Manager		
Department/Directorate:		Chief of Staff: Corporate Governance		
Telephone Number:		01707 685239		
Email address:		leon.adeleye1@nhs.net		
Information Asset Owner				
Name:		Michael Watson		
Job Title:		Chief of Staff		
Department/Directorate:		Chief of Staff: Corporate Governance		
Telephone Number:				
Email address:		michael.watson9@nhs.net		
Screening Questions	**Yes**	**No**	**If you have answered yes please provide details:**	
Q1: Does the processing involve the use of new technologies or the novel application of existing technologies?	☒	☐	A new Risk Register module has been added to the existing Datix System.	
Q2: Does the processing involve the use of new personal data or the reuse of existing personal data for a new purpose?	☒	☐	Full names and NHS email addresses of Risk Owners, Risk Leads and Actions Owners are required when completing a risk record on Datix.	
Q3: Does the processing involve data matching, combining, comparing or linking of personal data from multiple sources?	☐	☒		
Q4: Does the processing involve sharing of personal data with multiple organisations?	☐	☒		

Q5: Does the processing involve the use of evaluation or scoring, including profiling?	☐	☒	
Q6: Does the processing involve automated decision making to help make decisions significantly affecting the data subject?	☐	☒	
Q7: Does the processing undertake profiling on a large scale? (If in excess of 100 individuals estimate numbers)	☐	☒	
Q8: Does the processing involve genetic, biometric or other special category data, criminal offence data, or data of a highly personal nature, or does the processing involve the use of children's personal data?	☐	☒	
Q9: Does the processing involve data concerning vulnerable data subjects?	☐	☒	
Q10: Does the processing involve systematic monitoring, including the systematic monitoring of a publicly accessible area?	☐	☒	
Q11: Does the processing involve personal data which could result in a risk of physical harm in the event of a data breach?	☐	☒	
Q12: Is the processing carried out on a large scale?	☐	☒	
Q13: Does the processing involve the tracking of individuals' online or office behaviour or location, or will it be used to offer online services directly to them?	☐	☒	
If you have answered YES to any of the above a full DPIA will be required.			I have answered yes to Q1 and Q2. A full DPIA has been completed

Please return your signed and dated form to the Data Controller's Information Governance Team Via enhertsccg.information@nhs.net

If you have any questions about the **Data Protection Impact Assessment** process, or if you need any help completing this form, please contact the governance team.

Assessment to be reviewed by the Information Governance Team:

Name:	
Date:	
Comments:	

16. Appendix H: Equality Impact Assessment Screening Form

Equality Analysis

Title of policy, service, proposal etc being assessed:
Risk Management Policy

What are the intended outcomes of this work?
The Risk Management policy will support the HWEICB's strategic direction and objectives, as well as staff duties and responsibilities in understanding and creating an effective risk profile, management's controls to reduce risks, and the mapping of assurances to ensure the Board is aware of known and new risks.
How will these outcomes be achieved?
The Risk Management Policy v1.3 will be published and distributed to all employees. This policy will guide ICB's risk management activities. It will replace version 1.0, adopted on 1 July 2022.
Who will be affected by this work?
There is no scope for differential impact based on a person's characteristic.

Evidence
Impact Assessment Not Required
This is a risk management policy at the highest level. It has no impact on those who have or share a protected characteristic. It specifies critical and/or priority actions as actions that ensure there is no impact on people.

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full equality impact assessment is not required.	
Assessor's name and job title	
Date	

APPENDIX 14

NHS HERTFORDSHIRE AND WEST ESSEX

INTEGRATED CARE BOARD

STANDARDS OF BUSINESS CONDUCT POLICY
(Incorporating conflicts of interest)

Version Number	1.1
Approved by	HWE ICS Executive, May 2022
Ratified by	Integrated Care Board, 1 July 2022 (v1.0)
Name of Originator/Author	Head of Corporate Governance, Katy Patrick
Responsible Director	Chief of Staff, Michael Watson
Staff Audience	All staff, board and committee members
Date Issued	July 2022
Next Review Date	June 2023

DOCUMENT CONTROL

Plan Version	Page	Details of amendment	Date	Author
0.1		• Approved CCG/ICB Executive • Ratified by HWE CCG Boards sitting in Common (subject to final adoption by HWE ICB on 1st July 2022)	April 2022 May 2022	Katy Patrick
1.0		• Approved and adopted by HWE Board	01 July 2022	
1.1		• Declarations contact email address updated throughout policy	October 2023	Jas Dosanjh

CONTENTS

1. **INTRODUCTION AND SUMMARY OF PRINCIPLES**

1.1   The major focus of this policy is conflicts of interest and is intended to ensure that Hertfordshire and West Essex Integrated Care Board ("the ICB") compliance with: NHS England's conflicts of interest statutory guidance issued for CCGs[1]; the NHSE general good practice guidelines for all NHS Trusts and NHS England[2] which set out minimum good practice for all NHS Trusts and NHS England; and Interim guidance on the functions and guidance of the Integrated Care Board[3]. As this guidance was issued prior to their inception, ICBs are not specifically included, however, the good practice still applies. NHS England may issue guidance for ICBs in due course and this policy will then be updated to align with it as appropriate. The policy also covers the ICB's approach to joint working with the pharmaceutical industry.

1.2   **ICB Conflicts of Interests Principles[3]**

- Decision-making must be geared towards meeting the statutory duties of ICBs at all times, including the triple aim.[4] 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.

- ICBs have been created to give statutory NHS providers, local authority and primary medical services nominees a role in decision-making. These individuals will be expected to act in accordance with the first principle, and whilst it should not be automatically assumed that they are personally or professionally conflicted just by virtue of being an employee, director, partner or otherwise holding a position with one of these organisations (please see paragraph 5.12 below regarding these or similar roles), the possibility of actual and perceived conflicts of interests arising will remain. For all decisions, ICBs will need to carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.

- 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. Declarations must be made as soon as practicable after the person becomes aware of the conflict or potential conflict and, in any event, within 28 days of the person becoming aware. This is already standard practice in existing NHS organisations such as CCGs. This includes being clear and specific about the nature of any interest, and about the nature of any conflict that may arise regarding a particular decision.

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf

[2] https://www.england.nhs.uk/ourwork/coi/

[3] NHSE interim guidance March 2022

[4] The Triple Aim is a proposed common duty for NHS bodies that plan and commission services (NHS England and ICBs) and that provide services (Trusts and Foundation Trusts). It will oblige these bodies to consider the effects of their decisions on: the health and wellbeing of the people of England; the quality of services provided or arranged by both themselves and other relevant bodies; the sustainable and efficient use of resources by both themselves and other relevant bodies.

- If an interest is declared but there is no risk of a conflict arising, then no further action need be taken (although this will still need to be recorded). However, if a material interest is declared, then it should be considered to what extent this material interest affects the balance of the discussion and decision-making process. In doing so the ICB should ensure conflicts of interest (and potential conflicts of interest) do not, (and do not appear), to affect the integrity of the ICB's decision making processes.

- ICBs should consider the composition of decision-making forums and should clearly distinguish between those individuals who should be involved in formal decision taking, and those whose input informs decisions. In particular ICBs should consider the perspective the individual brings and the value they add to both discussions around particular decisions and in actually taking part in the decision including the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for their populations. The way Conflicts of Interest (CoI's) are managed should reflect this distinction. For example, where independent providers (including the VCSE sector) hold contracts for services it would be appropriate and reasonable for the body to involve them in discussions, for example about pathway design and service delivery, particularly at place-level. However, this would be clearly distinct from any considerations around contracting and commissioning, from which they would be excluded.

- Actions to mitigate CoIs should be proportionate and should seek to preserve the spirit of collective decision-making wherever possible. Mitigation should take account of a range of factors including the perception of any conflicts and how a decision may be received if an individual with a perceived conflict is involved in that decision, and the risks and benefits of having a particular individual involved in making the decision. Potential options in relation to mitigation could include:

  i. Including a conflicted person in the discussion but not in decision making;

  ii. Excluding a conflicted person from both the discussion and the decision making;

  iii. Including a conflicted person in the discussion and decision where there is a clear benefit to them being included in both – however, including the conflicted person in the actual decision should be done after careful consideration of the risk and with proper mitigation in place. The rationale for inclusion should also be properly documented and included in minutes.

  iv. Excluding the conflicted individual and securing technical or local expertise from an alternative, unconflicted source

- The way conflicts of interest are declared and managed should contribute to a culture of transparency about how decisions are made. In particular when adopting a specific approach to mitigate any conflicts of interest (including perceived conflicts) ICBs should ensure that the reason for the chosen action is documented in minutes or records.

- These factors should be read in conjunction with other relevant NHSE/I statutory guidance, including guidance on the provider selection regime and guidance on joint working and delegation arrangements. In relation to the provider selection regime, as is already established practice in the NHS, where decisions are being taken as part of a formal competitive procurement of services, any individual who is associated with an

organisation that has a vested interest in the procurement should recuse themselves from the process.

The Policy elaborates on these principles, explaining the processes to be followed in order to maintain them.

2. PURPOSE

The purpose of this document is to ensure that the ICB maintains the highest standards of probity and that all business relationships lead to clear benefits for patients.

This policy is intended to:

- Enable the ICB to deliver its statutory duty to manage conflicts of interest
- Enable individuals to demonstrate that they are acting fairly and transparently and in the best interest of patients and the local population
- Uphold confidence and trust in the NHS
- Safeguard commissioning, whilst ensuring objective decision- making
- Support individuals to understand when conflicts of interest (whether actual or potential) may arise and how to manage them if they do
- Ensure that the ICB operates within the legal framework.
- Uphold the reputation of the ICB and its staff in the way it conducts business.

3. DEFINITIONS

3.1 **Guidance and legal framework**

3.1.1 This policy is intended to protect patients, taxpayers and staff covering health services in which there is a direct state interest.

It is applicable to the following NHS bodies:

- Clinical Commissioning Groups ('CCGs') until 30 June 2022
- Integrated Care Boards from 1 July 2022 (until guidance is updated)
- NHS Trusts (all or most of whose hospitals establishments and facilities are situated in England) and NHS Foundation Trusts - which include secondary care trusts, mental health trusts, community trusts, and ambulance trusts;
- NHS England and Improvement.

The guidance describes:
- the standards of conduct expected of all NHS staff where their private interests may conflict with their public duties; and the steps which NHS employers should take to safeguard themselves and the NHS against conflicts of interest.
- Specifically, it makes it clear that it is the responsibility of staff to ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties.

3.1.2   NHS England and Improvement's Standards for Business Conduct Policy 2017 (updated 2022)[5] provides further guidance on core standards of conduct expected of NHS staff and boards to act in the best interests of the public and patients / clients to ensure that decisions are not improperly influenced by gifts or inducements.

3.1.3   Professional Codes of Conduct governing health care professionals are also pertinent. The General Medical Council's guidance, "Leadership and management for all doctors" (March 2012)[6], details the standards and expectations required of clinicians in leadership and management positions.

3.1.4   The Professional Standards Authority has also published Standards for members of NHS Boards and Clinical Commissioning Group Governing Bodies in England[7].

3.1.5   NHS England published its revised conflicts of interest guidance June 2017[8] · CCGs have had a duty to have regard to this and ICBs will be expected to follow it in the absence of any updated guidance.

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[5] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F02%2Fstandards-of-business-conduct-harmonised.pdf&clen=422884&chunk=true

[6] http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp

[7] http://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2

[8] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2017%2F06%2Frevised-ccg-conflict-of-interest-guidance-v7.pdf&clen=888915&chunk=true

3.2   Conflicts of Interest

3.2.1   A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In such cases it is important to still manage these perceived conflicts in order to maintain public trust.

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners may here find themselves in a position of being at once commissioner and provider of services. Conflicts of interest can arise throughout the whole commissioning cycle: from needs assessment, to procurement exercises, to contract monitoring.

3.2.2   Categories of interest

Financial interests: This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A director, including a non-executive director, or senior employee in a private company or public limited company or other organization which is doing, or which is likely, or possibly seeking to do business with an organization in receipt of NHS funding.
- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely or possibly seeking to do business with an organization in receipt of NHS funding.
- A management consultant for a provider.

This could also include an individual being:
- In secondary employment
- In receipt of secondary income
- In receipt of a grant
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role
- 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 decision their organisation makes, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients

- A clinician with a special interest, e.g., in dermatology, acupuncture etc who is also a member of the ICB board or an ICB committee
- A member of a particular specialist professional body
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE)
- A research role.

Members of the Board or committees of the ICB, should declare details of their roles and responsibilities held within their main occupation and any secondary employment.

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 member of a voluntary sector board; has a position of authority with a voluntary sector providers; or is a champion for a voluntary sector provider.
- A volunteer for a provider.
- Suffering from a particular condition requiring individually funded treatment.
- A member of a lobby or pressure group with an interest in health and care.

Indirect interests: This is where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit[9] from a decision they are involved in making, for example, a:
- Spouse / partner.
- Close family member and relative e.g., parent, grandparent, child, grandchild or sibling.
- Close friends and associates.
- Business partner.

A declaration of interest for a "business partner" should include all relevant collective interests of the partnership, and all interests of their fellow partners. Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB.

3.3   **Gifts**
A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or less than its commercial value.

3.4   **Hospitality**
'Hospitality' is defined as food, drink, travel, accommodation, or entertainment offered or provided in the nature of the organisation's business by anyone other than the employer.

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[9] A benefit may arise from the making of gain or avoiding a loss.

3.5 Commercial sponsorship

'Commercial sponsorship' refers to an arrangement where the ICB receives financial support or support in kind for staff, research, training, equipment, premises or conferences.

3.6 The pharmaceutical industry

The 'pharmaceutical industry' includes:

- Companies, partnerships or individuals involved in the manufacturing, sale, promotion or supply of medicinal products subject to the licensing provision of the Medicines Act 1968[16].
- Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medical devices, appliances, dressings, and nutritional supplements which are used in the treatment of patients within the NHS.
- Trade associations and agencies representing companies involved with such products.
- Companies, partnerships or individuals who are directly concerned with research, development or marketing of a medicinal product, device, appliance, dressing or supplement that is being considered by, or would be influenced by, decisions taken by the ICB.
- Pharmaceutical industry related industries, including companies, partnerships or individuals directly concerned with enterprises that may be positively or adversely affected by decisions taken by the ICB.

3.7 Joint Working

'Joint working' is defined as:

- Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery. Joint working agreements and management arrangements are conducted in an open and transparent manner.

Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

4. ROLES AND RESPONSIBILITIES

4.1 The Board

The responsibilities of all members of staff, as set out in section 4.2, also apply to all members of the Board. In addition, the Board will:

- Ensure that the ICB's policies and procedures reflect best practice particularly in relation to the procurement of services;
- Ensure that arrangements for audit and reporting are open, robust and effective.

4.2 All Members of Staff

It is the responsibility of each employee of the ICB to comply with each element of this policy laid out in chapter 5.

4.3   Committee members
All members of the ICB Board Committees and any sub-committees are expected to comply with all elements of this policy.

4.4   The Audit and Risk Committee
The Audit and Risk Committee will:
- Oversee the arrangements for the management of conflict of interest, gifts, hospitality and commercial sponsorship, and advise the Board as required.
- Receive a Decision Register report on a quarterly basis which will include all decisions made by the Board and Board Committees inclusive of any declaration of interests made against each decision and how those conflicts were managed.
- Ensure that the registers of interests and gifts, hospitality and sponsorship are reviewed regularly, and updated as necessary.
- Ensure that for every interest declared, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the ICB's decision making process.
  The arrangements will confirm the following:
    - When an individual should withdraw from a specified activity, on a temporary or permanent basis.
    - Monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.

4.5   The Conflicts of Interest Guardian
ICBs are not required to have a Conflicts of Interest Guardian, but the ICB has this role as good practice and in order to strengthen scrutiny and transparency of decision-making processes. This role is undertaken by the ICB Audit and Risk Committee Chair, supported by the Chief of Staff, who should have responsibility for the day-to-day management of conflicts of interest matters and queries

4.6   The Chief of Staff
The Chief of Staff or their nominated representative will:

- Provide advice, support and guidance on how conflicts of interest should be managed.
- Ensure that appropriate administrative processes are put in place.
- Update the registers of interests based on the Declaration of Interest Forms completed and ensures that registers are published on the ICB public website.
- Update the registers of gifts, hospitality and sponsorship and ensure they are published on the ICB public website.
- Maintain the Decision Register of all decisions made by the Board and Board Committees inclusive of any declarations made against each action, provide to Audit and Risk Committee meetings on a quarterly basis and subsequently published on the ICB public website, unless exempt due to reasons of commercial sensitivity or personal confidentiality.
- Support the Conflicts of Interest Guardian to enable them to carry out the role effectively.

4.7   **Contractors**
Contractors and people who provide services to the ICB will be required to comply with all relevant elements of this policy.

4.8   **Chief Executive Officer**
The Chief Executive Officer has overall accountability for the ICB's management of conflicts of interest

4.9   **Consultation and Communication with Stakeholders**
The following groups have been consulted:
- Staff Forum
- ICS Executive
- Sample of ICB Board members designate

5.   POLICY CONTENT

5.1   Principles of good business conduct

5.1.1   The ICB expects Board and committee members, staff, contractors and all involved in the business of the ICB to observe the principles of good governance in how they do business. These include:

- The 7 principles of public life[10] (as set out in 5.1.2 below)
- The Good Governance Standards for Public Services (CIPFA 2004)[11]
- The seven key principles of the NHS in England[12]
- The Equality Act 2010[13]
- The UK Corporate Governance Code[14]
- Standards for members of NHS boards and CCG governing bodies in England[15]

5.1.2   The 7 principles of public life (the Nolan Principles)

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

Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties

Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit

Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands

Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest

Leadership – Holders of public office should promote and support these principles by leadership and example.

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[10] https://www.gov.uk/government/publications/the-7-principles-of-public-life

[11] https://www.cipfa.org/policy-and-guidance/reports/good-governance-standard-for-public-services

[12] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

[13] https://www.legislation.gov.uk/ukpga/2010/15/contents

[14] https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.PDF

[15] https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2

5.1.3 In addition, as an ICB we will:

- Do business appropriately: conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right 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 possible opportunity.
- 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.
- Create an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.

5.1.4 The ICB recognises that:

- A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as them actually occurring.
- If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it.
- For a conflict of interest to exist, financial gain is not necessary.

5.1.5 The ICB understands the requirement to consult upon major changes before decisions are reached and will be open with the public, patients and staff. Information supporting decisions will be made available in a way that is understandable and responses to requests for information in accordance with the Freedom of Information Act 2000 will be provided in this spirit.

5.1.6 Our business will be conducted in a way that is socially responsible, forging an open and positive relationship with the local community and in consideration of the impact of the organisation's activities on the environment.

5.2 **Declaring interests**

5.2.1 It is a statutory requirement for ICBs to make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the organisation as soon as they become aware of it, and in any event within 28 days. ICBs must record the interest in the registers as soon as they become aware of it.

5.2.2 All persons referred to in point 5.3.3 must declare any interests. Declarations of interest must be made using the form at appendix 1 as soon as possible and by law within 28 days after the interest arises. The ICB also expects individuals to declare interests they are pursuing. All declarations should be sent to the hweicbwe.declarations@nhs.net

5.2.3   Declarations must be made **on appointment** to the ICB, the Board or any committees. When an appointment is made, a formal declaration of interests should be made using the template in appendix 1 and recorded.

5.2.4   Individuals will be asked to confirm **annually** that declarations are accurate and up to date. Where there are no interests or changes to declare, a "nil return" should be recorded.

5.2.5   All board or committee members are required to declare any interests in agenda items in advance of the meeting. All **meeting attendees** are required to declare their interests as a standing agenda item for every board, committee, sub-committee or working group meeting, before the item is discussed. Even if an interest has been recorded in the register of interests, it should still be declared in meetings where matters relating to that interest are discussed. Declarations of interest and how they were managed should be recorded in minutes of meetings and summarised on the COI template at Appendix 2 as an appendix to the minutes.

5.2.6   Additionally, if a specialist or expert is invited to comment on a meeting paper in order to help the committee or group with their discussions, then that individual must be asked to complete a declaration of interest.

5.2.7   **Whenever an individual's role, responsibility or 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 enters into a new business or relationship), a further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days. This could involve a conflict of interest ceasing to exist or a new one materialising. If an individual's circumstances change, it is their responsibility to make a further declaration as soon as possible and in any event within 28 days, rather than waiting to be asked.

5.3   **Registers of Interest**
5.3.1   It is a statutory requirement that ICBs must maintain one or more registers of interest of: the members of its board, members of its committees or sub-committees of its board, and its employees. ICBs must publish interests of decision-making staff and make arrangements to ensure that members of the public have access to these registers on request.

5.3.2   The ICB will maintain registers of interest and registers of gifts and hospitality.

5.3.3 Declarations must be made by, and registers of interest will be created and maintained for:

All ICB employees, including:
- all full and part time staff;
- any staff on sessional or short-term contracts;
- any students and trainees (including apprentices);
- agency staff;
- seconded staff.

In addition, any self-employed consultants or other individuals working for the ICB under a contract for services should make a declaration of interest in accordance with this guidance, as if they were ICB employees.

Members of the Board and all members of the ICB's committees, sub-committees/sub-groups, including:

- co-opted members;
- appointed deputies;
- any members of committees/groups from other organisations.

Where the ICB is participating in a joint committee, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating organisation.

5.3.4 All interests declared must be transferred to the relevant ICB register by the Corporate Governance team within 10 working days.

5.3.5 An interest should remain on the public register for a minimum of 6 months.

5.3.6 The ICB will retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The ICB's published register of interests will state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

5.3.7 The template for the ICB register of interests can be found in appendix 3

5.4 **Registers of gifts, hospitality and sponsorship**
5.4.1 The ICB will maintain registers of gifts, hospitality and sponsorship.

5.4.2 All the individuals listed in section 5.3.3 should consider the risks associated with accepting offers of gifts, hospitality, sponsorship and entertainment when undertaking activities for or on behalf of the ICB. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

5.5   Gifts

5.5.1   Gifts offered to ICB staff, Board members or committee members by providers or contractors linked (currently or prospectively) to the ICB's business should be **declined**. The person to whom the gifts were offered should also declare the offer to the hweicbwe.declarations@nhs.net so the offer which has been declined can be recorded on the register.

5.5.2   Gifts under £50 can be accepted from non-suppliers and non-contractors, and do not need to be declared. Gifts with a value of over £50 can be accepted on behalf of the organisation, but not in a personal capacity and must be declared. Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common-sense approach should be adopted as to whether or not this is the case.

5.5.3   If you are in any doubt as to whether to accept a gift, it is better to politely decline the offer.

5.5.4   The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e., up to £6) such as promotional 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 Chief of Staff, nor recorded on the register.

5.5.5   Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be **declined**, whatever their value and whatever their source, and the offer which has been declined must be declared to the hweicbwe.declarations@nhs.net and recorded on the register.

5.5.6   For further information on what to do if offered a gift, see appendix 9.

5.6 **Hospitality**

5.6.1 The ICB does not wish to prevent people from accepting appropriate hospitality. However, individuals should be able to demonstrate that the acceptance or provision of hospitality would be of benefit to patients.

5.6.2 Modest hospitality provided in normal and reasonable circumstances is acceptable, although it should be on a similar scale to that which the ICB might offer in similar circumstances (e.g., tea, coffee, light refreshments at meetings). A common-sense approach should be adopted as to whether hospitality offered is modest or not. Hospitality of this nature does not need to be declared to the Chief of Staff, 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.

5.6.4 In the case of modest hospitality offered by pharmaceutical companies, the CCG requires clarity on what products are to be promoted. If the product(s) has been rejected for use in the Hertfordshire and West Essex ICB area, the offer should be declined. Advice should be sought from the Pharmacy and Medicines Optimisation Team where appropriate.

5.6.3 Offers of hospitality which go beyond modest, or are of a type that the ICB itself would not offer, should be politely **refused**. A non-exhaustive list of examples includes:

- hospitality of a value of above £75 per attendee;
- in particular, offers of overseas travel and accommodation.

There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. Hospitality of between £25 and £75 can be accepted, but must be declared to the Chief of Staff, and recorded on the register, whether accepted or not. Hospitality under £25 can be accepted and does not need to be declared. If the value of the hospitality is over £75, it must be declared and prior approval should be sought from the appropriate Director or the Chief of Staff before accepting such offers, and the reasons for acceptance should be recorded in the ICB's register of gifts and hospitality. Otherwise, such offers must be **refused**.

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 Chief of Staff as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

5.6.4 The total value of hospitality provided by any specific company to the ICB must not exceed £1,000 in one financial year.

5.6.5 With regard to the provision of hospitality by the Integrated Care Board, The Code of Conduct: Code of Accountability in the NHS[16] advises that the use of NHS monies for

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[16] chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.nhsbsa.nhs.uk%2Fsites%2Fdefault%2Ffiles%2F2017-02%2FSect_1_-_D_-_Codes_of_Conduct_Acc.pdf&clen=125735&chunk=true

hospitality and entertainment, including hospitality at conferences or seminars, should be carefully considered. It advises that all expenditure on these items should be capable of justification, as reasonable in the light of general practice in the public sector. It reminds NHS organisations that hospitality or entertainment is open to challenge by auditors and that ill-considered actions can damage respect for the NHS in the eyes of the community.

5.6.6   For further information on what to do if offered hospitality, see appendix 9.

5.7   **Shareholding and Other Ownership Interests**

Holding shares or other ownership interests can be a common way for staff to invest their personal time and money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role with the ICB. For instance, if they are involved in their organisation's procurement of products or services which are offered by a company they have shares in then this could give rise to a conflict of interest. Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with their organisation. If these shareholdings or other ownership give rise to risk of conflicts of interest they need to be considered and actions to mitigate risks need to be put in place.

5.8   **Patents, Donations or Loyalty Interests**

Patents
The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. However, conflicts of interest can arise when staff that hold patents and other intellectual property rights are involved in decision making and procurement. Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation). Employees should seek prior permission from the ICB before entering into any agreement with bodies regarding product development, research, work on pathways, etc., where this impacts on the ICB's own time, or uses its equipment, resources or intellectual property. Where this gives rise to a conflict of interest then this risk needs to be mitigated.

Donations
Acceptance of donations made by suppliers or bodies seeking to do business with the ICB should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.

Loyalty interests
Conflicts of interest can arise when decision making is influenced through association with colleagues or organisations out of loyalty to the relationship they have, rather than

through an objective process. Loyalty interests should be declared by staff involved in decision making where they:

- hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
- could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.

Where holding loyalty interests gives rise to a conflict of interest then they need to be considered and the risks mitigated.

5.9   Commercial Sponsorship

5.9.1   This section should be read in conjunction with section 5.19 "Joint working with the pharmaceutical industry."

5.9.2   ICB staff, governing body and committee members 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. All such offers (whether accepted or declined) must be declared so that they can be included on the ICB's register of gifts, hospitality and commercial sponsorship, and the Chief of Staff should provide advice on whether or not it would be appropriate to accept any such offers. If such offers are reasonably justifiable then they may be accepted, with the written approval of a director or the Chief of Staff.

5.9.3   Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event. The ICB should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the ICB endorses a company's products or services. 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.

5.9.4   During dealings with sponsors there must be no breach of patient or individual confidentiality or data.

5.9.5   No information should be supplied to a company for their commercial gain and information which is not in the public domain should not normally be supplied unless there is a clear benefit to the NHS or patients.

5.9.6   At the ICB's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event. The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.

5.9.7   For further information on what to do if offered sponsorship, see appendix 9.

5.10 Declarations of offers of gifts, hospitality and sponsorship.

5.10.1 Declarations of offers of gifts, hospitality and sponsorship should be made by completing the appropriate form (appendix 4) and forwarding to the hweicbwe.declarations@nhs.net

5.10.2 All declarations must be made promptly and will be transferred to a gifts and hospitality register.

5.10.3 The gifts and hospitality register will be published on the ICB public website.

5.10.4 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 removed from the publicly available registers. 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 to the hweicbwe.declarations@nhs.net.

5.10.5 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. The ICB should retain a confidential un-redacted version of the registers.

5.10.6 All individuals who are required to make a declaration of interests or a declaration of gifts or hospitality should be made aware that the registers will be published, prior to their publication. This should be done by the provision of a fair processing notice that details: the identity of the data controller; the purposes for which the registers are held and published; and contact details for the data protection officer. This information should additionally be provided to any individuals who have been named in the registers because they have a relationship with the person making the declaration.

5.10.7 The registers of interests (including the register of gifts and hospitality) will be published via a web link as part of the ICB's Annual Report and Annual Governance Statement and periodically updated, following review by the Audit and Risk Committee. Up to date copies of registers can be requested via a Freedom of Information request to the ICB.

5.11 Secondary employment

5.11.1   It is the responsibility of all staff, board and committee members, contractors and others engaged under contract (see point 5.3.3) to make the ICB aware if they are employed or engaged in, or wish to be employed or engage in, any employment or consultancy work in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflict of interest. Examples of work which might conflict with the business of the ICB, including part-time, temporary and fixed term contract work, include:
- employment with another NHS body;
- employment with another organisation which might be in a position to supply goods/services to the ICB;
- directorship of a GP federation or primary care network;
- self-employment in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB.

5.11.2   The ICB requires that individuals obtain prior permission from a director to engage in secondary employment and reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. ICBs should ensure that they have clear, and robust organisational policies in place to manage issues arising from secondary employment.

5.11.3   In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the ICB on matters of procurement to themselves to be in receipt of payments from the pharmaceutical or devices sector.

5.12   **The appointment of board members, committee members and senior employees.**
5.12.1   On appointment of board members, committee members and senior employees, the ICB will consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis, with advice being sought from the Conflicts of Interest Guardian. In relation to any committees or sub-committees exercising ICB commissioning functions, and in compliance with the ICB Constitution - approval and appointment of members to such committees or sub-committees will be made by the ICB chair.

5.12.2   The ICB will assess the materiality of the interest, in particular whether the individual (or any person with whom they have a close association as listed in sections 3 and 5.3.3) could benefit (whether financially or otherwise) from any decision the ICB might make.

5.12.3   The ICB will determine the extent of the interest and the nature of the appointee's proposed role within the ICB. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual will not be appointed to the role.

5.12.4
Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to an ICB should recognise the inherent conflict of interest risk that may arise and should not be a member of the Board or of a committee or sub-committee of the ICB. This is applicable if the nature and extent of their interest and the nature of their proposed role is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively perform that role.

5.12.5 Additionally, the ICB constitution specifically prohibits appointment of individuals to the ICB board, committees or sub-committees if the appointment could reasonably be regarded as undermining the independence of the health services because of the candidate's involvement with the private healthcare sector or otherwise.

This would prevent, for example, directors of private healthcare companies or significant stakeholders of private healthcare companies from sitting on any board, committee or sub-committee exercising ICB commissioning functions.

However, employees/directors of voluntary organisations, social enterprises, and GPs and other clinicians may be appointed as members of the ICB board, committees or sub-committees provided they are not regarded as undermining the independence of the health services.

5.13 **Conflicts of Interest Guardian**

5.13.1 ICBs are not required to have a Conflicts of Interest Guardian, but HWEICB will have this role as good practice and in order to strengthen scrutiny and transparency of decision-making processes. This role is undertaken by the ICB Audit and Risk Committee Chair, supported by the hweicbwe.declarations@nhs.net, who should have responsibility for the day-to-day management of conflicts of interest matters and queries.

5.13.2 The ICB Chief of Staff will keep the Conflicts of Interest Guardian well briefed on conflicts of interest matters and issues arising.

5.13.3 The Conflicts of Interest Guardian will, in collaboration with the ICB's Chief of Staff or their representative:
- act as a conduit for staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest.
- be a safe point of contact for employees or workers of the ICB to raise any concerns in relation to conflicts of interest.
- support the rigorous application of conflicts of interest principles and policy.
- provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.
- provide advice on minimising the risks of conflicts of interest.

5.14 **Managing conflicts of interest at meetings**

5.14.1 The chair of a meeting of the ICB's 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.

5.14.2 The chair, with support of the ICB's Chief of Staff or their representative should proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

5.14.3 On circulation of the meeting agenda, delegates should be asked to confirm in writing prior to the meeting whether they believe themselves to be conflicted or potentially conflicted regarding one or more of the agenda items.

5.14.4 The chair should 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 group should declare any interests which are relevant to the business of the meeting, whether or not those interests have previously been declared. Any new interests which are declared at a meeting must be included on the ICB's relevant register of interests to ensure it is up-to-date.

5.14.5 Any new offers of gifts or hospitality (whether accepted or not) which are declared at a meeting must be included on the ICB's register of gifts and hospitality to ensure it is up-to-date.

5.14.6 It is the responsibility of each individual member of the meeting to declare any relevant interests which they may have. However, should the chair or any other member of the meeting be aware of facts or circumstances which may give rise to a conflict of interests, but which have not been declared, then they should bring this to the attention of the chair who will decide whether there is a conflict of interest and the appropriate course of action to take in order to manage the conflict of interest.

- Declarations of interest in respect to board and committee meeting agenda items should be declared at the time the agenda and papers are circulated to enable the chair to plan how any conflicts should be managed at the meeting.

- Perceptions of conflicts of interests should be considered even if an actual conflict does not exist: if there is a perception of a conflict of interest, the individual should consider recusing themselves from the meeting.

- On reviewing the committee or board agenda and accompanying papers, members should inform the chair and secretariat of details on the specific agenda items and the type of conflict based on the following:

Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision.

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.
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.
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.

Interests that have previously been declared should also be included in the pre- meeting declaration. There is no need for partner members to make a general statement regarding the fact that they are practicing local clinicians or professionals. However, if their status in that role places them in conflict regarding a specific agenda item then they should state this, along with the type of interest, as listed above.

5.14.7

Managing conflicts when making joint decisions with other partners.

Conflicts of interest management is important in the context of joint decision-making processes, especially working with local partners, other ICBs or NHSE/I to jointly commission services. promising the ICB's ability to make robust commissioning decisions.

Appropriate governance arrangements must be put in place that ensure that conflicts of interest are identified and managed. Where independent providers (including the voluntary sector) hold contracts for services (for example, community services) it would be appropriate and reasonable for the body to involve them in discussions (for example, about pathway design and service delivery, particularly at place-level). However, this would be clearly distinct from any considerations around contracting and commissioning, from which they would be excluded.

The chair of the meeting 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.

5.14.8 When a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting.
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict.
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s). In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public gallery.
- Allowing the individual to participate in some, or all, of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared.
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion. The conflicts of interest case studies include examples of material and immaterial conflicts of interest.

At the start of meetings, the chair should summarise all interests received prior to the meeting and call for any other interests in respect of the agenda items. Just prior to individual agenda items being discussed, the chair should confirm any declarations of interest referred to earlier in the meeting. The chair, in discussion with meeting attendees if appropriate, should agree on a course of action to manage those conflicts. This very much depends on an assessment of the facts at the time but a number of options are available to the chair of the meeting:

- Ask the individual to leave the meeting when the agenda item on which an individual is conflicted is discussed.
- Allow the individual to take part in the discussion but leave the meeting when the decision is made.
- Note the interest but allow them to take part in the discussion and the decision making.

Details on how individual conflicts of interest were managed should be reflected in the minutes of the meeting.

5.15   Integrated Care Board (ICB) and sub-committees

5.15.1   Meetings of the ICB, including the decision-making and deliberations leading up to the decision, will be held in public unless the ICB has concluded it is appropriate to exclude the public where it would be prejudicial to the public interest to hold that part of the meeting in public.

Examples of where it may be appropriate to exclude the public include:
- Information about individual patients or other individuals which includes sensitive personal data is to be discussed.
- Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission.
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed.
- To allow the meeting to proceed without interruption and disruption.

5.15.2   The chair of the meeting 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.

5.16   Minute taking at meetings

5.16.1   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.
- Evidence that the conflict was managed as intended (for example recording the points during the meeting when individuals left or returned to the meeting).

5.17   Procurement

5.17.1   "Procurement" relates to any purchase of goods, services or works and the term "procurement decision" should be understood in a wide sense to ensure transparency of decision-making on spending public funds.

5.17.2   The ICB will ensure that there are decision-making structures within the ICB that will allow for decisions around arranging healthcare services to be made in line with the NHS Provider Selection Regime. This includes ensuring that there are appropriate governance structures that will deal with any challenges that may follow decisions about provider selection. ICBs will need to evidence that they have properly exercised their responsibilities for arranging healthcare services set out in the NHS Provider Selection Regime. This will include publishing their intentions for arranging services in advance, publishing contracts awarded and keeping records of decision making. The ICB will ensure that local audit arrangements will be capable of auditing the decisions made under the NHS Provider Selection Regime[17].

5.17.3

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[17] https://www.gov.uk/government/consultations/provider-selection-regime-supplementary-consultation-on-the-detail-of-proposals-for-regulations

Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all. Further guidance is provided in the ICB's Standing Financial Instructions, and the ICB's Procurement Policy.

5.18   Contract management

5.18.1   Any contract monitoring meeting needs to consider conflicts of interest as part of the process. The chair of a contract management meeting should: invite declarations of interests; record any declared interests in the minutes of the meeting; and manage any conflicts appropriately and in line with this policy. This equally applies where a contract is held jointly with another organisation or with other ICBs under lead commissioner arrangements.

5.18.2   The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional, or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

5.18.3   The ICB will consider any potential conflicts of interest when circulating any contract or performance information/reports on providers and manage the risks appropriately.

5.19   Raising concerns and breaches

5.19.1   It is the duty of every ICB employee, Board member, committee, sub-committee or group member to speak up about genuine concerns in relation to the administration of the ICB's policy on conflicts of interest management, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather raise their concerns with the Conflicts of Interest Guardian, in line with the ICB's Whistleblowing Policy.

5.19.2   Any suspicions or concerns of acts of fraud or bribery can be reported to HWE ICB Local Counter Fraud Specialist (eleni.gill@wmas.nhs.uk) or the National Fraud and Corruption Line 0800 028 4060 for any concerns about fraud, Bribery and Corruption. For more information, please see the Counter Fraud Bribery and Corruption Policy

5.19.3   If conflicts of interest are not effectively managed, the ICB could face civil challenges to decisions made. For instance, if breaches occur during a service re-design or procurement exercise, the ICB risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the ICB, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the ICB's reputation. In extreme cases, staff and other individuals could face personal civil liability.

5.19.4   Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery, and corruption.

5.19.5 The ICB will ensure that individuals who fail to disclose any relevant interests or who otherwise breach the ICB's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. ICB staff, Board and committee members in particular should be aware that the outcomes of such action may, if appropriate, result in the termination of their employment or position with the ICB.

5.19.6 Statutorily regulated healthcare professionals who work for, or are engaged by, the ICB are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The ICB will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result.

5.20 **Investigation of potential breaches**

5.20.1 Any potential breach of the conflicts of interest elements of this policy will be investigated and actual breaches published on the ICB website. This includes the treatment of service contracts where a breach of conflicts of interest was identified.

5.20.2 Potential breaches highlighted during the course of ICB business, reported to the Conflicts of Interest Guardian or identified in any other way, will be documented by the Chief of Staff and investigated.

5.20.3 A conflicts of interest panel will be assembled by the Chief of Staff. The panel will be chaired by a non-executive board member and a minimum of two other non-executive board members will be members of the panel.

5.20.4 All documented evidence will be compiled by the Chief of Staff or their representative and circulated to panel members at least five working days prior to the panel meeting.

5.20.5 Witnesses may be invited to the meeting if appropriate.

5.20.6 The panel meeting will be minuted by the Chief of Staff, or their representative. and minutes will be kept on file for a minimum of six years.

5.20.7 The role of the panel is to assess whether an actual breach has occurred and to decide on a course of action to reflect the consequences of that breach.

5.20.8 The potential courses of action available to the panel include:
- Stipulating how the risk of future similar breaches can be mitigated against;
- Recommendation of disciplinary action;
- Seek advice from local counter fraud services;
- If appropriate, referral of the matter to the Counter Fraud Authority (CFA);
- Referral to professional regulatory body.

5.20.9 In the case of a potential beach not being ruled as an actual breach, the panel may make recommendations to mitigate the risk of an actual breach occurring in the future.

5.20.10 If the panel rules that an actual breach of the policy has occurred, the individual in breach will be informed and the ICB will report this outcome to the NHS England and Improvement (NHSE/I) Director, Commissioning Operations as soon as possible after the panel meeting. Additionally, a written report will be sent to the NHSE/I Director: Commissioning Operations within five working days of the panel meeting.

5.20.11 Reports of any actual breaches will be anonymised and reported on the ICB website. If the matter has been reported to the CFA, the report will not be published until at a time advised by the CFA.

5.21 **Joint working with the pharmaceutical industry**
5.21.1 Introduction
The Department of Health (DH) and the Association for British Pharmaceutical Industry (ABPI) seek to encourage collaborative working for the benefit of the local healthcare economy and ultimately the patient.

Pharmaceutical companies that are members of the ABPI are required to comply with the ABPI Code of Practice for the Pharmaceutical Industry 2016[18], which regulates the promotion of prescription medicines and certain other non-promotional activities.

The ABPI guidance seeks to provide a framework and greater clarity for pharmaceutical companies about various aspects of Joint Working and Sponsorship.

5.21.2 This section should be read in conjunction with section 5.7 "Commercial sponsorship".

5.21.3 This section of the policy is intended to:
- Ensure transparency for all our stakeholders on our approach to joint working with the pharmaceutical industry.
- Promote ethical working relationships between the pharmaceutical industry and the NHS and should be used in conjunction with the DH/ABPI document "Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry"

5.21.4 Joint working can be defined as "situations where, for the benefit of patients, one or more pharmaceutical companies and the NHS pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery".

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[18] http://www.pmcpa.org.uk/thecode/Documents/Code%20of%20Practice%202016%20.pdf

5.21.5   The key requirements from this definition are:
- Any joint working project must be focused on benefits to patients
- There must be a "pooling" of resources between the pharmaceutical company or companies and the NHS organisation(s) involved. Each party must, therefore, make a significant contribution to the Joint Working project to avoid the arrangement being construed as merely a gift, benefit in kind, donation or some other non-promotional/commercial practice. Resources may come in various forms, including people, expertise, equipment, communication channels, information technology and finance.

5.22.6   Other principles to be applied to any instances of joint working and sponsorship are:
- All joint working and sponsorship will support projects that address local and national priorities and will maintain the freedom of clinicians to prescribe the most clinically appropriate and effective treatment for individual patients.
- Joint working and sponsorship will be conducted in an ethical, open and transparent manner.
- Joint working will take place at a corporate (organisational) level, and not with individual healthcare professionals or NHS administrative staff.
- Joint working contracts will be negotiated on fair and reasonable terms, in line with NHS values.
- Confidentiality of information received in the course of the joint working arrangement will be respected and never used outside the scope of the project. All patient identifiers will be removed from data to preserve and respect patient confidentiality in line with the Data Protection Act 2018.
- In the interests of transparency, the overall arrangements for joint working and sponsorship must be made public via the ICB website.
- Joint working and sponsorship is based on mutual trust and respect. Pharmaceutical companies must comply with the ABPI Code at all times. All NHS employed staff should comply with NHS, the ICB and relevant professional body codes of conduct at all times.
- Clinical and prescribing policies or guidelines must be based upon principles of evidence-based medicine and cost effectiveness. They will be consistent with national recommendations including the National Institute for Health and Clinical Excellence (NICE), expert bodies such as the Royal College of General Practitioners (RCGP) and local guidance.
- The Pharmaceutical industry should not have undue influence.
- Sponsorship must not provide personal benefit.

5.21.7   Any Joint Working/Sponsorship must ensure that all arrangements are neutral, free from preference regarding the use of the company's product over other more clinically appropriate or cost-effective products or services. In addition, arrangements must be in keeping with local guidelines and formularies.

5.21.8   The ICB will act in a transparent, objective manner, never endorsing any individual company or product through such agreements.

5.21.9   Where joint working is being contemplated, full consideration of the proposal must be given before any agreement is made. Advice should be sought from the Pharmacy and Medicines Optimisation Team and the Chief of Staff. Legal advice may also be necessary.

5.21.10

There must be a specific agreement for each joint working project which contains information on:
- The name of the joint working project, the parties to the agreement, the date and the term of the agreement.
- The expected benefits for patients, the NHS and the pharmaceutical company.
- How the success of the project will be measured, when and by whom. A set of baseline measurements must be established at the outset of the project to track and measure the success of the project aims, particularly patient outcomes. For longer term projects (>1 year) patient outcomes should be analysed at least every six months as a minimum to ensure that anticipated patient benefits are being delivered.
- An outline of the financial arrangements.
- The roles and responsibilities of the ICB and the pharmaceutical company. All aspects of input from the company should be included such as training, support for service redesign, business planning, data analysis etc.
- The agreement should specify criteria that result in high certainty that both parties can meet their commitments. For example, both parties should be able to demonstrate that they have the capability, resource or track record to deliver on the commitments they are making.
- The planned publication of any data or outcomes.
- Procedures for dealing with Freedom of Information Act requests.
- If a pharmaceutical company enters into a joint working agreement on the basis that its product is already included in an appropriate place on the local formulary, a clear reference to this should be included in the joint working agreement so that all the parties are clear as to what has been agreed.
- The agreement should include contingency arrangements to cover possible unforeseen circumstances such as changes to summaries of product characteristics and updated clinical guidance. Agreements should include a dispute resolution clause and disengagement/exit criteria including an acknowledgement by the parties that the project might need to be amended or stopped if a breach of the ABPI Code is ruled.

5.21.11   Approval must be obtained from the Commissioning Committee or relevant sub-group before the project proceeds. This will allow a full evaluation of the joint working agreement including governance issues and the overall impact of the joint working to be assessed in relation to healthcare priorities.

5.21.12   Joint Working offers of any kind from pharmaceutical companies must be declared and registered whether refused or accepted and be available for public scrutiny on request.

5.21.13   The ICB will encourage competitor companies to collaborate on any such ventures. If several companies are able to provide the same arrangements they should all – or at least a selection – be approached to ascertain their willingness to undertake joint working.
If willing to do so, they could then share a joint working arrangement.

5.21.14   Any joint working arrangements will be reported to the Audit and Risk Committee.

5.21.15   Primary care rebate schemes
A primary care rebate scheme (PCRS) is an agreement between an ICB and a pharmaceutical company that provides an economic benefit to the commissioner and, in theory, may increase the volume sales of a company's product.
These are different to national patient access schemes which are negotiated nationally by the Department of Health to enable patient access for very high-cost drugs that have clear clinical benefits. PCRS could be seen to undermine national pricing agreements between the Department of Health and Industry.

- The ICB believes that the pharmaceutical industry should supply medicines to the NHS using transparent pricing mechanisms, wherever possible.
- The ICB does accept rebates from pharmaceutical companies. The decision as to whether to accept a rebate is made by the Pharmacy & Medicines Optimisation Team based on the PrescQIPP[19] operating model.

6.   MONITORING COMPLIANCE

6.1   Every meeting of the Audit and Risk Committee will receive the following reports:
- The ICB Decision Register.
- The Gifts, Hospitality and Commercial Sponsorship Register.
- Status report on Declarations of Interest Register.
- Status report on conflicts of interest training compliance.

6.2   The ICB will commission an annual internal audit to assess compliance with this policy.

6.3   The ICB will submit to NHS England quarterly self-certification as requested to confirm that:
- There are processes in place to ensure individuals declare any conflict or potential conflict of interest as soon as they become aware of it, and within 28 days, ensuring accurate, up-to-date registers are complete for: conflicts of interest, procurement decisions and gifts and hospitality.
- These registers are available on the ICB's website and, upon request, at the ICB's head office.
- Confirmation that any breaches have been managed according to the process outlined in this policy.

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[19] https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4228%2fpisgrb-operating-model-v44.pdf

6.4   The ICB will submit to NHS England annual self-certification as requested to confirm that:

- The ICB has a clear policy for the management of conflicts of interest.
- The ICB has a minimum of two non-executive members.
- The ICB's Audit and Risk Chair has taken on the role of the Conflicts of Interest Guardian, supported by the Chief of Staff.
- A minimum of 90% of ICB staff have completed the mandatory conflicts of interest online training as of 31 January each year.

7.   **EDUCATION AND TRAINING**

7.1   Training will be provided to all employees as part of the staff induction programme, Board members and members of ICB committees and sub-committees on the management of conflicts of interest. This is to ensure staff and others within the ICB understand what conflicts are and how to manage them effectively.

7.2   Induction training will cover the following:

- What is a conflict of interest?
- Why is conflict of interest management important?
- What are the responsibilities of the organisation you work for in relation to conflicts of interest?
- What should you do if you have a conflict of interest relating to your role, the work you do or the organisation you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role).
- How conflicts of interest can be managed.
- What to do if you have concerns that a conflict of interest is not being declared or managed appropriately.
- What are the potential implications of a breach of the ICB's rules and policies for managing conflicts of interest?

7.3   The following will be required to undergo annual training via the NHS England online module:

- ICB Board Members
- Executive members of formal ICB committees and sub-committees
- Commissioning Committee members
- Clinicians involved in commissioning or procurement decisions
- ICB governance leads
- Anyone involved or likely to be involved in taking or influencing a procurement decision(s)

8.   **ASSOCIATED DOCUMENTATION**

- Anti-Fraud and Bribery Policy
- Working Time Regulation Policy
- Procurement Policy
- Whistleblowing Policy

APPENDICES

Appendix 1:   Template declaration of interests for ICB board members and employees

Appendix 2:   Template declarations of interests for ICB meetings

Appendix 3:   Template register of interests

Appendix 4:   Template declaration of gifts, hospitality and commercial sponsorship

Appendix 5:   Template Register of gifts, hospitality and commercial sponsorship

Appendix 6:   Procurement checklist

Appendix 7:   Template Procurement decisions and contracts awarded template

Appendix 8:   Template Declaration of conflict of interests for bidders/contractors

Appendix 9:   Example: Gifts, hospitality, commercial sponsorship and secondary employment

Appendix 10: Policy Brief

Appendix 11: Equality & Quality Analysis Form

Appendix 1: Template Declaration of interests for employees and board and committee members

Name:	
Position within, or relationship with, the ICB	

Type of Interest	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB 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 ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Please note that ICB staff need this form to be signed by their line manager before submitting.

Please note that if you do declare interests, we are required to publish the information on the ICB website.

I do/do not [delete as applicable] give my consent for this information to be published on the ICB Website.

If consent is NOT given, please give reasons:

Signed: **Date**:

Signed (ICB Manager):   **Position:**   **Date:**

PLEASE RETURN THIS FORM TO: hweicbwe.declarations@nhs.net

Type of Interest	Description
Financial Interests	This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being: • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider. • In secondary employment (see policy chapter 5.9). • In receipt of secondary income from a provider. • In receipt of a grant from a provider. • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider. • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role. • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is: • An advocate for a particular group of patients. • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared). • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE). • A medical researcher.

Type of Interest	Description
Non-Financial Personal Interests	This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is: • A voluntary sector champion for a provider. • A volunteer for a provider. • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation. • Suffering from a particular condition requiring individually funded treatment. • A member of a lobby or pressure group with an interest in health.
Indirect Interests	This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include: • Spouse / partner. • Close relative e.g., parent, grandparent, child, grandchild or sibling. • Close friend. • Business partner.

Appendix 2: COI declarations for meetings

General Interests Declared:

Name	Financial	Non-financial professional	Non-financial personal	Indirect

Specific Interests Declared:

Agenda item	Aim	Specific interests declared	How managed

Nil returns (i.e. no specific interests declared) from:		

Apologies for meeting received from:		

Appendix 3: Herts and West Essex ICB Register of Interests

NHS Hertfordshire and West Essex Integrated Care Board Register of Interests						Date:				
Name	**Current position (s) held- e.g. Board Member, Employee or other**	**Declared Interest- (Name of the organisation and nature of business)**	**Type of Interest**			**Is the interest direct or indirect?**	**Nature of Interest**	**Date of Interest**		**Action taken to mitigate risk**
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	

Appendix 4: DECLARATION OF HOSPITALITY/GIFTS/SPONSORSHIP

Name: **Position:**

Date: **Directorate and Division:**

PLEASE RETURN THIS FORM TO: hweicbwe.declarations@nhs.net

Please refer to the ICB policy in the Governance Handbook.

ALL QUESTIONS TO BE COMPLETED

NATURE of the hospitality/sponsorship/gift offered to you	
Was the gift accepted or declined? **REASON** *(for declining)*	
TOTAL *value* *(if you are unsure please ask the donor for an estimated cost)*	£
NUMBER of items?	
REASON hospitality/sponsorship/gift was offered to you	
DONOR of hospitality/sponsorship/gift	
DATE of the hospitality/sponsorship/gift	

APPROVAL considered by *(refer to policy for authority levels)*	**Approval given: *Yes** **Name:** **Role:** *"I confirm that, to the best of my knowledge, the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that, if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result."* **Signature:**
Reason for non-approval *(if applicable)*	

Appendix 5: Template Register of gifts, hospitality and commercial sponsorship

Hertfordshire and West Essex ICB Register of gifts and hospitality								
Name	Position	Date of offer	Declined or Accepted	Date of Receipt (if applicable)	Details of Gifts /Hospitality	Estimated Value	Supplier / Offer or Name and Nature of business	Reason for Accepting or Declining

Appendix 6: Procurement checklist

Service:

Question	Comment/ Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the ICB's proposed commissioning priorities? How does it comply with the ICB's commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health and care professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health and Wellbeing Board(s) and/or Integrated Care Partnership? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or ICB strategy	
6. What are the proposals for monitoring the quality of the service?	

7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route? e.g., single tender waiver	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the ICB make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list or framework or pre-selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	

Additional questions when qualifying a provider on a list or framework or pre-selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers	
14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
Additional questions for proposed direct awards to one provider.	
15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
16. If awarded to a GP practice, or primary care network, in what ways does the proposed service go above and beyond what GP practices and PCNs should be expected to provide?	
17. What assurances will there be that a GP practice or PCN is providing high-quality services under the exsiting contract(s) before they have the opportunity to provide any new services?	

Appendix 7: Template Procurement decisions and contracts awarded template

Ref No	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – ICB procurement, collaborative procurement With other ICBs or organisations.	ICB clinical lead (Name)	ICB contract manger (Name)	Decision making process and name of decision making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to ICB	Comments to note

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information. Signed:

On behalf of: Date:

Please return to **hweicbwe.declarations@nhs.net**

Appendix 8: Template Declaration of conflict of interests for bidders/contractors

Name of Organisation:	
Details of interests held:	
Type of Interest	**Details**
Provision of services or other work for the ICB or NHS England and Improvement(NHSE/I)	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the ICB or NHSE/I, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its board or committee members' or employees' judgements, decisions or actions	

Name of Relevant Person	[*complete for all Relevant Persons*]
Details of interests held:	

Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the ICB or NHSE/I		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the ICB or NHSE/I, whether personal or professional, which the public could perceive may impair or otherwise influence the ICB's or any of its board or committee members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Appendix 9: Examples of Gifts, hospitality, commercial sponsorship and secondary employment

Example	Category	Acceptable?	Conditions / action required
Chocolates or small gifts from members of public, patients or staff	Gifts	Yes	• Must not exceed the value of £6. There is no need to declare or enter on the register.
Diaries, calendars, stationery or other inexpensive office items	Gifts	Yes	• Must not exceed the value of £6. • Only acceptable if received at a conference, meeting or other organised event. • There is no need to declare or enter on the register.
Gift offered by a current or prospective supplier / contractor	Gifts	No	• Must be declined, declared and entered on the register
Personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG)	Gifts	No	• Must be declined, declared and entered on the register
Modest hospitality such as a working lunch in the course of working meetings, trade fairs or conferences	Hospitality	Yes	• Must not exceed the value of £75. • If received from a current or prospective supplier / contractor, must be declared and entered on the register
Dinner offered at high quality restaurant / hotel	Hospitality	No	• If the value of hospitality is over £75, it must be declined, declared and entered on the register

Example	Category	Acceptable?	Conditions / action required
Working lunch provided by a pharmaceutical company for a locality meeting.	Hospitality	Yes	- A written agreement must be in place and the sponsorship disclosed in any papers relating to the meeting, including any minutes taken, as well as entered into the register. - Advice should be sought from the Pharmacy and Medicines Optimisation Team as to the local status of the product(s) being promoted. - The total value of hospitality provided by any specific company to the ICB must not exceed £1,000 in one financial year.
Entertainment from an existing supplier to mark a special occasion, e.g. the opening of new premises	Hospitality	Yes	- Must be approved by a director in advance, declared and entered into the register - All such special occasions must be discussed first with the Communications Team and approved by a director
Sponsorship for training courses, conferences, post/project funding, meetings and publications	Commercial sponsorship	Yes	Must be approved in advance by a director, declared and enter on the register
Sponsorship for attending conferences abroad	Commercial sponsorship	No	- In general, all such offers should be declined. There may be exceptional circumstances in which an offer might be acceptable; the advice of the Chief of Staff should be sought. - All offers must be declared and entered on the register.

Example	Category	Acceptable?	Conditions / action required
Payment for advisory work for a pharmaceutical company.	Secondary employment	No	• Must be declined, declared and entered on the register
Offer of part-time employment with an existing or prospective supplier / contractor	Secondary employment	Yes	• Must be approved by a director. The ICB may refuse permission if it is believed that an unacceptable conflict of interest arises as a result. All secondary employment must be declared and entered onto the register of declarations of interest.

Appendix 10 – Policy Brief

Standards of Business Conduct

Briefing No. XXX

In this briefing

Background

Definition

Procedures

Consequences

National guidance

Click on the following link to access the national guidance

https://www.england.nhs.uk/ourwork/coi/

Further information

Policy owner

Chief of Staff

Enquiries

hweicbwe.declarations@nhs.net

Background

This policy has been produced to ensure compliance with NHS England statutory guidance on managing conflicts of interest. It replaces all previous standards of business conduct and conflicts of interest policies. The policy also covers the ICB's agreed approach to joint working with the pharmaceutical industry.

Definition

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances, it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases, it is important to still manage these perceived conflicts, in order to maintain public trust.

Procedures to be followed

- *All Board and Committee members, staff and contractors are required to complete a declaration of interests and review it annually or within 28 days of a change.*
- *Gifts should not be accepted from current or prospective ICB suppliers.*
- *Modest hospitality is permitted, as is commercial sponsorship, as long as this gains prior approval from a director.*
- *The ICB is required to publish registers of declarations of interest and registers of gifts, hospitality and commercial sponsorship.*
- *Staff are required to gain permission from a director before accepting any offers of secondary employment.*
- *Joint working with the pharmaceutical industry is permissible subject to a written agreement and transparency.*

Consequences of a breach

Breaches of this policy could lead to criminal proceedings including for offences such as fraud, bribery and corruption.

Very occasionally it will be clear that some proposals will not impact on the protected equality groups and health inequalities groups.

Where you can show that there is no impact, positive or negative, on <u>any</u> of the groups please complete this form and include it with any reports/papers used to make a decision on the proposal.

Name of policy / service	Standards of Business Conduct
What is it that is being proposed?	This is a draft alignment of HWE CCGs' Standards of Business Conduct and Conflicts of Interest policies in preparation for establishment of the Herts and West Essex Integrated Care Board on 1 July 2022.
What are the intended outcome(s) of the proposal	The purpose of this document is to ensure that the ICB maintains the highest standards of probity and that all business relationships lead to clear benefits for patients. This policy is intended to: • Enable the ICB to deliver its statutory duty to manage conflicts of interest. • Enable individuals to demonstrate that they are acting fairly and transparently and in the best interest of patients and the local population. • Uphold confidence and trust in the NHS. • Safeguard commissioning, whilst ensuring objective decision making. • Support individuals to understand when conflicts of interest (whether actual or potential) may arise and how to manage them if they do. • Ensure that the ICB operates within the legal framework. • Uphold the reputation of the ICB and its staff in the way in conducts business.
Explain why you think a full Equality Impact Assessment is not needed	This is an alignment of existing policies which are all based on the same statutory guidance.
On what evidence/information have you based	The policy relates to internal stakeholders

your decision?	
How will you monitor the impact of policy or service?	Self-certification
How will you report your findings?	To the ICB Executive and Audit and Risk committee

Having considered the proposal and sufficient evidence to reach a reasonable decision on actual and/or likely current and/or future impact I have decided that a full Equality Impact Assessment is not required.	
Assessors Name and Job title	Katy Patrick, Head of Corporate Governance, HVCCG
Date	March 2022

NHS Hertfordshire and West Essex Integrated Care Board

Scheme of Reservation and Delegation

Decisions and functions reserved to the Board

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

	Decisions and functions reserved to the Board	Reference
The Board	**General Enabling Provision** The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers. The Board will establish the necessary systems and processes to comply with relevant law and regulations, directions issued by the Secretary of State, directions issued by NHS England, statutory guidance and advice issued by NHS England and relevant authorities and respond to reports and recommendations made by Healthwatch organisations in the ICB area.	Constitution 4.2.2
The Board	**Regulations and Control** Consider and approve proposed amendments to the ICB Constitution by the Chief Executive prior to making an application to vary the constitution to NHSE.	Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4

Decisions and functions reserved to the Board	Reference
Approve Standing Orders (SOs), a schedule of matters reserved to the Board (Scheme of Reservation and Delegation (SoRD) of powers delegated from the Board to the Executive Team and other Committees, Functions and Decisions Map, Standing Financial Instructions (SFIs) and the Governance Handbook for the regulation of its proceedings and business.	Constitution 1.6.2, 1.7.2, 4.4.2, Standing Orders 2.1, 2.3
Approve to vary or amend the Standing Orders in accordance with the procedures for amending the Constitution as described above. Approve delegation arrangements to ICB Committees, Joint Committees, to other Statutory Bodies, individual Board Members and employees is reserved to the Board. Including approval of committee terms of reference.	Constitution 1.6.2; Standing Orders 2.3 Constitution 4.6.1, 4.6.3, 4.6.6, 4.7.1
The power to approve arrangements for Pooled Funds is reserved to the Board.	Constitution 4.7.3
Approve arrangements for the management of conflicts of Interest defined within the Conflicts of Interest Policy, including publication of registers of interest.	Constitution 6.1.1, 6.3.2
Require and receive the declaration of Board members' (and others as required) interests to discharge its duty to manage conflicts of interest.	Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7
Approve arrangements for dealing with complaints and ensure a clear complaints process is published.	Constitution 7.3.4
Ensure the ICB Complies with the Freedom of Information Act 2000 and Information Commissioner Office requirements.	Constitution 7.3.5
Ensure systems and processes exist to comply with the requirements of the NHS Provider Selection Regime.	Constitution 7.4.2, 7.4.3
Comply with Local Authority Health Overview and Scrutiny Requirements.	Constitution 7.4.4

	Decisions and functions reserved to the Board	Reference
	Adopt the Executive structure to facilitate the discharge of business by the ICB and to agree modifications thereto except where these functions have been delegated to a Joint Committee. Receive reports from committees including those that the ICB is required by the Secretary of State or other regulation to establish and to action appropriately. Confirm the recommendations of the ICB's committees where the committees do not have executive powers. Approve arrangements relating to the discharge of the ICB's responsibilities as a corporate trustee for funds held on trust. Discipline members of the Board who are in breach of statutory requirements or SOs.	Constitution 2.2
The Board	**Appointments/Dismissal** Appoint each Ordinary Member of the Board, exercised by the Chair. Approve dismissal of members of the Board at the recommendation of the Chair, to be executed by the Chair. The Chair of the ICB will be appointed by NHS England as set out within legislation. Appoint and dismiss other committees (and individual members) that are directly accountable to the Board. Appointment of Internal or External Auditors and the Counter Fraud officer following recommendations from the Audit Committee.	Constitution 2.1.5, 2.2.2, 2.2.4 Constitution section 3 Constitution 4.6.8
The Board	**Strategy, Annual Operational Plan and Budgets** Approve a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years.	Constitution 4.3,

Decisions and functions reserved to the Board	Reference
Approve and publish an Integrated Care System Plan and Capital Resource use Plan.	Constitution 1.4.10, 7.3.8
Oversee and maintain accountability for the management of key strategic risks, evaluate them and ensure adequate responses are in place and are monitored, including the approval of the ICB Risk Management Policy.	
Approve plans in respect of the application of available financial resources to support the agreed Annual Operational Plan (Financial Framework and Annual Budgets), except where these functions have been delegated to a Joint Committee.	
Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB or its constituent practices (ICB Quality Strategy), having regard to any guidance issued by the Secretary of State, except where these functions have been delegated to a Joint Committee.	
Approve annually (with any necessary appropriate modification) the annual refresh of system plan, except where these functions have been delegated to a Joint Committee.	
Approve annually and publish the ICB Engagement Framework setting out how the ICB complies with and delivers its duties to engage with the public.	
Approve Outline and Final Business Cases for Commissioning Investment if this represents a variation from the Plan, in line with the ICB SFIs and Schedule of Detailed Delegated Financial Limits.	Constitution 9.1.1
Approve the ICB's organisational development proposals.	

	Decisions and functions reserved to the Board	Reference
	Approve Executive Team proposals on individual contracts (other than NHS contracts) of a revenue, except where these functions have been delegated in line with the ICB Schedule of Detailed Delegated Financial Limits.

Approve Executive Team proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Resources (for losses and special payments) as per the ICB SFIs and detailed scheme of delegated limits. | |
| The Board | **Policy Determination**
Approve ICB Policies (including HR policies incorporating the arrangements for the appointment, removal and remuneration of staff), except where delegated to specific committees (set out below) for the approval of minor changes and updates. | |
| The Board | **Audit and Counter Fraud**
Receive the annual management letter from the External Auditor and agreement of the Executive Team's proposed action, taking account of the advice, where appropriate, of the Audit Committee.

Receive an annual report (and Head of Internal Audit Opinion) from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.

Receive an annual report from the Counter Fraud officer and agree action on recommendations where appropriate of the Audit Committee. | |
| The Board | **Annual Reports and Accounts**
Receive and approve the ICB's Annual Report and Annual Accounts, to be externally audited and published.

Receive and approve the Annual Report and Accounts for funds held on trust. | Constitution 7.5 |

	Decisions and functions reserved to the Board	Reference
The Board	**Monitoring** Receipt of such reports as the Board sees fit from the Executive Team and other committees in respect of its exercise of powers delegated.	

Decisions and functions delegated by the Board to the ICB committees

Committee	Decisions and functions reserved to the Committee	Reference

Audit & Risk Committee	• The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance to the ICB Board on the adequacy of the governance, risk management and internal control processes within the ICB including:
	  - Integrated governance, risk management and internal control
	  - Internal Audit, External Audit and Counter Fraud
	  - Freedom to Speak Up
	  - Information Governance
	  - Financial Reporting
	  - Conflicts of Interest
	  - Security
	  - Governance
	  - Emergency Planning, Preparedness and Resilience
	  - Sustainability
	• The Audit Committee shall review instances of non-compliance with Standing Orders.
		Constitution 4.6.4, 4.6.8
		
		Standing Orders 3.6

Remuneration Committee	• The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, exercise the functions of the ICB relating to	

Committee	Decisions and functions reserved to the Committee	Reference
	paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006 and implement NHSE guidance, including: - Determining the remuneration of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members). - Determining arrangements for the termination of employment and other contractual and non-contractual terms of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members). - Agreeing the pay framework for clinical staff working within the ICB but outside of Agenda for Changes Terms and Conditions. - Determining the arrangements for termination payments and any special payments for all staff. • The Remuneration Committee shall establish a Non-Executive Remuneration Panel to consider and agree arrangements for remuneration of Non-Executive Members.	Constitution 4.6.8, 8.1.6 Constitution 3.13.1
Finance & Investment Committee	• The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: - Agree the financial framework - Make investment decisions /recommendations - Receive assurance on delivery of financial performance - Investigate any activity within its terms of reference.	
Quality Committee	• The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance that the ICB is delivering its functions in a way that secures continuous improvement in the quality of services (section 14Z34 of the Act) against each of the dimensions of	Constitution 1.4.7

Committee	Decisions and functions reserved to the Committee	Reference
	quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This shall be reported within the ICB Annual Report. • The committee is responsible for the development and implementation of the ICB's Quality Strategy, which sets out its plan for quality and safety and for assuring the Board of quality, safety and performance standards.	
Performance Committee	• The Performance Committee will, in accordance with the terms of reference of the Performance Committee as approved by the ICB Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight on the delivery of performance and standards, key system programmes, enabling mutual accountability and providing assurance to the ICB Board. • The Performance Committee has no specific delegated powers for decision making but shall establish system leadership and partner groups to ensure the delivery of the system plan.	
Commissioning Committee	• The Commissioning Committee will, in accordance with the terms of reference of the Commissioning Committee as approved by the ICB Board as if written into the Scheme of Reservation and Delegation and ICB Constitution, provide oversight and assurance to the ICB Board on the exercise of the ICB's delegated commissioning functions and any resources received for investment in primary care. • The Commissioning Committee will enable collective decisions on core contractual and procurement of primary care services and oversee the Contracting framework for primary care, within their delegated budget approved by the ICB. • **This Committee has delegated authority to approve ICB policies in respect of the following**:	

Committee	Decisions and functions reserved to the Committee	Reference
	• Policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry contract holders will be referred to the Primary Care Commissioning Committee for approval. • Evidence Based Interventions (EBI) policies which describe procedures that are not routinely commissioned or are only routinely commissioned when certain clinical criteria (or thresholds) are met will be referred to the Clinical Policies Group for approval. The Clinical Policies Group will not make recommendations or decisions about funding for individual patients; this is the responsibility of the Individual Funding Request panels. The group will not make recommendations or decisions about interventions which are the commissioning responsibility of NHSE. • **This Commissioning Committee has delegated authority for the following to the ICBs Primary Care Commissioning Committee.** With that authority will come approval for expenditure, business cases and contract awards as specified in the ICBs Standing Financial Instructions: • To oversee implementation of the delivery of quality commissioning and contracting within Primary Care inclusive of Primary Medical services, Dental, Community Pharmacy and Optometry across Herts and West Essex. • To provide assurance that action plans and risks relating to primary care quality are being addressed and that practices are being supported to improve quality. • To approve bids or returns on behalf of the ICB e.g. estates/capital submissions. • To liaise directly with the regional and national teams of NHSE on matters relating to Primary Care.	

Committee	Decisions and functions reserved to the Committee	Reference
	• To take an overview of the financial position for primary care in Herts and West Essex, including tracking investment against the agreed financial plan. Financial position to include the delegated budget, system development funding and other resource received, or utilised, for investment in primary care, ensuring value for money. • To monitor and review risks within the Committee's remit and identify any additional risks. • To oversee the robustness of the arrangements for and assure compliance with the ICB's responsibilities around primary care prescribing and medicines optimisation • To exercise the ICB's delegated primary care commissioning decisions in relation to: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract). • Newly designed Local Enhanced Services and Directed Enhanced Services. • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF). • Decision making on whether to establish new GP practices in an area, • Delegation of Pharmacy, Optometry and Dental Commissioning, Section 7A Public health functions and Health and Justice Commissioning – oversight of future model, governance and financial impacts. • Working closely with the Primary Care Board to agree the primary care priorities that are included in the ICB strategy/annual plan including priorities to address variations and inequalities	

Committee	Decisions and functions reserved to the Committee	Reference
	• To review primary care provider performance through quantitative and qualitative information across system and place and neighbourhood to continuously improve outcomes • To evaluate primary care commissioned services and provide assurance as appropriate to the Commissioning Committee and others. • Primary Care Commissioning Committee will provide regular assurance update to the Commissioning Committee. • **This Commissioning Committee has delegated authority for the following to the ICBs Provider Selection Regime (PSR) Review Group:** • The Group will review of formal representations – in compliance with the Health Care Services (Provider Selection Regime) Regulations 2023 (the Regulations). ICB Commissioning Committee grants the following delegated authority to the Hertfordshire and West Essex Area Prescribing Committee (HWE APC): • HWE APC recommendations can be made and implemented in advance of formal ratification by Commissioning Committee if recommendations are: • both drug and activity cost neutral or cost saving. • implementation resources, developed to support a recommendation previously made and not associated with an additional separate cost-pressure. • for a mandatory NICE Technology Appraisal (TA) (drugs may be added to formulary in advance of formal ratification to allow for implementation within the mandated time scales). • Where a non-NICE TA recommendation has a cost pressure this must be reported for consideration before implementation. The recommendation will then be reviewed for prioritisation and consideration for affordability and formal	

Committee	Decisions and functions reserved to the Committee	Reference
	ratification by the HWE ICB Commissioning Committee or other agreed mechanism.	
Primary Care Board	• Lead the development of the primary care strategy and make recommendations to the Integrated Care Board • Oversee the implementation and delivery of the primary care strategy and work plan • Provide a single forum for the oversight of primary care services transformation and innovation across the Integrated Care System, using best practice and a population health management approach to the development and integration of services at a system, place and neighbourhood level. This includes enabling functions including workforce, digital, estates. • Oversee the system approach to the transfer of Community Pharmacy, Optometry and Dental services to the ICB from April 2023 • To drive quality and reduce unwarranted variation in outcomes for patients in primary care across HWE using quantitative data and appropriate qualitative data from partners including Healthwatch. • The Primary Care Board is accountable to the Integrated Care Board. Where there are financial and contractual implications of strategic decisions undertaken by the Primary Care Board, in line with the organisation's Standing Financial Instructions these will be referred to the Primary Care Commissioning Committee for a decision: • Further – policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry Contract holders will also be referred to the Primary Care Commissioning Committee for approval.	

Committee/entity that will exercise the function/decision	Decisions and functions delegated by the Board	Legal power	Governing arrangements
ICB/Essex County Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.	x	x
ICB/Hertfordshire Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan.	x	x

| | • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25.
• Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan.

In respect of Better Care Fund funding –
• The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD

Reports on our area's progress and performance:
• Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document. | | |

Decisions and functions delegated by the Board to other statutory bodies

Body	Decisions and functions delegated by the Board	Legal power	Governing arrangements
Essex County Council	• s.75 – Partnership Agreement Relating to Specialist Healthcare Tasks - Essex Wide • s.75 – Partnership Agreement Relating to the Provision of Mediation and Disagreement Resolution Services for Children and Young People with Special Education Needs or Disabilities – Essex Wide • s.256 - Mental Health accommodation - Essex wide • s.256 – Street Triage - Essex wide • s.75 – Supported Employment Services, Essex wide	Section 75, section 65Z5	Delegation agreement, MOU, etc

	• s.75 – Learning Disabilities services, Essex wide • Better Care Fund – and services falling within that		
Hertfordshire County Council	• s.75 – Agreement covering a number of services including Mental Health • s.256 – Agreement covers voluntary and community transport • MoU – Contribution towards costs of adult wright management Programme • Collaboration Agreement – for the provision of children and young people services in the QEII. • Alliance Agreement – for the provision of Stroke Services.		

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

Board Member / employee	Decisions and functions delegated by the Board	Reference
Chair	**Regulations and Control** • Authenticate use of the seal. • Suspend Standing Orders in conjunction with 2 other Board members. • In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the relevant Director, will provide a settled view which shall be final. • To call meetings of the Board and preside over Board meetings. • In conjunction with the Chief Executive (or relevant lead Director in the case of committees) and one other member, make an urgent decision on behalf of the Board/Committee.	Standing Order 6 Standing Order 6 Standing Orders 5.1.1 Standing Orders 3.4 Standing Orders 4.1.2, 4.2.1 Standing Order 4.9.5

Board Member / employee	Decisions and functions delegated by the Board	Reference
	Appointments/Dismissal	
	• Appoint the Chief Executive of the ICB subject to the approval of NHS England.	Constitution 3.4.1
	• Approve the appointments of the Partner Members of the Board.	Constitution 2.2.1, 3.5.4, 3.6.5, 3.7.4
	• Approve the appointment of Executive Members of the Board.	Constitution 2.1.5, 2.2.2, 3.8.2, 3.9.3, 3.10.3, 3.12.3
	• Approve the appointment or re-appointment of Non-Executive Members of the Board.	Constitution 3.11.2
	• Appoint the Vice Chair of the Board.	Constitution 3.11.8
	• Approve appointment of members of any committee.	Constitution 4.6.6; Standing Orders 4.2.3
	• Suspend or terminate members of the Board, as approved by the Board.	Constitution 3.13.3
Chief Executive (Deputy Chief Executive)	**Regulations and Control** • Propose amendments to the Constitution to be considered and approved by the ICB prior to making an application to vary the Constitution to NHS England.	Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4
	• Establish a procedure for the use of the seal and keep (or nominate a manager to keep) the seal secure.	Standing Orders 6.1.1, 6.1.3
	• Authenticate use of the seal	
	• HWE ICB Signatory	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Propose to the Board the adoption of the Executive structure to facilitate discharge of ICB business. **Appointments/Dismissal** • Subject to the approval of the ICB Chair, appoint the Partner Members of the Board. • Subject to the approval of the ICB Chair, appoint the Executive Members of the Board. • Subject to the recommendation of the selection panel, approve the appointment of the Non-Executive Members and their re-appointment (within the limit of terms of office) **Statutory Functions / Duty** • In accordance with section 252A of the 2006 Act (as amended) act as the Accountable Emergency Officer (AEO) and Gold Commander for responding to Emergency Planning Resilience and Response events and declared incidents. **NHS England Delegated Specialised Commissioning** • ICB Authorised Officer – for the Joint Commissioning Consortium. Responsibilities include those detailed in the Joint Commissioning Consortium Terms of Reference and cover the services as cited in Decisions and functions delegated to the Board by other organisations below.	Constitution 3.5.4, 3.6.5, 3.7.4 Constitution 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2, 3.11.7

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• ICB Authorised Officer -to oversee revisions to the supporting Delegation Agreement.	
Chief Financial Officer	**Regulations and Control**	
	• HWE ICB Signatory	Standing Order 6
	• Authenticate use of the seal.	Standing Orders 6.1.3
	• Develop systems and processes to comply with the requirements of the NHS Provider Selection Regime.	Constitution 7.3.2, 7.3.3
	• Establish processes to ensure compliance with all relevant procurement regulations.	Constitution 7.3.5
	Annual Reports and Accounts	Constitution 7.2.3
	• Preparation of the annual accounts and accounting tables within the Annual Report in accordance with relevant guidance and regulations, including those for funds held on trust.	
	• Arrange for annual accounts to be externally audited and published.	Constitution 1.4.7, 7.2.8
	Statutory Functions / Duty	
	• Ensure systems are in place to deliver the financial duties of the ICB (Sections 223GB, 223N, 223H and 223 J). Including establishing the annual budget and budget management processes.	Constitution 7.2.5
		Constitution 7.4.2

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Establish adequate arrangements to discharge ICB duties in relation to the Freedom of Information Act 2000 and Information Commissioner Office requirements. • Develop the Capital Resource Use Plan for approval by the Board and report how the ICB has exercised its functions in accordance with the Plan within the Annual Report. **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation, and best practice: Financial Strategy; Financial Operations; Planning and Reporting; Estates; Purchase of Healthcare; Digital Technology; Data and System Technology. • To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Finance & Investment Committee. • To be the Senior Information Risk Owner (SIRO) for the ICB. • Maintain and refresh (where appropriate and subject to approval of the Board) the Schedule of Detailed Delegated Financial Limits. • Establish and maintain the financial framework of the ICB as defined within Standing Financial Instructions. • Respond to the annual management letter from External Audit preparing proposed actions for to present to the Board after review by the Audit Committee. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
Medical Director	**Regulations and Control** • HWE ICB Signatory **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Development (Clinical and Professional Leadership, Primary Care and Primary Care Networks Development); Stewardship; Quality and Governance (Clinical and Professional Congress) and Medicines Optimisation. • To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Clinical & Professional Congress. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Director of Nursing	**Regulations and Control** • HWE ICB Signatory **Strategy, Annual Operational Plan and Budgets** • Develop and propose to the Board the ICB Quality Strategy. **Statutory Functions / Duty** • Ensure systems are in place to deliver improvement in quality of services (Section 14Z34) and report on the discharge of these duties within the Annual Report.	Constitution 1.4.7, 7.2.8, 7.4.1 Constitution 7.2.4

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Establish and publish clear arrangements for dealing with complaints in accordance with the Complaints Regulations including publishing an annual complaints report. • EQIAs etc? **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Patient Safety; Patient Experience; Safeguarding and Continuing Health Care. • To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Quality & Safety Committee. • To act as the Caldicott Guardian and the Designated Safeguarding Lead. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Chief People Officer	**Strategy, Annual Operational Plan and Budgets** • Develop and present to the Board for approval, proposals for organisational development. **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Human Resources (ICB internal function); System Workforce.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Remuneration Committee. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Chief of Staff	**Regulations and Control** • Ensure processes are in place to comply with Local Authority Health Overview and Scrutiny Requirements. • Report urgent decisions to the Board for ratification. **Annual Reports and Accounts** • Preparation of the Annual Report in accordance with relevant guidance and regulations. **Statutory Functions / Duty** • In accordance with section 14Z30(2) of the 2006 Act establish systems and processes (defined within the Conflicts of Interest Policy) to manage conflicts of interest (including gifts and hospitality) and publish the registers of interest on the ICB website. • To ensure that key governance documentation (Constitution, Standing Orders, Governance Handbook, Register of Interests and other key documents and policies	Constitution 7.3.4 Standing Order 4.9 Constitution 7.4.1 Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7 Constitution 7.2.7, Standing Orders 2.1.2

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

Board Member / employee	Decisions and functions delegated by the Board	Reference
Director of Strategy	**Strategy, Annual Operational Plan and Budgets**	
	• Develop and publish a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years.	Constitution 7.2.8
	• Develop the Integrated Care System Plan for approval by the Board reviewing, within the annual report, the extent to which the ICB has exercised its functions.	Constitution 7.2.8, 7.4.2
	Statutory Functions / Duties	
	• In accordance with section 14Z44 of the Act establish processes for public involvement and consultation in relation to commissioning arrangements and report on the discharge of these duties within the Annual Report; ensuring the ICB meets the ten principles set out by NHSE for working with people and communities.	Constitution 1.4.7, 7.2.8, 7.4.1, 9.1.1, 9.1.2, 9.1.3
	• In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies.	Constitution 1.4.7
	• Ensure systems are in place to reduce inequalities (Section 14Z35) and report on the discharge of these duties within the Annual Report.	Constitution 1.4.7, 7.2.8, 7.4.1
	Operational Responsibilities	
	• To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: ICB Strategy: Community Resilience and Mobilisation; ICP Development and Strategic Partnerships; System Development Plan; MSE Partners; Communications and Engagement.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• To be the lead Executive Officer ensuring appropriate advice and explanations are provided to the Integrated Care Partnership. • Ensure the ICB discharges its responsibilities to lead the ICS Engagement Framework. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	Constitution 9.1.7
Director of Performance	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: System Performance Management and Oversight, Co-ordination/oversight of performance Improvement, Annual Business Cycle, Business Intelligence, Including PHM Analysis, Planned Care, Elective Care and Cancer, Digital Transformation.	Constitution 1.4.7 Constitution 1.4.7, 7.2.8, 7.4.1 Constitution 1.4.7

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Director of Operations	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • To ensure that adequate arrangements are in place to manage in accordance with legislation, regulation and best practice: Day-to-day system/place operational delivery, Co-ordination of Place Based Development and Leadership, Local Pathway design and implementation, EPRR, Urgent and Emergency Care, HBL ICT Shared Services.	Constitution 1.4.7 Constitution 1.4.7, 7.2.8, 7.4.1 Constitution 1.4.7
Audit Committee Chair	To act as the Conflicts of Interest Guardian.	Constitution 6.1.6
On Call Director	To fulfil the duties required as set out by the Emergency Planning Team for managing escalations, incidents and out of hours cover as set out within associated ICB Policies.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
NHS England	In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England have delegated the exercise of Delegated Functions: For Primary Medical Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning, and management of Primary Medical Services. • Planning Primary Medical Services in the Area, including carrying out needs assessment. • Undertaking review of Primary Medical Services in respect of the Area. • Management of Delegated Funds in the Area. • Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific obligations also include: • Primary Medical Services Contract Management. • Enhanced Services. • Design of Local incentive Schemes. • Making decisions on discretionary payments or support. • Making decisions about commissioning urgent care for out of areas registered patients. • Transparency and Freedom of Information.	Delegation Agreement.

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Planning the Provider Landscape. • Primary Care Networks. • Approving Primary medical Services Provider Mergers and Closures. • Making decisions in relation to management of poorly performing Primary Medical Services Providers. • Premises Costs Directions Functions. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning ancillary support services. • Finance • Workforce For Primary and Secondary Dental Care Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning and management of Primary Dental Services; • Planning Primary Dental Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Dental Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Dental Services with other health and social care bodies in respect of the Area where appropriate; and • such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Dental Services only:	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Dental Services Contract Management. • Transparency and Freedom of Information. • Planning the Provider Landscape. • Finance. • Staffing and Workforce. • Integrated dentistry into communication at Primary Care Network level. • Making Decisions in relation to Management of Poorly Performing Dental Services Providers. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning Ancillary Support Services. For Primary Ophthalmic Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the management of Primary Ophthalmic Services; • Undertaking reviews of Primary Ophthalmic Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning of Primary Ophthalmic Services with other commissioners in the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Ophthalmic Services: • Primary Ophthalmic Services Contract Management. • Transparency and Freedom of Information.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Maintaining the Performers List. • Finance. • Workforce. • Integrated optometry into communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. For Pharmaceutical Services - to the ICB to commission a range of services for the people of the area as follows: • Delegated Pharmaceutical Functions – as cited in the NHS England to HWE ICB Delegation Agreement – with terms as referenced in March 2023. • Prescribed Support. • Local Pharmaceutical Services Schemes. • Barred Persons. • Other Services. • Payments. • Flu vaccinations. • Integration. • Integrating Pharmacy into Communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. • Finance. • Workforce. Such arrangements have been set out in the 'delegation agreement' and shall prevail as if written into the SORD.	

For clarity, the following functions remain with NHS England and are NOT delegated to the ICB:

- Specialist Commissioning

Hertfordshire and West Essex
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 and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

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

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

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

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

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.

1.2.0 The Audit and Risk Committee is responsible for approving all detailed financial policies.

1.2.1 These SFIs will be published and maintained on the ICB's website at.

1.2.2 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Chief Financial Officer must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the ICB's constitution, standing orders and scheme of reservation and delegation.

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

The roles and responsibilities of the ICBs members, employees, members of the Governing Body, members of the Governing Body's Committees and Sub-Committees and persons working on behalf of the ICB are set out in paragraph 2.2 of the ICB constitution.

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)

- meets the financial targets set for it by NHS England.

- use of incidental powers such as management of ICB assets, entering commercial agreements.

- the Governance statement and annual accounts & reports are signed.

- planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets.

- making use of benchmarking to make sure that funds are deployed as effectively as possible.

- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs.

- specific responsibilities and delegation of authority to specific job titles are confirmed.

- financial leadership and financial performance of the ICB.

- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and

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

3.3 Audit and risk committee

3.3.1 The board and accountable officer should be supported by an audit and risk 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.

- advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation. (**Section 16 appendix 1**)

- set out the list of managers who are authorised to place requisitions for the supply of goods and services, the maximum level of each requisition and the system for authorisation above that level.

- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

- be responsible for the prompt payment of all properly authorised accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

- Any requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the ICB. In so doing, the advice of the ICB's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Chief Financial Officer (and/or the Accountable Officer) shall be consulted.

- Prepayments are only permitted where exceptional circumstances apply. In such instances:

- Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

  - The appropriate officer member of the Senior Management Team must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the ICB if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments.

  - The Chief Financial Officer will need to be satisfied with the proposed arrangements before contractual arrangements proceed.

  - The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Accountable Officer if problems are encountered.

- No contract or other form of order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors, employees, or agents of the ICB, other than isolated gifts of a trivial character or inexpensive seasonal gifts such as calendars or conventional hospitality such as lunches in the course of working visits.

- No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Chief Financial Officer on behalf of the Accountable Officer.

- Orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds set out in these SFIs.

- Goods are not to be taken on trial or loan in circumstances that could commit the ICB to a future uncompetitive purchase.

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

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

    - local capital resource use does not exceed the limit specified in a direction by NHS England.

    - local revenue resource use does not exceed the limit specified in a direction by NHS England.

- the duty of the ICB to perform its functions as to secure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and

- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts. The Chief Financial Officer and *any senior officer responsible* for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

5. Income, banking arrangements and debt recovery

5.1 Income

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

5.1.2 The Chief Financial Officer is responsible for:

- ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the Shared Services provider; 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 Chief Financial Officer is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

5.2.2 The Chief Financial Officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and

- the ICB has effective cash management policies and procedures in place.

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

- reporting to the Governance and Audit Committee all arrangements made with the ICB's bankers for accounts to be overdrawn.
- monitoring compliance with any NHS England guidance on the level of cleared funds.

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 as follows:

  - the appropriate recovery action on all outstanding debts, with income not received dealt with in accordance with losses procedures. Overpayments should be detected (or preferably prevented) and recovery initiated.

  - establishing and maintaining systems and procedures for the secure handling and prompt banking of cash and other negotiable instruments.

  - designing, maintaining, and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

  - developing effective arrangements for making grants or loans.

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 Financial Officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement, purchasing, tendering & Contracting

7.1 Principles

7.1.1 The Chief Financial Officer and Director of Operations 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 2015), the Health Care Services (Provider Selection Regime) Regulations 2023 (PSR or the Regime) 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, PSR and the ICB procurement policy.

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

7.2 Tendering and Contracting Procedure

7.2.1 This procedure will ensure that all procurement activities are legally compliant to ensure we incur only budgeted, approved, and necessary spending. The ICB will seek value for money proposals for all goods and services ensuring that, where appropriate, competitive tenders are invited for supplies, works and services (other than specialised services sought from or provided by the Department of Health); and for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

7.2.2 The ICB is required to award contracts in accordance with wo sets of legislation, as follows:

- Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)
  – to be used for healthcare services and mixed procurements where
  healthcare is the predominant element of the service; and

- The Public Contract Regulations 2015 (as amended by The Public
  Procurement (Amendment etc.) (EU Exit) Regulations 2020 (PCR) – to be
  used for non-healthcare services, or health-adjacent services such as
  equipment and professional services.

7.2.3 **The Provider Selection Regime (PSR)**

The PSR has been designed to give the ICB more flexibility in selecting providers for healthcare services. Under the PSR, competitive tendering will be one tool for the ICB to use when it is of benefit, alongside other routes which may be more proportionate, and that better enable stable partnerships and the delivery of integrated care. The PSR continues to require the ICB to consider value for money as an important criterion, and to be transparent, fair and proportionate in their decision-making.

The PSR sets out three decision-making processes. The ICB must decide, based on the relevant requirements of the service and the provider landscape, which is the most appropriate PSR process to apply. The decision-making processes are:

- Direct Award Processes A, B and C

- Most Suitable Provider (MSP); and

- Competitive Tender.

Direct Award process A – must be used when all the following apply:

- There is an existing provider of the health care services to which the proposed contracting arrangements relate.

- The ICB is satisfied that the health care services to which the proposed contracting arrangements relate are capable of being provided only by the existing provider (or group of providers) due to the nature of the health care services.

- Must not be used to conclude a Framework Agreement.

Direct Award Process B – must be used when all the following apply:

- The proposed contracting arrangements related to health care services in respect of which a patient is offered a choice of provider (including where the ICB is legally required to offer choice to patients).

- The number of providers is not restricted by the ICB.

- The ICB will offer contracts to all providers to whom an award can be made because they meet the requirements in relation to the provision of the health care services to patients.

- The ICB has arrangements in place to enable providers to express an interest in providing the health care services.

- Must not be used to conclude a Framework Agreement.

Direct Award Process C – may be used when all of the following apply:

- The ICB is not required to follow Direct Award Process A or B.

- The term of an existing contract is due to expire, and the relevant authority proposes a new contract to replace that existing contract at the end of its term.

- The proposed contract is not changing considerably.

- The ICB is of the view that the existing provider (or group of providers) is satisfying the existing contract and will likely satisfy the proposed contract to a sufficient standard.

- Must not be sued to conclude a framework agreement.

Unlike with Direct Award Processes A and B, with Direct Award Process C, even when all of the above criteria are met, the ICB can continue to use the Most Suitable Provider Process or the Competitive Process for example where they want to test the market.

Most Suitable Provider (MSP) – may be used when all of the following apply:

- The ICB is not required to follow direct award processes A or B.

- The ICB cannot, or does not, wish to follow direct award process C.

- The ICB is of the view, taking into account likely providers and all the relevant information available to the ICB at the time, that it is likely to identify the most suitable provider (without running a competitive process).

- Must not be used to conclude a framework agreement.

The Competitive Process – may be used when all the following apply:

- The ICB is not required to follow direct award processes A or B.

- The ICB cannot or does not wish to follow the direct award process C or the most suitable provider process.

- The competitive process must be used if the ICB wishes to conclude a Framework Agreement.

Once the ICB has identified which of these circumstances applies, and has identified the PSR process to follow, the ICB will follow the processes set out within the NHS England substantive guidance.

It should be noted that there is no value threshold applied to PSR. Any ICB spend on healthcare services must follow one of the prescribed processes as set out above. Urgent awards can be made in exceptional circumstances; however, these are limited. There is also not ability to use waivers under PSR.

Transparency notices are required to be published; there are different requirements dependent on the PSR process being utilised. When entering into contracts with

providers or suppliers of healthcare services, the standard NHS contract or short form contract must be used unless the value of the contract is less than £100,000 when a locally agreed contract can be utilised.

The ICB will keep clear records detailing the decision-making process and the rationales and will be undertaken for all processes set out within the PSR. This includes where a provider selection regime process was abandoned or where the ICB decided to return to an earlier step in the process. For mixed procurements, the ICB must also set out how the procurement meets the requirements for mixed procurements under the regime. The ICB will also keep records of decisions and decisions-making processes when modifying a contract, where applicable.

The ICB will publish a summary of the application of the PSR annually online (via the ICBs annual reports or annual governance statement).

The ICB will monitor compliance with the Regulations. The results of the monitoring will be published online annually (and may be integrated into other annual reporting requirements) and will include processes, decisions made under the PSR, contract modifications and declaration and management of conflicts of interests. The ICB may choose to use internal auditors to fulfil these requirements.

7.2.4 The Public Contract Regulations (PCR)

The Public Contract Regulations 2015 (as amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020) (PCR) applies to all public authorities, including the NHS. This is applicable for non-healthcare services only which will fall within the non-light touch regime of the Regulations. Where the contracted services are captured by the Regulations and the expected value of a

contract exceeds the relevant threshold, the procurement will be undertaken in accordance with the Regulations. This includes:

publicising the intention to seek offers in relation to the contract by publishing a call for competition notice in the governments Find a Tender website and the Contracts Finder website.

the process and timescales for evaluating and selecting the successful bidder.

the process for contract award and notification of contract award.

Where The PCR is not applicable, but the ICB elects to invite tenders for the supply of services, the ICBs Standing Orders and Standing Financial Instructions shall apply, and:

The Governing Body may only negotiate contracts on behalf of the ICB, and the ICB may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- the ICB's Standing Orders.

- the Public Contracts Regulation 2015, any successor legislation and any other applicable law; and

- consider as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above.

Locally agreed contract forms can be agreed for non-healthcare services. Unless the contract has been awarded via a Framework Agreement, the ICB will utilise the NHS Standard Contract for Goods and Services.

In all contracts entered into, including for healthcare services, the group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the ICB.

Unless the exceptions set out in 7.2.13 or 7.2.14 apply, the ICB shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three

firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

Formal tendering procedures need not be applied where the estimated expenditure or income does not, or is not reasonably expected to, exceed:

- £213,477 (inclusive of VAT) for services which fall under the non-light touch regime

- £663,540 (inclusive of VAT) for services which fall under the light touch regime; or

- Where the supply is proposed under special arrangements negotiated by NHS England in which event the said special arrangements must be complied with.

Formal tendering procedures may be waived in the circumstances set out in (a) to (j) below. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate ICB record signed by the Accountable Officer and Chief Financial Officer and reported to the next Governance and Audit Committee meeting.

a) in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate ICB record.

b) where the requirement is covered by an existing contract and there is an agreed and signed record of a contestability and value for money assessment.

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

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

e) where specialist expertise is required and is available from only one source and this has been evidenced by market consultation.

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

g) there is a clear benefit from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must

outweigh any potential financial advantage to be gained by competitive tendering.

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

The Chief Financial Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work, where allowed and provided for in the Capital Investment Manual. Written quotations should be obtained from at least three firms/individuals based on a written specification and detailed options appraisal following procurement best practice where the intended expenditure or income exceeds or is reasonably expected to exceed £25,000.

The Accountable Officer or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. The reasons for this choice should be recorded in a permanent record.

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the ICB and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Accountable Officer or Chief Financial Officer.

Items estimated to be below the limits set in these SFI for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer and be recorded in an appropriate ICB record.

Where tenders have been invited:

An e-Procurement portal must be used to keep a formal record of all actions undertaken, when electronic "opening" of the tenders shall be by the authorised individual.

A record shall be kept showing for each set of competitive tender invitations dispatched:

a) the name of all firms' individuals invited.

b) the names of firm's individuals from which tenders have been received.

c) the date the tenders were received and opened.

d) the price shown on each tender.

e) a note where price alterations, if any, have been made on the tender and suitably initialled.

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

Where only one tender is received and a contract is to be awarded, the Accountable Officer and Chief Financial Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money.

Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his/her nominated officer decides that there are exceptional circumstances e.g., dispatched in good time but delayed through no fault of the tenderer. Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Accountable Officer or his/her nominated officer or if the process of evaluation and adjudication has not started. While decisions as to the admissibility of late, incomplete, or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his/her nominated officer. Accepted late tenders will be reported to the Governance and Audit Committee.

Contracts will be awarded based on the best value for money, inclusive of other factors affecting the success of a project should be considered. Where other factors are considered in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) clearly stated.

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

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

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows: Section 16 **Appendix 1** For further guidance please see:

Hertfordshire and West Essex Integrated Care Board Procurement Policy

8. Commissioning

Working in partnership with relevant national and local stakeholders, the ICB will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

The ICB will coordinate its work with NHS England, other ICB's, local providers of services, Local Authority(ies), including through the Integrated Care System, the Health and Wellbeing Board, patients and their careers, the voluntary sector and others as appropriate to develop robust operating plans.

In considering its approach to the commissioning of and contracting for healthcare services the ICB will comply with legislation and nationally published guidance by NHS England, NHS Improvement and other equivalent bodies. Where the ICB decides not to open a new service to the market by way of tender, the reason for this will be reported to the Governing Body. Where the ICB decides to tender services, section 7 of these SFI's will apply.

The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

The Chief Financial Officer will ensure there is a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

Agreements with providers of NHS commissioned healthcare services shall be drawn up in accordance with the relevant Health and Social Care Act and administered by the ICB. Agreements with NHS Trusts are not contracts in law and are not enforceable by the courts. However, a contract with a Foundation Trust is a legal document and is enforceable in law.

The Accountable Officer is responsible for ensuring the ICB enters into suitable contracts for healthcare services. The Accountable Officer shall nominate officers to commission standard contract agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body. All funding should aim to implement the agreed priorities contained within the Operating Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Accountable Officer should take into account:

- the standards of service quality expected.

- the relevant national outcome frameworks.

- the provision of reliable information on cost and volume of services.

- that contracts build where appropriate on existing Joint Operating Commissioning Plans.

9. Staff costs and staff related non pay expenditure

9.1 Chief People Officer

9.1.1 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.

9.1.2 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.

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

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

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

10. Annual reporting and Accounts

10.1.1 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.

- the ICB prepares the accounts in accordance with the accounting policies and guidance given by NHS England and HM Treasury, the ICBs accounting policies and generally accepted accounting practice

- the ICB considers the external auditor's management letter and fully address all issues within agreed timescales; and

- the ICB publishes the external auditor's management letter on the ICBs website.

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

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement.

- review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and

- review any steps that the board has taken to implement any joint local health and wellbeing strategy.

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

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

10.2 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.

10.3 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.

11. Losses and special payments

11.1.1 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.

11.1.2 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.

11.1.3 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.

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

- details of all exit packages (including special severance payments) that have been agreed and/or made during the year.

- that NHS England and HMT approvals have been obtained before any offers, whether verbally or in writing, are made; and

- adherence to the special severance payments guidance as published by NHS England.

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

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

12. Fraud, bribery and corruption (Economic crime)

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

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

13. Capital Investments & security of assets and Grants

13.1.1 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.

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

- authority to spend capital or make a capital grant.

- authority to enter into leasing arrangements.

13.1.3 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.

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

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

- ensure the ICB asset portfolio supports its business objectives; and

- comply with NHS England policies and directives and with this standard

13.1.6 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.

14. Grants

14.1.1 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.

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

15. Legal and insurance

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

- engagement of solicitors / legal advisors.

- approval and signing of documents which will be necessary in legal proceedings; and

- Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

15.1.2 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.

16. Appendix 1(Delegated limits)

Commitment of Healthcare, non-healthcare contracts and expenditure			
Committee	Role	Approval expenditure, business cases and contract award All expenditure must be authorised against known and agreed budget and cannot be exceeded. All figures cited below include individual contracts or services where a perceived monetary value has been calculated – e.g., where a service is being offered to the ICB for free or at a reduced market rate. In such cases, and in support of full transparency a cost figure will be identified alongside an anticipated market value.	Authorisation for payment of prior approved expenditure
ICB Board / Governing Body		Unlimited	n/a
Commissioning Committee		**Approve** proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to £2.5m (or up to £5m if contract exceeds 12 months): **With delegated approval for the above sums to the ICBs Primary Care Commissioning Committee** in respect: • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract). • Newly designed Local Enhanced Services and Directed Enhanced Services. • Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF). • Decision making on whether to establish new GP practices in an area, • Delegation of Pharmacy, Optometry and Dental Commissioning, Section 7A Public health functions and Health and Justice Commissioning – oversight of future model, governance and financial impacts. **Recommend** to the Board for approval all proposals on individual contracts or services of a capital or revenue nature amounting to, or likely to amount to over £2.5m (or £5m if contract exceeds 12 months.	**n/a**
Finance and Investment Committee		As above	**n/a**
Remuneration Committee		up £100k, for clinical and non-clinical	**n/a**
Health Care Partnership/Place		**Approve** – • Authority to approve where the source of funds and its use is determined nationally	

		• Proposals on individual contracts or services of a capital or revenue nature amount to, or likely to amount to £1m (or up to £2m if contract exceeds 12 months). **Recommend** to the Commissioning Committee for approval all proposals on individual contracts or services of a capital or revenue nature amount to, or likely to amount to £2.5, (or up to £5m if the contract exceeds 12 months)	
	CEO	up to £1000k	Unlimited
	CFO	up to £500k	Unlimited
	Deputy CFO	up to £50k	£29,999.999
	Other Directors	up to £100k	£ 999,999
	Deputy/Assistant/Associate Directors	up to £50k	£49,999
	Other budget holders*	Up to £25k	£24,999
	Senior Finance Manager	Up to £5k	£1,499,000
	Other Managers*		£4,999
	Continuing Health Care Placements (Operational leads)*	Approve care packages > £1.5K per week	£9,999
	Continuing Health Care Placements (Senior leads)*	Approve care packages < £2.5K per week	£24,999
	Continuing Health Care Placements (Assistant Director)	Approve care packages < £5K per week	£99,999
	Continuing Health Care Placements (Director Nursing)	Approve care packages > £5K per week	£ 999,999
	Financial Services (T10s) For urgent payments	up to £5k	£99.999
Tenders and quotations for non-clinical services			
	1 written quote with evidence to be obtained for contracts	£0 to £24,999	
	3 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£25,000 to £216,446	

	Formal procedure in line with the Public Contract regulations	£213,447	
Tenders and quotations for clinical services			
	1 written quote with evidence to be obtained for contracts	Up to £24,999	
	3 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£25,001 to £299,999	
	4 written quotes – Competitive invitation to quote supported by a specification and evaluation or the use of an appropriate framework	£300,000 to £663,539	
	Formal process in line with the Public Contract Regulations	£663,539 & above	

Procurement thresholds in line with Public Contract Regulations 2015 thresholds – note that all values are inclusive of VAT. The £25k threshold is the point at which we need to advertise on Contracts Finder, anything underneath that is outside of a formal process.

*Director confirmation will be sought by finance leads – of colleagues within their teams provided with delegated authority to approve sums to this level. A register will be held documenting these names and the same or relevant director will notify the finance team of any changes.

NHS

**Hertfordshire and West Essex
Integrated Care Board**

Human Resources
Policy Manual

First edition (published 2022)

**Improving health and care
in Hertfordshire and West Essex**

Hertfordshire

Essex County Council

Contents

Introduction

Welcome to the first edition of the
Herts and West Essex ICB Human Resources Policy Manual

An organisation is only as good as its people, and running a fair, inclusive and supportive workplace is vital if we want to continue to attract and retain excellent staff.
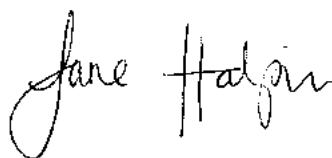
This manual clearly sets out the policies that help to create a positive working culture, where everyone understands what is expected of them and is given the opportunity and encouragement to thrive. It has been developed by our human resources and organisational development team, working closely with colleagues from across the organisation, including trade union representatives.

We value our diverse workforce and the range of experiences and life events that shape the insights and understanding that we all bring to our work. Our policies reflect our busy and often complicated lives and aim to ensure that our lives outside work, as well as our career ambitions, are acknowledged and respected.

Our organisation is charged with improving the health and wellbeing of Hertfordshire and West Essex residents; tackling the inequalities that affect people's physical and mental health, getting the most out of local health and care services and supporting social and economic development.

In the same way, I want the very best for everyone who works in or with our organisation. The framework set by these policies will play an important part in helping every one of us to feel valued and respected as Hertfordshire and West Essex Integrated Care Board employees.

With best wishes,

Jane Halpin
Chief Executive
Hertfordshire and West Essex Integrated Care Board

Adoption leave

1 What this policy covers

If you are adopting a child, you are entitled to adoption leave. This policy provides an overview of your leave entitlement and qualifying conditions, how to apply and how your pay, terms and conditions are affected during your leave.

2 Principles

- In recognising the responsibilities and needs of adoptive parents, regardless of their gender identity, the ICB wants to enable employees who are adopting a child to enjoy similar benefits to those on maternity leave.
- Where a couple adopts a child, only one parent can take adoption leave. The other parent may be able to take paternity leave or shared parental leave.
- This policy does not apply if a child is not newly matched for adoption (eg when a step parent is adopting a partner's child or children) or where there is already an established relationship with the child (eg if the child or children have already been fostered prior to their adoption).

3 Responsibilities

- The ICB Board of Directors will ensure that this policy is applied fairly and equally, so that it does not discriminate.
- Managers are responsible for actioning adoption leave requests in accordance with this policy.
- The HR and Payroll departments will advise on applying this policy.
- Employees wishing to apply for adoption leave should use the procedure outlined in this policy.
- This policy does not apply where employees become a special guardian, kinship carer or adopt privately (eg without permission from a UK agency).

4 Policy in practice

4.1 Entitlements
All employees, including those on bank contracts, regardless of gender identity, are entitled to 52 weeks' adoption leave. Only one period of adoption leave can be taken, irrespective of whether more than one child is placed for adoption as part of the same arrangement. There is no limit to the number of periods of adoption leave that you may take during your employment.

4.2 Eligibility
While all employees, including those on bank contracts, are entitled to 52 weeks' adoption leave, certain conditions apply to some staff:

a) Fixed-term contracts
Employees on fixed-term contracts are entitled to 52 weeks' adoption leave, providing their fixed-term contract expires after the week in which they are informed of the match (for this purpose, weeks run from Sunday to Saturday).

Employees whose fixed-term contract expires after the week they are informed of the match and who have more than 26 weeks' continuous service will have their contract extended to enable them to receive their entitlement of 52 weeks' adoption leave. Such employees will not have any entitlement to a role within the ICB at the end of their adoption leave unless they have been selected for another role through competitive interview.

b) Rotational contracts
If you work on a planned rotational contract with one or more NHS employer as part of an agreed training programme, you will retain the right to return to work in the same post or next planned post and your contract will be extended to enable you to complete the remainder of the agreed programme.

4.3 How to request adoption leave

You must give your manager at least 28 days' notice of your intention to take adoption leave. You must also advise your manager within seven days of being matched with a child for adoption (or 28 days if adopting from overseas), unless this is not reasonably practicable. You must also give the date the child is expected to be placed with you.

Before you can start adoption leave you must meet with your manager and:

■ complete the Application for Adoption Leave and Pay form (available from the ICB staff internet site)
■ provide a "matching certificate" from your adoption agency as evidence of your entitlement to take adoption leave and adoption pay.

Your manager will send these to the HR Department.

4.4 Starting adoption leave

You can start your adoption leave either on the date of the child's placement (whether this is earlier or later than expected) or from a fixed date that can be up to 14 days before the expected date of placement. If the placement is delayed and adoption leave has started, it cannot be stopped and resumed at a later date. Adoption leave can start on any day of the week.

The date on which you wish to start your adoption leave can be amended, provided you advise your manager at least 28 days in advance (unless this is not reasonably practicable).

4.5 Notification of return to work

The maximum amount of adoption leave is 52 weeks. All employees are expected to return to work on the date specified, which should be no later than 52 weeks after the start of their adoption leave (not including any annual leave taken).

Employees are requested to confirm their expected return to work date before they start adoption leave. However, we realise that this is not always practical, so you have the right to change your date of return if you choose to do so.

If an employee decides to change their return-to-work date after starting their adoption leave, they must advise their manager, giving at least eight weeks' notice.

4.6 The right to return to work

At the end of the adoption leave period all employees have an automatic right to return to work in a comparable job to the one they were doing:

■ on terms and conditions no less favourable than those that would have applied had they not been on adoption leave
■ with the same seniority, pension and other similar rights as they would have had they not been on adoption leave.

The ICB reserves the right to move an employee to an alternative role or department as long as it is the same type of work, at the same site and at the same level within the organisation.

4.7 Returning to another NHS employer

If an employee decides to return to work at another NHS organisation, they must notify the ICB of their intention. To retain full Occupational Adoption Pay (OAP – see 5.3), the employee must return within a three-month period, after the end of their adoption leave.

To ensure OAP is maintained, the employee must provide a copy of their offer letter and contract of employment with another NHS employer within a three-month period, following the end of their adoption leave. Otherwise the employee is liable to refund the whole of the OAP received; they will not be required to repay Statutory Adoption Pay (SAP – see 5.2) to which they are entitled.

5 Pay

5.1 Adoption leave pay

Adoption leave for employees with less than 26 weeks' NHS service is unpaid. In these circumstances, the Payroll Department will provide a written statement explaining why you are not eligible for adoption pay, which can be used to claim other benefits if required.

Employees with more than 26 weeks' continuous NHS service are eligible to take up to 39 weeks' adoption leave with pay.

Adoption leave pay is subject to PAYE income tax, National Insurance contributions (NICs) and pension contributions where appropriate.

There are two types of adoption pay:

- Statutory Adoption Pay (SAP) – paid by the government
- Occupational Adoption Pay (OAP) – paid by the ICB.

The type of adoption pay paid is based on:

- how long you have worked for the ICB/or how much continuous NHS service you have
- whether you have earned enough salary in the relevant period
- whether you intend to return to work
- whether you have provided the correct evidence and paperwork
- whether this evidence has been provided within the correct timescales.

5.2 Statutory Adoption Pay
SAP is paid to all employees, including bank staff, if they have 26 weeks' service ending the week in which they are notified of having been matched. Their earnings must also be above the lower earnings limit for NICs. Calculations include all pay within the earnings period.

If you have also provided the correct notification and proof to show that you have been matched with a child, SAP is paid for 39 weeks, as detailed in the box below.

Statutory Adoption Pay

Statutory Adoption Pay is paid for up to 39 weeks. The weekly amount is:

• 90% of your average weekly earnings for the first six weeks followed by
• a set standard rate agreed by the government each year or 90% of your average weekly earnings (whichever is lower) for the next 33 weeks.

You can find out more about SAP by visiting government website www.gov.uk.

5.3 Occupational Adoption Pay
OAP is paid at the same rate as Occupational Maternity Pay and will be paid to all employees who:

- have more than one year's continuous service – service from another NHS organisation will be eligible, provided there has not been a break of more than three months between the two organisations. However, the break in service will not count as service

and:

- intend to return to work and do so for at least three months – employees must return to work for an NHS organisation for a minimum of three months following their adoption leave. Failure to return to work will result in owing back the occupational element of the adoption pay.

Employees who change their mind about returning to work should inform the ICB as soon as possible, to avoid overpayment.

5.4 Calculation of OAP
OAP is paid in addition to SAP to employees who qualify. It is assessed as an average of normal pay for eight weeks or two months up to the last normal pay day before the date of adoption.

For OAP purposes, normal pay will include all items for the qualifying period on which National Insurance is calculated, including any arrears that would normally have been accrued during that period. It does not include expenses.

In exceptional circumstances, the ICB may need to change the qualifying period if the salary cannot be determined. This will be managed in accordance with HMRC regulations.

5.5 Fixed-term contracts
Employees on fixed-term contracts may not be entitled to OAP, but may be entitled to SAP provided they meet the eligibility criteria (see 5.2). Fixed-term employee contracts will be extended to allow them to receive SAP, but not unpaid adoption leave. This is to allow for payment to be made and will not count as service or

Occupational Adoption Pay

Weeks	Pay	Duration
1-8	Full normal pay	8 weeks
8-26	Half normal pay plus SAP	18 weeks
26-39	SAP	13 weeks
40-52	Unpaid	12 weeks

mean the employee will accrue employment rights during this period. Employees on a fixed-term contract should apply for adoption leave in the normal way (see 4.3) and the Payroll Department will advise them of their entitlements.

5.6 Bank employees
Bank employees will not be eligible for OAP, but may be eligible for SAP. Their average weekly earnings must not be less than the lower earnings limit for NICs for the eight-week period prior to the adoption leave starting.

Adoption pay for bank employees will be based on the earnings for the eight-week period prior to the start of their adoption leave. The Payroll Department will advise accordingly.

5.7 Rotational contracts
Adoption pay will be calculated in the same way for employees on rotational contracts.

5.8 Pay step increases before/during adoption leave
If a pay award or annual pay step is implemented before paid adoption leave begins, the adoption pay will be calculated as though the pay award or annual pay step had applied throughout the entire adoption pay calculation period. If such a pay award was agreed retrospectively, adoption pay will be re-calculated on the same basis.

If a pay award or annual increment is implemented during paid adoption leave, the adoption pay due from the date of the pay award or annual increment will be increased accordingly.

5.9 Sickness during the eight-week calculation period
If an employee is on half-pay or unpaid sickness absence during the whole or part of the period used for calculating average weekly earnings in accordance with SAP earnings rules, the average weekly earnings

for the period of sickness absence will be calculated on the basis of full notional sick pay.

6 Your terms and conditions

6.1 Contractual rights
During adoption leave, all contractual rights, including accrual of annual leave and continuous service, are retained.

6.2 Annual leave and sickness on adoption leave
All employees on adoption leave will continue to accrue their holiday entitlement throughout their adoption leave.

There is a flexible approach to taking annual leave in conjunction with adoption leave. All employees must ensure that they communicate their intentions to take holiday before starting their adoption leave. The manager will then agree this as part of the final arrangements for adoption leave. Normally this would include taking at least one week's annual leave before commencing adoption leave, to avoid large amounts of annual leave being taken on their return.

If an employee reduces their hours on their return, they should discuss how their accrual of annual leave would be managed and taken. As a reasonable approach to reducing the impact on the department's service needs, this should be managed by taking part of the annual leave entitlement before adoption leave starts.

If an employee becomes ill while on adoption leave, they will not be entitled to sick pay or benefits and will continue to be paid as per their entitlement to adoption pay.

Sickness while on adoption leave does not need to be reported, unless it would impact on Keeping In Touch (KIT) days or return-to-work dates.

6.3 Pension contributions during adoption leave

Pension contributions made by the ICB continue during the whole period of paid adoption leave and are based on the employee's normal salary before the start of the leave. For more information on this, employees should contact the ICB Pensions Department.

6.4 Training

Employees on adoption leave will not be expected to attend mandatory training, however, this will need to be completed upon return to work, either during a KIT day or within the first month of return. Managers should make arrangements for employees to receive training and re-orientation where needed. This must include any changes that have occurred while the employee was on leave.

Employees on adoption leave can access information on training opportunities via the HR intranet, which can be accessed via most electronic devices.

6.5 KIT days

With their manager's agreement, employees can attend work for up to 10 mutually agreed KIT days during the adoption leave period to attend work, for example, for team meetings, conferences, training events or performance reviews. Part days will be counted as whole days for the purpose of the KIT day entitlement and pay.

For the time spent in work, employees will receive pay for days worked based on the contractual rate of pay (including any enhanced rates of pay normally applicable for days worked outside of normal office hours Monday to Friday). KIT days will not affect adoption pay entitlement. Employees must discuss and agree KIT days with their manager in advance.

Managers are responsible for ensuring the Payroll Department is instructed to pay employees for KIT days worked by completing the ESR Change form (available on the ICB HR intranet).

6.6 If adoption ends before adoption leave

If the adoption is disrupted or ends, adoption leave and pay (if eligible) will normally continue for eight weeks (or until the end of the adopter's 39 week SAP period if that is sooner) following the end of the adoption. The employee should contact their manager and agree arrangements for return to work as early as possible.

6.7 Organisational change

Where organisational change would affect employees on adoption leave, this will be managed in the same way as all other affected employees in regards to consultation and communication.

They will receive written documents, letters and notifications and be required to attend the ICB for formal meetings where appropriate.

Employees made redundant while on adoption leave are entitled to receive SAP for the full 39 weeks. OAP will be paid to redundant employees until the date their contract of employment ends.

All organisational change will be managed in line with the ICB policy for managing organisational change and ACAS guidance and advice.
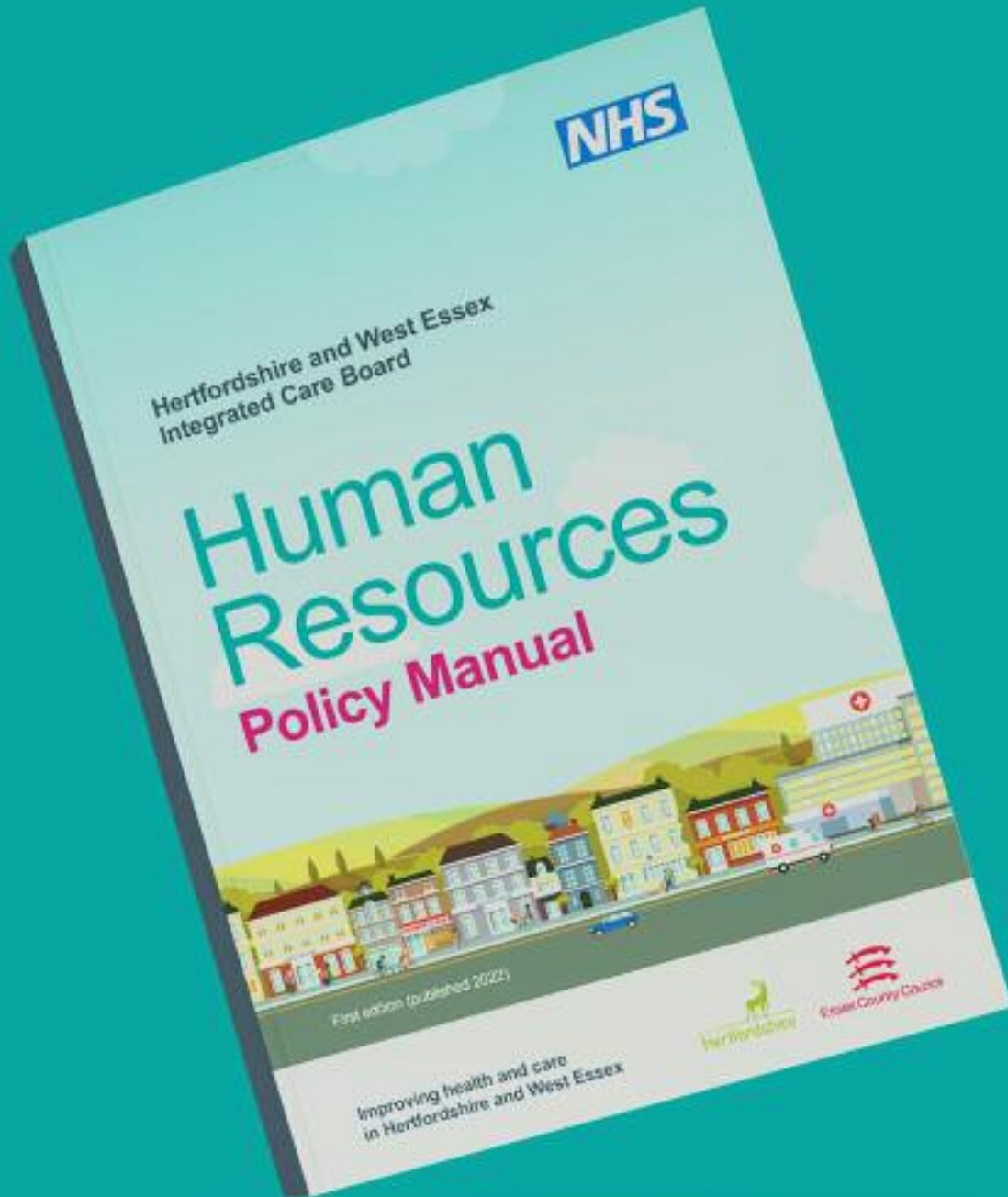
6.8 Vacancies

Employees taking adoption leave can access information on ICB vacancies and opportunities for promotion via the HR intranet, which can be accessed via most electronic devices. Any application should be completed through the normal recruitment procedure. Employees will not be treated any differently in the selection for such opportunities.

The time taken to attend an interview for a vacancy will not be paid nor considered as a KIT day (unless it is part of a KIT day already arranged to complete other activities) and will not affect adoption pay or leave.

7   Sickness preventing return to work

If an employee cannot return to work after their adoption leave because of sickness, they should inform their line manager as soon as possible. This will be communicated to the HR, Occupational Health and Payroll Departments.

In some circumstances, sickness that happens before adoption leave starts will mean that Statutory Sick Pay (SSP) is overridden by SAP (within the statutory adoption pay period). This can lead to a change in pay, and the Payroll Department will advise the employee and manager accordingly. A medical certificate will be required in line with our Attendance Management Policy.

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Human Resources Policy Manual

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Improving health and care
in Hertfordshire and West Essex

The HR forms mentioned
in this publication are available
to download from the
ICB HR intranet

Adverse weather and travel disruption

1 What this policy covers

This policy will tell you what you need to do if either severe weather or travel disruptions (eg bus or train strikes) affect your ability to get to work.

2 Principles

- This policy will provide a clear and fair framework when bad weather or severe travel disruption affects your ability to get to work.
- While delivering services is vital to the ICB and is at the heart of decisions made about attendance, we also recognise that this must be balanced against your health and safety.
- While you are responsible for making every reasonable effort to get to work during periods of severe weather or travel disruption, you should not put yourself at unnecessary risk.

3 The policy in practice

3.1 If having made every effort and explored all options to come to work you're unable to come in, you should personally inform your manager as soon as you know this will be the case. If your manager is not available, contact their deputy or another senior team member.

3.2 You should discuss with your manager whether it is possible to work from your home.

3.3 If it is not possible to work from home, you should agree with your manager whether:

- you will change your shift
- make the time up (within one month of the date concerned)
- use any time in lieu you may have already accrued
- take annual leave
- take unpaid leave.

3.4 If the problem is likely to continue for more than one day, you should agree with your manager how often you need to contact him or her to review the options open to you.

3.5 In some situations, alternative forms of transport may be available, and where this is the case, staff should take advantage of these where appropriate. Such alternatives may include lifts from other staff members, walking to a public transport route or use of taxis. The ICB will not reimburse additional costs incurred by use of alternative transport.

3.6 In certain circumstances, severe weather may occur while you're already at work and potentially may limit or put at risk your ability to get home. In these instances, you should discuss this with your manager, taking into account advice issued by the police, motoring organisations and weather bulletins, and agree when you should leave work.

3.7 In certain circumstances, reasonable adjustments will be made for staff who meet the Equality Act definition of disability.

![Agile working icon] # Agile working

1   What this policy covers

Agile working can benefit people and the environment. For example, employees may be able to better balance their work and home commitments, while reducing their carbon footprint by not having to commute to work. But if it isn't properly managed, agile working can create challenges. This policy provides guidance and support when considering agile working.

The ICB will operate a hybrid-working model that offers staff the choice of working at home, the office, other NHS sites or abroad, based on what enables the ICB to meet business needs. There is no single model for doing this, but the principles set out here should support positive and realistic discussions within teams and with line managers to set out agreed working patterns.

We aim to give everyone the choice of how they work, with the needs of the business being a primary factor. Acknowledging that some roles will require a greater presence in the office, we expect staff to discuss and agree arrangements with their line managers and fellow team members.

Definitions
For clarity, we will draw a distinction between agile working and flexible working:

- **Agile working** – defined as where you work from. This could be at home, another NHS site, in one of our office bases or on the move. Agile working refers to 'bringing people, processes, connectivity and technology, time and place together to find the most appropriate and effective way of working to carry out a particular task". It is working within guidelines (relevant to the task at hand), but without prescription (of how it is achieved).

- **Flexible working** – defined as how you work. For example, full time or part time, job share, compressed hours, flexi time; self-rostering; and with flexibility (eg people with caring responsibilities could potentially not be able to work between 9am and 10am, but they could work from 5pm to 6pm).

2   Principles

- Agile working can be supported for most roles, however, some roles may require an office-based presence (eg reception) or line managers may require office attendance for specified reasons.
- There will be some minimum requirements. For example, new starters (particularly those new to a role) will need to meet their manager in person in their first week of employment, and at agreed intervals for successful induction and orientation.
- General requirements – regular 1:1 meetings and team meetings (in person, virtual or a combination) will be agreed between line managers, teams and individuals based on service needs.
- Staff will collect and bring in their IT equipment to an office when required.

- Access to printing, photocopying and stationery is available at each ICB office. Costs incurred while working at home (unless a prior agreement is in place to support reasonable adjustments) cannot be claimed from the ICB as an expense.
- All staff working away from one of our office bases must ensure access to the ICB networks for at least two hours per day, to ensure updates are uploaded regularly from the IT service provider.
- The ICB offices remain the base for travel claims and any fringe allowances, subject to national guidance and local policy application.
- "Normal" office hours are agreed as between 8am and 6pm – the usual time during which staff will complete their contracted hours.
- The principles of agile working differ from flexible working and one is not designed to replace the other (please refer to the ICB Flexible Working Policy).

3 Responsibilities

The ICB will ensure that all agile working arrangements are managed consistently and effectively. Your line manager will take a positive approach to your request to work from home or other sites. In choosing to work from other offices, you will need to check local desk booking arrangements with corporate support service teams.

The ICB colleagues who are responsible for health and safety (whose details are accessible via the staff intranet website), will provide advice and support to you and your manager with associated policies to support you to work in an agile way. Every ICB staff member must adhere to this policy.

You are responsible for alerting your line manager at the earliest opportunity if you are aware of changes to your health and wellbeing that may impact your ability to do your job. You are also responsible for attending meetings in person when you are on-call or any other occasions where it has been deemed necessary to be held in person.

When working in an agile way, you are asked to make sure your calendar is up to date and show where you are working on any given day. Finally, it is your responsibility to ensure that your home insurance allows for home working.

Working abroad

All requests to work from another country must be made to your manager and authorised by your Managing Director in advance of travelling. You and your manager will need to consult your information governance and IT leads to ensure that the necessary arrangements are in place to support you to work effectively whilst abroad.

When requests are received, line managers should consider any on-call responsibilities of the staff member, as well as team operational requirements and how the staff member's availability during office hours will be affected.

4 The policy in practice

Examples of agile working, subject to agreement with your line manager include working from:

- home more often
- both home and at ICB sites
- other sites or areas, as agreed with your line manager, information governance and IT.

Discussing agile working

You and your manager will discuss options for agile working. When discussing working arrangements, please consider:

- impact on service delivery
- impact on other staff/departments
- any impact on your health, safety, and wellbeing
- suitable IT equipment and software needed, as well as dedicated workspace.

Health and safety

When you're working from home or other sites, we will ensure, so far as is reasonably practicable, that your health, safety and welfare are protected. You also remain responsible for your own wellbeing and you will need to complete an agile-working risk assessment, including a checklist for display-screen equipment.

Teams with responsibility for health and safety will be able to advise and support you to complete this and discuss any potential risks or concerns. If there are significant risks that cannot be rectified, agile working may not be suitable.

Wherever you choose to work, it is your responsibility to familiarise yourself with the health and safety requirements of those sites. You should also maintain your workstation and surroundings, taking account of the advice provided and agreed during the assessment process. In the unfortunate event of an accident,

incident, or dangerous occurrence, please notify your manager immediately by telephone and then complete the appropriate accident/incident form.

Supporting health and wellbeing

Your manager will provide support when you are working in an agile way, including ensuring regular communication individually and within the wider team. It is also important that you consider how to maintain your own health and wellbeing while working in an agile way. Your manager will discuss and review this with you. Colleagues in the HR team can provide further advice.

Sickness absence reporting

The normal sickness policy and absence reporting will apply if you cannot work because of sickness. Please contact your manager/nominated other as soon as possible if you become ill.

General

Trial period

A trial period may be appropriate, especially for new staff, to see how effective agile working is for you, your role and the team or department. You and your manager will meet at the end of the trial period to discuss the effectiveness and agree if it will be a short-term, long-term, or permanent arrangement.

After a trial period, if you or your manager do not believe agile working is beneficial or appropriate, you will discuss and agree arrangements for returning to fixed working at one of the ICB offices. In some cases, this may mean arrangements need to be put in place before you can return to working full time in the office.

Security, confidentiality, and governance requirements

If you are working from home, other NHS sites, relevant ICB HR policies, procedures and rules continue to apply. It is important that you can continue to follow expected security, confidentiality and governance protocols as if you are working at any ICB office. Any breach should be reported to your manager as soon as possible.

Implications for tax and insurance

Working from home may affect your personal tax or

insurance. You should speak to your financial advisor, HMRC or your insurance provider if you think this may apply to you. The ICB cannot accept any responsibility for invalid insurance or tax implications. You may be able to apply for tax relief for additional household costs if you work from home regularly, either all or part of the week. You cannot claim if it is your choice to work from home.

Visit Gov.uk to find out more and apply online: **www.gov.uk/tax-relief-for-employees/working-at-home**

Supporting the costs of agile working
The ICB may ask you to work from home and will explain the reasons for this. Reasonable costs (up to a maximum of £150 as a one-off contribution) for staff new to working at home could be agreed. Where appropriate, this can be reclaimed. You must agree purchases with your line manager before submitting any claim and ensure that all claims are evidenced and processed using the ICB's expenses system.

Reviewing the agreement for agile working
A review and evaluation of your agile working arrangements will be conducted during one-to-ones with your line manager. This will include conversations about any effects on your health and wellbeing, which will also be discussed during your performance appraisal. Conversations on how you are managing agile working should also be part of routine discussions with your manager. This will ensure that if there are any problems or concerns, they are addressed as soon as possible.

Ending agile working
If circumstances or service needs change, or if it is determined that the arrangement should end for another reason, your manager will discuss this with you, and you'll receive reasonable notice to return to working at one of the ICB premises. If you wish to appeal this decision, you may use the ICB Grievance Policy.

"If circumstances or service needs change, or if it is determined that the arrangement should end for another reason, your manager will discuss this with you"

If you do not wish to work in an agile way, and this has been in place for some time, you should arrange to meet your manager to discuss possible options for returning work at ICB premises. Subject to desk availability, the ICB will endeavor to accommodate anyone preferring to use a desk in a safe office environment. It will be your responsibility to use the booking system in place for the preferred site to ensure that a desk is available for your use.

Senior medical staff
Senior medical staff are expected to work in a flexible and responsive way that allows them to react to changing service demands and professional goals. This will be set out in their job plan, which will be reviewed at least once a year. The agreed job plan will record any mutual agreement that a doctor can work for any proportion of their contracted hours from home. The same principles, as set out in this policy, will apply to any such decisions.

Review and monitoring
This policy and procedure will be monitored and reviewed each year by the HR Department and discussed at senior manager/executive meetings and with the joint staff partnership forum.

Alcohol and drug misuse

1 What this policy covers

This policy aims to ensure the safety of all staff, patients, service users and visitors by giving clear rules on use and possession of alcohol and/or drugs.

It will explain the responsibilities of those who believe they have a problem, as well as other staff and managers, and tell you what help and support is available.

For the purposes of this policy:

- "Alcohol misuse" is drinking alcohol so that it adversely affects your work performance, conduct, attendance or normal behaviour at work.
- "Substance misuse" is the deliberate use of illegal or prescribed drugs for intoxication or any reason other than as prescribed medication.

The ICB acknowledges that some staff, in dealing with mental health issues, may have a drug and/or alcohol addiction issues. As part of our commitment to supporting staff health and mental wellbeing, where someone has acknowledged this and sought help and has not breached our Disciplinary Policy, the ICB will take this into consideration when managing their performance and conduct while they undertake treatment and/or access support for that addiction. The ICB may suspend any disciplinary process, as long as the person does not attend work in an unfit state or breach the Attendance Management and Wellbeing Policy triggers.

Suffering the ill effects of taking prescription medication will not normally lead to disciplinary action being taken, although the intentional misuse of prescription medical will be treated seriously.

2 Principles

- The rules on alcohol and drugs will be strictly enforced.
- Those who admit to having a problem with alcohol

and/or drugs but engage positively in treatment for their recovery will be supported fully by the ICB.

3 Responsibilities

- The ICB Board is committed to providing a safe and healthy workplace for staff, patients, service users and visitors and will ensure that all employees are treated consistently and fairly in line with this policy.
- If you have an alcohol or drugs-related problem, you are encouraged to disclose this at the earliest opportunity, to ensure support and help with treatment. You can speak to your manager, HR or a trade union representative.
- You should not possess or supply alcohol or illegal drugs in the workplace.
- You should not consume alcohol or illegal drugs or abuse any substance at work.
- You should not work while under the influence of drugs and/or alcohol, because the effects may last several hours.
- You should be aware of the possible side effects of any prescription drugs you are taking and tell your manager immediately if they could affect your work.
- Managers must ensure that alcohol or substance misuse issues are dealt with in the strictest confidence and should seek advice from the HR Department and Occupational Health.
- Under the ICB's Raising Concerns ("Whistleblowing") Policy, you have a duty to raise any concerns you have about a colleague you suspect of alcohol or substance misuse, anonymously, if you wish.

4 Policy in practice

If an alcohol and/or substance misuse problem has been identified, an initial meeting with your manager will determine whether it will be treated as a health or conduct issue.

Health issue

At the meeting with your manager, if you acknowledge that you have an alcohol and/or substance misuse problem, it may be dealt with as a health issue if you agree to accept the help and support you are offered.

Below is an outline of how the process is usually managed, although this can change depending upon individual circumstances. This policy may work in conjunction with the ICB's Attendance Management and Wellbeing Policy and Capability Management Policy.

Outline process

1   Having acknowledged you have a problem, your manager will refer you to Occupational Health, which will advise you on appropriate treatment, intervention or referrals to other agencies. A treatment plan will be discussed and agreed by you and your manager.

2   Depending on the severity, you may be advised to go on sick leave while you are rehabilitating, which means you will need to obtain the appropriate sickness certificate from your GP to cover your absence.

3   During your rehabilitation period you may be expected to attend regular appointments with Occupational Health, which will review progress and keep your line manager informed. If you don't attend appointments with Occupational Health or other specialist agency without good reason, it will be considered as rejection of support and assistance.

4   Where possible, you must make every effort to attend appointments outside of your normal working hours. If this is not possible, paid time off may be considered at your manager's discretion. Requests for paid time off will require evidence.

5   If you remain on sick leave for four weeks or more, your absence will be managed in line with the ICB Attendance Management and Wellbeing Policy. A meeting will be arranged, where you can be accompanied by a colleague or union representative, your line manager and an HR representative. Unless there is clear evidence of progress, it may be treated as either an ill health or conduct issue (in which case your future employment may be at risk).

6   When you return from absence, your manager will agree with you a documented return to work programme, including the ICB's expectations regarding your performance, standards required and behaviour, with timescales. Advice and assistance should be sought from HR on your return to work programme.

7   You must not undertake any alternative employment, whether paid or unpaid, while on sickness absence, without the written consent of the ICB and support of Occupational Health.

8   If it is decided that you should remain at work, your manager will monitor your behaviour and performance over a six-month period and formal review meetings will take place at least once a month.

9   If your behaviour/performance meets the standard required continuously for six months, your manager will usually agree with you, HR and/or Occupational Health that the formal review period is over. A formal review meeting will be arranged with your manager, HR and/or Occupational Health. This will be confirmed in writing to you, with details of any future support mechanisms.

10 If your behaviour/performance has not met the standard required continuously for six months, your manager will write to you to give notification that the formal review period will be extended. Unless there is clear evidence of progress, your future employment may be at risk.

Conduct issue

If the ICB considers that you are at work under the influence of alcohol and/or misusing substances (or believes you have an underlying alcohol or substance misuse problem) and you refuse the support you are offered, the ICB will deal with its concerns in accordance with its Disciplinary Policy. Misuse of alcohol or substance abuse is regarded as gross misconduct and may result in dismissal.

Where it is suspected that substances may have been obtained fraudulently from the ICB, such cases should be referred to the Counter Fraud Agency.

Support and advice

■   **Occupational Health Service:**
Vita Health, EAP 24/7 confidential helpline for staff, support on mental health, etc.
■   **Frank – The Drug and Alcohol Helpline**
Tel: 0300 123 6600 or visit ☞ **www.talktofrank.com**
■   **Drinkline**
Tel: 0300 123 1110 or visit ☞ **www.nhs.uk/Alcohol**
or ☞ **www.drinkaware.co.uk**
■   **Release (national drug helpline)**
Tel: 020 7324 2989 or visit ☞ **www.release.org.uk.**

Annual leave

1   What this policy covers

This policy aims to provide a consistent and equal approach to taking and calculating annual leave. It will tell you how much leave you are entitled to, how you should request annual leave and how other factors such as sickness affect annual leave.

This policy should be read in conjunction with other ICB policies such as Sickness Management, Special Leave, Maternity Leave and Paternity Leave.

2   Principles

- This policy applies to all employees who are employed on Agenda for Change terms and conditions, except bank or medical staff who have other arrangements.
- The ICB supports its staff in having a healthy work-life balance and encourages them to take their full entitlement within the current leave year.
- Carrying over annual leave will only be authorised in exceptional circumstances.
- Applications for annual leave should be made in accordance with this policy and any local departmental procedures. Failure to follow these may result in time taken off being considered as unauthorised absence, which may lead to deductions from pay and/or disciplinary action.
- All annual leave requests must be requested via ESR.

3   Responsibilities

- The ICB Board of Directors will ensure, through an open and supportive culture, that applications for annual leave are dealt with consistently and fairly.
- Managers will respond in a timely way to annual leave requests and when deciding they'll balance the individual's wishes with service provision.

- Managers will inform staff within their areas of responsibility how to request annual leave.
- Where managers cannot answer annual leave questions, HR will advise.
- All staff should make their annual leave requests in accordance with the procedures outlined in this policy and/or local departmental procedures.

4   Policy in practice

4.1 Entitlement

- Your annual leave entitlement is based on your completed years of NHS service (see Table One).
- The annual leave year for all staff runs from 1 April to 31 March.
- Your entitlement is calculated in hours not days, to ensure that staff who work variable hours/shifts are not disadvantaged.
- In addition to annual leave you're entitled to paid statutory/public holidays. Entitlement for part-time staff is pro rata. A statutory/public holiday is a period of normal working duty that starts within the period of 24 hours from midnight to midnight.

Table One: Annual leave entitlement

Length of service	Annual leave and general public holidays
On appointment	27 days + public holidays
After five years' service	29 days + public holidays
After 10 years' service	33 days + public holidays

- If you change your contracted hours, your annual leave entitlement will be recalculated using months on the new and old contracted hours to give the full entitlement. You will not be disadvantaged by the change.
- If you leave the ICB you will be entitled to leave you've accrued up to your last day of employment, minus any leave already taken. If your total leave taken exceeds the total entitlement, an appropriate deduction will be made from your final salary
- You should aim to spread your leave out, to avoid bunching it at the end of the year. You may lose your annual leave unless prior authorisation by your line manager and in exceptional circumstances authorisation by the Managing Director.

Annual leave accrual for new starters
On joining, all employees will be entitled to annual leave plus general public holidays, in their year of joining on a pro-rata basis based from their start date.

Annual leave accrual for leavers
When leaving, employees should make every effort to ensure that they have taken any accrued annual leave before their last day of service. If this is not operationally possible, any outstanding leave remaining may be paid depending on the circumstances and with financial approval in line with local procedures.

4.2 Requesting annual leave
- You should make requests for annual leave to your manager as early as possible via ESR.
- Until the request has been agreed, you must not assume that you can take your leave at the requested time and should not make any bookings or enter into any financial commitments based on an agreement being given at a future date. It may not be given.
- To balance the needs of all staff in your department, leave of more than two weeks will only be agreed in exceptional circumstances.

- Managers will ensure that authorisation for leave for popular times (eg school holidays, Christmas, New Year, etc) will be made on a shared and equitable basis.

4.3 Carrying over annual leave
You should be able to take all your annual leave during the leave year. In exceptional circumstances, where service demands/personal circumstances have prevented this, up to five days of basic contracted hours may be carried over to the following year, with the agreement of your manager.

4.4 Sickness during annual leave
If you are sick while on annual leave, in accordance with the ICB's Sickness Management Policy, the period will be treated as sick leave, where the sickness is certified, allowing you to take your annual leave at another time. Please see the full policy for more information.

Annual leave can be used during periods of long-term sickness. If you wish to take annual leave while you are off sick, you should inform your manager prior to taking the leave.

"Until the request has been agreed, you must not assume that you can take your leave at the requested time and should not make any bookings or enter into any financial commitments based on an agreement being given at a future date. It may not be given"

Apprenticeships

1 What the policy covers

The ICB is committed to providing opportunities to develop existing staff and new employees through apprenticeships.

This will enable the ICB to develop and retain current talent and build new talent for the future by providing the opportunity to:

- improve workforce skills and competencies
- achieve vocational, work-based qualifications
- learn practical job skills and knowledge
- progress within specific careers and educational pathways.

This policy sets out how the ICB will place and support apprentices. It applies to all ICB employees, fixed-term contractors, including ICB Board members.

2 Principles

Apprenticeships offer an opportunity for people to work within an organisation, gaining invaluable experience, while studying for a qualification. The ICB will work in partnership with local education and training providers to embed an apprentice-management scheme, ensuring that our apprenticeship placements are standardised and compliant with legislation and best practice.

3 Definitions

3.1 Apprenticeships

Apprenticeships are government-funded work-based training programmes for people aged 16 and over. They combine on-the-job training with nationally recognised qualifications. Apprenticeships can be at various levels, leading to various qualifications that may benefit those entering the work place for the first time and those with more significant experience, for example, to gain masters-level qualifications.

For full details of the various types of apprenticeships please contact the Apprenticeship lead or go to the government website gov.uk website (search: government/publications/higher-and-degree-apprenticeships).

3.2 An apprentice is the learner who is taking part in an apprenticeship, during which they carry out a particular task or duty, or range of tasks or duties, but with an emphasis on learning.

Almost anyone employed by the organisation (who does not hold a formal tertiary qualification) can undertake an apprenticeship providing they're aged 16 or over. They can be starting in a new job or taking on new responsibilities within their existing role. There is no upper age limit to becoming an apprentice.

3.3 Young person is defined for the purposes of apprenticeships as anyone below the age of 18.

4 Policy in practice

4.1 Recruitment of new apprentices

Apprentices will be recruited in line with the ICB Recruitment and Selection Policy. Job descriptions and person specifications will detail the specific skills and abilities required for each role and the job will be advertised via normal routes.

4.2 Terms and conditions for new apprentices

- All new apprentices will be issued with an apprenticeship terms of engagement, which ensures that their rights as an apprentice are protected. This will include their right to attend training/education.
- Apprentices must adhere to the policies and procedures of the ICB and this will form part of their terms and conditions of employment.
- All terms of engagement will be fixed term in line with the duration of the apprenticeship. Six weeks before the end of their terms of engagement, the apprentice will be encouraged to apply for appropriate roles within the ICB or consider further apprenticeship progression. There will be no guarantee of employment at the end of the apprenticeship.
- Apprentices are employees of the ICB and will be paid at the standard apprentice rate of pay discussed with the line manager. All other Agenda for Change terms and conditions will apply.
- Apprentices must complete all statutory and mandatory training, in addition to the apprenticeship.

4.3 Apprenticeships for existing employees

- Where an existing member of staff could benefit from an apprenticeship, contact should be made with the apprenticeship lead, who will advise further.
- It is anticipated that existing members of staff offered an apprenticeship will remain on their existing terms and conditions, including pay band.
- There may be some roles, however, where this is not appropriate, for example, if there is a government mandate that dictates otherwise, thus the pay arrangements will be agreed as part of this process.

4.4 Time off

All apprenticeship programmes require apprentices to spend 20% of their time on off-the-job training – this training must be directly relevant to the National Apprenticeship Framework or Standard. For more visit the HR Intranet (search: apprenticeships).

4.5 Study leave

Apprentices are entitled to five days study leave a year, which includes time off for exams, re-writes, etc. Leave is provided in consultation with the line manager and granted based on the operational demands of the ICB. Please refer to the Special Leave policy for more information.

5 Roles and responsibilities

5.1 HR is responsible for:

- Assisting managers in the identification of posts suitable for conversion to an apprenticeship programme and also identifying existing staff who would like to undertake an apprenticeship.
- Working with both the manager and the training provider to identify apprenticeship standards and to provide support in designing course programmes (where appropriate).
- Supporting managers with the recruitment of candidates and providing advice and guidance.
- Identifying suitable training providers to deliver the academic qualification for the apprentice and developing service level agreements (where appropriate).
- Identifying suitable training providers to deliver the academic qualification for the apprentice and developing service level agreements (where appropriate).
- Liaising with the skills funding agency and the training providers to keep up to date with any key changes and updates to apprenticeships and providing managers with advice on the learning elements of apprenticeships (where appropriate).
- Supporting the manager and the training provider for tracking, reporting and managing compliance with the apprentice's academic programmes. This includes support and guidance when an apprentice cannot complete part of their academic or work-based components because of exceptional

circumstances (eg sickness absence, bereavement, etc).

■ Supporting managers in the performance management of apprentices; this includes formal meetings, where an apprentice consistently fails to meet requirements set out in the competence criteria for the relevant apprenticeship framework.

5.2 Managers are responsible for:

The overall management of the apprentice and their apprenticeship programme and ensuring that they're adequately supported within the workplace. This responsibility will include:

■ Development of job descriptions and person specifications.
■ Practical work experience.
■ Corporate and local induction.
■ Being the key contact for the educational provider.
■ Identifying suitable mentors.
■ Regular one-to-ones.
■ Conducting relevant risk assessments.
■ Manage the apprentice in line with organisational policies and procedures.
■ Ensuring that the apprentice is not left unsupervised.
■ Assigning work, objective setting, appraisal and developing the apprentice's skills and experience as required
■ Advising the apprenticeship lead of any concerns relating to the apprentice being unable to complete any academic or work-based components.
■ Seeking advice from the ICB HR team at least six weeks before the end of the apprentice's fixed-term contract, to allow the team to advise accordingly.
■ Identify options to progress apprentices onto either the next year apprenticeship programme or to apply for a suitable substantive role.
■ Ensuring legislation around apprentice rates of pay is adhered to. Apprentice rates of pay are subject to review on 1 October each year. The apprenticeship minimum rate of pay can be found on government website gov.uk. This rate of pay is only a guide and reflects the minimum pay for apprentices, because, depending on the roles, the apprentice pay can be AFC bands 2 and above.

"Managers are responsible for overall management of the apprentice and their apprenticeship programme and ensuring that they're adequately supported"

5.3 Mentors are responsible for:

■ Meeting regularly with the apprentice and discussing and supporting them if they have any concerns or queries. If this individual is different to the line manager and is not able to resolve any issues directly, it is important that the line manager is aware of any such issues.

5.4 Apprentices are responsible for:

■ Being available for all pre-employment checks, where relevant, including those established by the Independent Safeguarding Authority following the Safeguarding Vulnerable Adults Act 2006.
■ Following the instructions or guidance given to them by the manager, asking for clarity if required, following the policies and procedures of the ICB.
■ Complying with their job description and consider the health and safety of themselves and others while undertaking their role.
■ Delivering the highest quality work possible and fulfilling requirements to pass their assessments, assignments and qualifications.
■ Attending all timetabled classes and work placements regularly and on time and notify their line manager, apprenticeship lead team and tutor/assessor if unable to attend class or work.
■ Maintaining confidentiality and protecting the ICB's interests.
■ Familiarising themselves with the organisational policies and procedures as appropriate to their role.

5.5 The training providers are responsible for:

■ The academic element of the apprenticeship; this may be an independent training provider or local college/university.
■ The end point assessment on the apprentice.
■ Providing all information and support related to the compilation of apprenticeship programmes for which they have been contracted.
■ Giving regular formal feedback to the ICB on an apprentice's performance and conduct.

- Providing the necessary compliance information for monitoring by the ICB.
- Participating in the recruitment and selection of suitable apprentices based on the criteria set by the recruiting manager and the ICB's recruitment department.
- Complying with contractual agreements entered into with the ICB.
- Liaising with and supporting managers when creating or reviewing apprenticeship profiles.

6 Levels of apprenticeships

There are various levels of apprenticeship, depending on prior skills and qualifications. Apprenticeships have equivalent educational levels.

Name	Level	Equivalent Education Level
Intermediate	2	Five GCSE passes at grade A* to C (4-9).
Advanced	3	Two A level passess
Higher	4&5	Foundation degree
Degree	6&7	Batchelor's or Master's degree

7 For reference

- **Employers' guide to taking on apprentices**
  - gov.uk
- **Apprenticeships in the NHS**
  - www.healthcareers.nhs.uk
- **National Apprenticeship Vacancy Matching Service**
  - www.findapprenticeship.service.gov.uk
- **Guidance on apprenticeship funding**
  - gov.uk
- **The CIPD – employers' guide to apprenticeships**
  - www.cipd.co.uk
- **The Right Start. Work experience for young people**
  - www.hse.gov.uk
- **Risk assessment: A brief guide to controlling risks in the workplace**
  - www.hse.gov.uk
- **Health and safety made simple**
  - www.hse.gov.uk

Child protection guidelines

You are required by law to protect children from harm and each employee is required under the Criminal Justice and Court Services Act (2000) to declare if they are disqualified from working with children.

For adults working with young people, particularly those still of compulsory school age, it is very important to be aware of potentially difficult situations. The following guidelines will help to ensure that the placement is a secure and productive environment for all concerned.

Touch
There may be occasions when you need to touch a young person. However, any physical contact should be kept to a minimum.

Environment
Although you may need to reassure a young person on work experience, you should avoid being over-familiar. You should not permit any behaviour that may cause embarrassment or fear.

Supervision
Those chosen to supervise students on placement should be competent in their role and mature in their attitudes, yet at the same time, be at ease with the student.

Travel
Where a pupil is required to travel alone with an adult, ensure that the known destination and check-in time is left with a third party. It may be a good idea to make a mobile phone available in such situations.

Disclosure
If a young person discloses confidential information that raises concern for their physical or emotional safety, share your concern with the HR Department.

Attendance management

1 What this policy covers

We know there will be times when you cannot attend work because of illness (physical or mental ill-health). When this happens we want to ensure that you're properly supported and treated fairly, so that you can return to work as soon as possible. But we'll also need to review and manage your absence to minimise the impact on the ICB.

This policy explains how sickness absence should be reported, the effects of sickness on your pay and annual leave and how we manage short- and long-term absence. If you are in your probation period and take time off work because of sickness, your manager will review this using both the ICB Attendance Management and Probation Policies.

This policy applies to all employees directly employed by the ICB. It does not apply to temporary or agency staff. Medical and dental staff should be managed in accordance with the provisions of Maintaining High Professional Standards in a Modern NHS.

If you're on an honorary contract or secondment, your absence should be managed in conjunction with the employing organisation in line with agreements in place.

For this policy, the following definitions apply:

- **Short-term sickness absence:** absence that is short in nature, with frequent episodes not connected to a specific long-term health or pregnancy-related condition.
- **Long-term sickness absence:** absence because of a serious or significant illness, injury or disability which lasts (or is expected to last) for at least 28 calendar days.
- **Underlying health condition:** an illness or injury with potential to influence daily living or attendance, but may be mitigated through medical treatment,

adaptation/management by the individual and/or reasonable adjustment by the ICB if necessary.

2 Principles

The ICB's management of attendance is based on the following principles:

- You should make every reasonable effort to attend work, however, if you're unwell, it should be reported and recorded.
- If you have an underlying medical condition, we will work with you to support your attendance at work, through supportive occupational health advice and (where necessary and feasible) making reasonable adjustments.
- We will consider your health needs based on your individual circumstances and the procedure may be varied as appropriate.
- The ICB recognises the importance of having a robust policy that encourages and facilitates staff to return to work following a period of sickness and to manage and support staff with underlying health conditions.
- This policy does not apply if you have cosmetic surgery for reasons other than physical or mental health considerations. Annual leave should be arranged to accommodate this type of absence.

3 Responsibilities

Line managers are expected to:

- Familiarise themselves with this document and apply this policy fairly and consistently.
- Keep accurate and up-to-date attendance records and store this information safely and securely, ensuring that Payroll is notified of all absence in line with the agreed system at the time (sickness absence should be recorded on ESR except for absence due to Covid 19 or any other reason advised by national/local guidance).

- Develop a local absence-reporting procedure for their area of responsibility, as appropriate.
- Attend training to support attendance management.
- Signpost staff to the Employee Assistance Programme and/or HR Intranet for health and wellbeing support as appropriate.

ICB employees are expected to:

- Familiarise themselves with this document.
- Familiarise themselves with local processes for notifying absence and follow them at all times.
- Maintain contact with their manager as appropriate during any period of absence.
- Report to their line manager any major changes to their health that may impact their ability to fully carry out their role. This is to enable the ICB to make reasonable adjustments where appropriate or where required due to Equality Act provisions.
- Act in a way that is consistent with the nature of their illness/injury. They must ensure that they take appropriate steps to facilitate recovery and proactively identify to their manager any negative impact on their health as a result of their work or working conditions.
- Access the Employee Assistance Programme and/or HR Intranet for health and wellbeing support as appropriate.

HR is expected to:

- Maintain and update this policy and any associated guidance to ensure that they are in line with organisational and legislative changes.
- Provide advice and support to line managers on the application of this policy and guidance.
- Advise managers at formal meetings.
- Ensure that appropriate records are maintained of formal proceedings.

3.1 Notification of sickness

In all circumstances, employees must report their absence on the first day, normally within an hour of their being due to start work, unless otherwise specified in the local absence reporting procedure. Employees will normally be expected to speak to their line manager (or designated area lead in the absence of a line manager). Texting or leaving an answerphone message to inform of sickness absence is not acceptable unless followed up with a telephone conversation with the appropriate

manager. This is so the line manager can ensure that appropriate support is considered at an early stage and wellbeing guidance is given.

Your manager may contact you for an update on how you're feeling and to find out when you expect to return to work. Please inform your manager if your sickness absence is related to a workplace incident.

3.2 Sickness Absence certification

Please provide absence certification as follows:

- **For absences up to seven calendar days (including non-working days):** a return to work and self-certification form (available on the HR intranet) must be completed.
- **For absences of eight calendar days or more (including non-working days):** you must provide your manager with a medical certificate from your GP/hospital (also known as a Fit Note). On your return to work, you will meet with your line manager, either face to face or virtually. A record of this meeting will be made using the Return to Work form. You will need to complete and sign the self-certification form for the first seven days of absence, if your Fit Note does not cover these days.

3.3 Effects of sickness on your terms and conditions of employment

- **Sick pay:** will be paid in accordance with your contract of employment and current national/local terms and conditions. Please follow the reporting and certification process to ensure you receive any sick pay entitlement.
- **Annual Leave:** if you are sick immediately before annual leave, you must inform your manager, so that this time can be recorded as sick leave.
- If you are sick while on annual leave, contact your manager on the first day of your sickness and provide a medical certificate to cover the period of sickness so that your annual leave can be given back and the absence recorded as sick leave.
- You will continue to accrue annual leave during periods of sickness. Taking annual leave while you are signed off sick may be possible and will not break the period of sickness absence. However,

you will need to discuss this with HR and your manager, prior to anything being agreed.

- If you have annual leave declined and are subsequently sick on the date(s) for which the leave was requested, you may be required to provide medical certification.

4 Short-term sickness absence

4.1 Absence triggers
The triggers for a sickness absence meeting are:

- Three episodes of absence within a rolling three-month period (regardless of days absent in each) or one absence of 28 days or more.
- 11 calendar days or more in a six-month rolling period.
- 15 calendar days or more in a 12-month rolling period.
- Any pattern of absence raising cause for concern, such as every Friday or absence immediately before or following annual leave. If absence
is not for genuine ill-health reasons, such matters should be dealt with under the ICB Disciplinary Policy.
- Any pattern of absence where the impact of the absence is not managerially sustainable, including where an employee meets an acceptable level of attendance during a structured monitoring period that declines after the monitoring period has finished.
- The impact of your attendance will take precedence over any trigger point above.

Where you have tried to return to work, but a further absence relating to the same illness occurs, this will be considered as one episode, where this happens within two days of returning.

4.2 Representation
You're entitled to be accompanied by a workplace colleague/union representative at all formal meetings.

4.3 Return to Work and Wellbeing discussion
Following any period of sickness absence, your manager will ask you to attend a "Return to work and Wellbeing" discussion. This is to:

- Establish that you are fit to return.
- Welcome you back and better understand the reason for your sickness absence, find out whether it's work-related or if there's an underlying health problem.

- Advise you of the dates, frequency and pattern of your absence and ensure that you are aware if you have met a trigger.
- Consider what support could be offered to help improve your attendance, including whether a referral to Occupational Health may be beneficial. Other tools to support you are available, including stress risk assessments and display screen equipment or workplace assessments.
- Inform you of what may happen if further absence(s) arise (eg attend an absence review meeting).
- Review any reasonable adjustments that have been made for you or that are required.

Your manager, nominated deputy or representative should complete a return-to work review as appropriate. Any medical certificates should be collected. You may have a copy of the record and a copy will be placed on your personal file.

Any actions identified at a RTW discussion should be recorded and followed up as appropriate. Next Steps could include, but are not limited to:

- Setting a date for a review meeting.
- Arranging further assessment through a stress risk assessment, display screen equipment or workplace assessment or Occupational Health assessment.
- Making adjustments to the work environment or role.
- Setting a target for improvement.
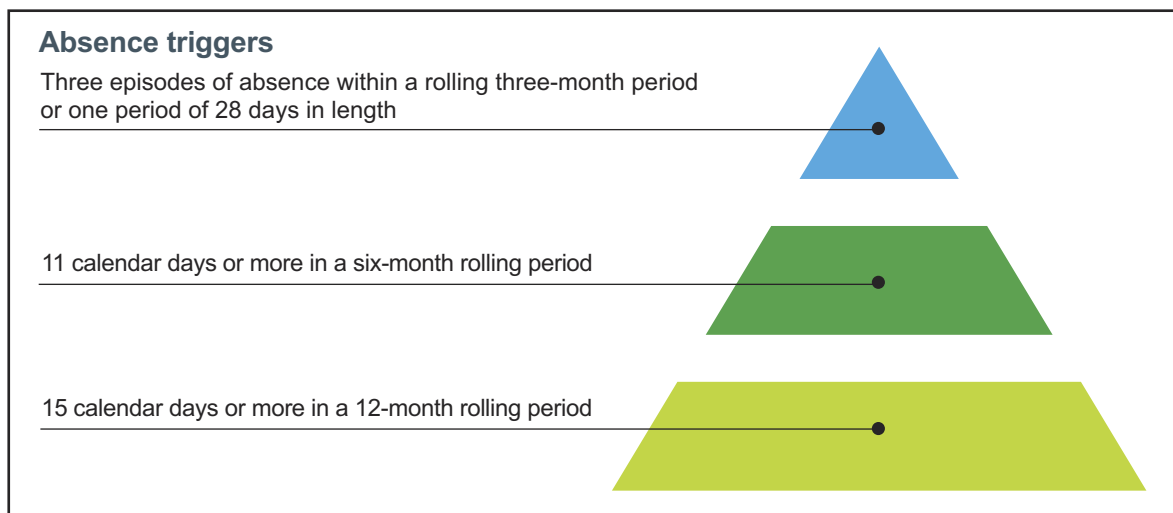- Progressing to the policy's next management stage.

4.4 Short-term sickness management
After the Return to Work and Wellbeing Discussion, there are three stages in management of our short-term sickness absence and below you will find what happens during each. The stages are:

- Stage 1 – informal absence review
- Stage 2 – first formal absence review
- Stage 3 – second formal absence review.

4.5 Informal stage absence review
While the ICB understands that there will inevitably be some intermittent sickness absence among employees, it also pays due regard to the organisation's needs. If an employee is frequently and persistently absent, it can damage efficiency and productivity, and place an additional burden on the team. By implementing this policy, the ICB aims to strike a reasonable balance

Absence triggers

Three episodes of absence within a rolling three-month period
or one period of 28 days in length

11 calendar days or more in a six-month rolling period

15 calendar days or more in a 12-month rolling period

between the pursuit of its organisational needs and the genuine needs of employees to take occasional periods of time-off work because of illness.

Where an employee meets a trigger identified in this policy, the manager should meet to discuss the absence, any management concerns and any support the individual may require. These discussions can take place during a return-to-work conversation.

At this early informal stage, consideration should be given to supporting individuals to help them improve their attendance. For example, undertaking a stress risk assessment, discussing temporary changes to work patterns, hours or duties, considering reasonable adjustments, considering flexible-working patterns, referral to occupational health or advising the employee of the Employee Assistance Programme and/or other wellbeing support.

Alongside these management discussions, there is a formal process (outlined below) designed to provide opportunities for employees to improve their attendance, where their absence falls short of ICB standards. This process provides a framework within which managers can manage attendance and provide corporate assurance that attendance falling short of ICB standards is being managed.

Return-to-work conversations and other informal discussions are critical to establishing with an employee that their attendance may be becoming managerially unacceptable and the potential consequences of this.

At the informal stage meeting, the manager and the employee should agree the standard to be achieved, or a set target for improvement and set a monitoring period (usually between six weeks and three months).

The employee should be warned that if the targets have not been met, the formal stages of this procedure may be initiated.

Managers may maintain ongoing discussions with employees about their general wellbeing and attendance. However, there are occasions when attendance may become a cause for concern and may require more structured management intervention. This procedure may not be appropriate when dealing with cases of long-term or underlying health conditions, which should be managed in accordance with the ICB's managing long-term absence and long-term health conditions procedures (see below). The trigger points above are suggested situations where such an intervention might take place, rather than a statement that a particular outcome will occur.

In some cases, managers may be able to accommodate a pattern of attendance outside of a typically acceptable attendance rate. Each situation should be handled on a case-by-case basis and no precedent will be set. Handling situations in this way may also meet the ICB's statutory responsibility to make reasonable adjustments to support employees meeting the criteria set out in the Equality Act.

4.6 First formal absence review

The formal stages of the procedure will normally be implemented sequentially, following the informal stage. However, there may be circumstances where a manager will deem it appropriate not to use the informal stage or to start at the second Formal Stage (Stage 3), particularly when an employee has acceptable attendance during a monitoring period, but their attendance becomes unacceptable after the Advisory Notice or monitoring period has ended.

The stages give managers the opportunity to tell the employee where attendance standards fall short of the ICB's expectations, either in terms of frequency or patterns of absence. They also give employees the chance to explain any factors that are preventing them from meeting the ICB's attendance standards and for the employee and their manager to identify potential support that will facilitate that future attendance meets ICB standards. This operates under an "advisory note" system designed to let employees know that improvement is needed.

4.7 Second formal absence review

A manager not previously involved will chair the meeting, supported by an HR representative. The line manager or HR representative will provide a report that clearly outlines the process followed to date and identifies the impact of the absence.

The ICB should write to the employee, inviting them to attend the meeting, giving at least five working days' notice, indicating that the meeting is being held under the provision of the second formal stage of this policy and that this is a serious issue that may lead to dismissal. A copy of any information or reports the manager relies upon should be sent to the employee with the invitation.

The employee must be advised of their right to be accompanied by an accredited trade union rep or workplace colleague. In preparation for this meeting, the Chair should determine whether it's appropriate to obtain a further information, including an Occupational Health report.

At the meeting, the Chair will consider:

■ The level and reason for the absence, any supporting evidence and/or Occupational health advice and any relevant medical evidence.

■ The nature of the illness.
■ Whether reasonable adjustments have been considered in cases relating to disability.
■ The impact of the employee's absence on the service.
■ All alternatives to dismissal.
■ Whether ill health retirement is appropriate.

The Chair will take into account the employee's length of service and previous attendance record. On the presentation of mitigating evidence, the Chair/panel may consider an alternative to dismissal and/or set a further review period. In this case, the Chair must write to the employee setting out the reasons for the decision.

Action short of dismissal can include:

■ Redeployment to another existing post (on medical grounds), where there is evidence that the medical condition has prevented the individual from attending work in their existing role for the required standard.
■ Adjourning the meeting to set a further review period.

The Chair should ensure that the Second Formal Review (Stage 3) meeting is reconvened before the absence has reached 12 months from the date the absence started in line with the requirements of AfC. Employees may be entitled to have their pay reinstated if the final review process is not concluded within 12 months.

If the Chair believes that dismissal is appropriate, they must, in consultation with the HR representative, identify the potentially fair reason for dismissal, as set out in the Employment Rights Act 1996. This will most likely be capability or some other substantial reason.

The meeting's outcome will be confirmed in writing to the employee within five working days, including the reason for the decision, together with details of the right of appeal. A copy will be sent to the employee's union representative (if represented). A copy must be placed on the employee's personal file.

The appropriate contractual notice period must be given. At the discretion of the Chair, notice periods need not be worked, but could be paid in lieu including any unused annual leave entitlement (pro rata) in line with the provisions of this policy.

5 Long-term sickness absence

Long-term sickness applies, where absences are of 28 calendar days or more.

Long-term sickness absence will be kept under review by your manager from an early stage and will require regular and ongoing assessment. Your manager will contact you to arrange regular informal health and wellbeing meetings while you are off work. If you're too ill to attend these, a home visit or alternative meeting place will be considered. A telephone or video call may also take place, if you cannot meet in person.

5.1 Health and wellbeing meetings

To support you while you are off work, normally, your manager or deputy manager will arrange to meet or speak to you every four weeks for up to six months (ie six meetings). These could be arranged at work, through video/ telephone call or at your home or neutral place. It is important that we maintain contact and that we can ensure you are properly supported while you are off work because of illness. If you have any concerns, you can also speak to your manager at any time outside this process about your health and wellbeing.

The purpose of the wellbeing meeting is to:

- see how you are feeling
- understand current prognosis, recovery or situation
- find out about any planned treatment or appointments
- discuss or organise a medical or Occupational Health report (with your consent)
- discuss the latest medical information and fitness to work advice
- find out if there is anything further we can do to support your return to work and when
- provide you with an update on the team and any recent changes
- remind you of the health, wellbeing and emotional support available, including the Employee Assistance Programme, and resources available on the ICB HR intranet site
- agree next steps (eg contact, meeting dates, return to work).

It is recommended that medical advice and/or an OH report is obtained to guide the discussion around any planned return to work, including a phased return or reasonable adjustments to enable you to carry out your role. Before any referral is made you will be asked for your consent. If you do not consent, we may make decisions regarding your health and wellbeing and any return to work without the benefit of medical advice.

First formal review meeting (stage 2)

Stage 2 of this procedure follows the process outlined in Stage 1. This stage will be triggered when the return-to-work date or other target agreed at Stage 1 has not been met during the agreed review period. The details of the Stage 2 meeting, should be confirmed in writing within five working days of the meeting.

Second Formal Review Meeting (stage 3)

A manager with no prior involvement and authority to dismiss will chair the meeting. They will be supported by an HR representative. The line manager should prepare a report that clearly outlines the process followed to date, identifying the impact of the absence.

The ICB should send a written invitation to the meeting to the employee, as well as a copy of any information or reports the manager may rely upon, giving at least five working days' notice, indicating that the meeting is being held under Stage 3 of this policy and that this is a serious issue that may lead to dismissal. The employee should be advised of their right to be accompanied by a colleague or accredited trade union representative.

In preparation for this meeting, the Chair should decide whether it is appropriate to obtain a further Occupational Health report, to establish whether there is any likelihood of the individual being able to return to work in the future. If this is unlikely, the Chair should identify, in conjunction with Occupational Health, whether the individual meets the criteria for ill health retirement (if they are member of the NHS Pension Scheme).

At the meeting the Chair will consider:

- The level and reason for the absence.
- OH advice and any relevant medical evidence.
- The nature of the illness.
- Whether the requirement to consider reasonable adjustments has been followed in cases relating to disability.

- The impact of the employee's absence on the service.
- All alternatives to dismissal.
- Whether ill health retirement is appropriate.

The Chair will take into account the employee's length of service and previous attendance record.

If mitigating evidence is presented, the manager may at their discretion consider an alternative to dismissal and/or set a further review period. Should this be the case, the Chair must write to the employee setting out the reasons for the decision. Action short of dismissal may amount to:

- Redeployment to another post (on medical grounds) – where there is evidence that a medical condition has prevented the individual from attending work in their existing role for the required standard.
- Adjourning the meeting to set a further review period.

The Chair should ensure that the second formal review (Stage 3) meeting is reconvened before the absence has reached 12 months from the date the absence started, in line with the requirements of AfC. Employees may be entitled to have their pay reinstated if the final review process is not concluded within 12 months.

If the Chair believes dismissal is appropriate, they must, in consultation with the HR representative, identify the potentially fair reason for dismissal as set out in the Employment Rights Act 1996. This will most likely be capability or some other substantial reason.

The outcome of the meeting will be confirmed in writing to the employee within five working days of the meeting, including the reason for the decision, together with details of the right of appeal. A copy will be sent to the employee's union representative (if represented). A copy must be placed employee's personal file. The appropriate contractual notice period must be given. Notice periods need not be worked, at the discretion of the Chair, but could be paid in lieu including any unused annual leave entitlement (pro rata) in line with this policy.

6 Appeal

There is a right to appeal against any formal sanctions under this policy. Reasons for appeal should be clearly outlined and appeals must be made within 14 calendar days of the date of the letter to the employee advising them of the sanction applied. The procedure for hearing appeals will follow the appeals procedure that is set out in the ICB Disciplinary Policy. The decision of the appeal panel will be final.

7 Key guidance during short- and long-term absence

7.1 Unauthorised absence
Your absence may be considered unauthorised if you do not:

- Report your absence for one or more days.
- Provide certification for a sickness absence or maintain appropriate contact with your manager during the period of your sickness absence.

Your manager will investigate any period of unauthorised absence which may result in Occupational Sick Pay being withheld or in disciplinary action being taken in accordance with the ICB's Disciplinary Policy.

7.2 Keeping in touch
You are responsible for maintaining adequate contact with your line manager during your absence; submitting fit notes alone is not an adequate level of maintaining contact. You and your manager should agree and record how and when you will keep in touch as soon as possible during any absence. You and your manager should keep in touch as appropriate during any period of sickness absence. Your manager may appropriately, and following due consideration, contact you while you are absent from work to:

- Check on your wellbeing.
- Understand what work may need to be covered.
- Understand the reason and likely duration of absence and appropriate information relating to the absence.
- Discuss return to work arrangements, OH referrals and arrange meetings.

During long term absence you and your manager should have regular keeping in touch conversations (in addition to meetings in line with the policy) to ensure a supportive approach.

In extreme circumstances, if you do not maintain contact with your line manager, your absence may be investigated in line with the ICB's Disciplinary Policy.

7.3 Occupational Health

You may be asked to attend Occupational Health during short- or long-term sickness absence procedures if:

- You continue to hit triggers under the short-term sickness procedure.
- You have been off work because of sickness for 28 calendar days or more or if a date of return has not been indicated.
- You have suffered an illness or injury that may impact on your ability to carry out your role.
- You, your manager or medical practitioner requests a change of duties on medical grounds.
- You wish to be considered for ill-health retirement.
- An assessment is required following an injury sustained at work.

Occupational Health may provide recommendations of changes to your workplace, working pattern or work practice to help you return to work or improve your attendance. All recommendations will be considered, taking into account the impact on service delivery and other team members. If necessary, Occupational Health may ask for consent to contact your GP or specialist for a medical report. Confidentiality will be maintained in line with the consent provided.

7.4 Outcome following Occupational Health advice

On receipt of the Occupational Health report, you will usually be asked to attend a meeting to discuss it. This may be as part of the health and wellbeing/ill health meetings or (if appropriate) it may take place outside of these. The discussion will review the advice and discuss options for supporting you back to work, or where you are not yet fit to return to work, your manager will talk you through the next steps.

7.5 Phased return to work

A phased return to work is where an employee returns to work on reduced hours or days and gradually increases their working hours up to their contracted hours. This may also consist of additional breaks, working from home or other locations or carrying out a reduced amount of tasks while gradually increasing to their normal workload and working pattern.

An employee may return to work on a reduced number of days per week and/or a reduced number of hours per working day. Occupational Health can advise on how the phased return might be planned. Line managers and employees should start to discuss what a phased return to work might look like, as well as other potential adjustments, as soon as appropriate.

A phased return will normally take place over a period of up to four weeks. In exceptional circumstances, this may be extended, dependent upon the medical condition and length/prognosis of the absence. In these circumstances, the employee must use accrued annual leave to accommodate a longer phased return to work.

7.7 Disability-related sickness absence

If you are absent from work because of a condition that is protected under the Equality Act 2010, reasonable adjustments should be considered to help you to return to work and effectively carry out your role. Therefore, you should let your manager know about any condition that may require us to consider appropriate reasonable adjustments.

Adjustments may be agreed on a temporary (usually no longer than 12 weeks) or permanent basis. Examples of reasonable adjustments include:

- Changes to duties.
- Changes to the method of doing the job.
- Changes to working hours
- Transfer to a different workplace.
- Allowing absence during working hours for rehabilitation, assessment or treatment.
- Additional or tailored training, coaching, mentoring or supervision.
- Making adjustments to the premises.

Disability: According to the Equality Act 2010: "A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities". "Long-term" means the condition must last, or be likely to last, for more than 12 months, or is likely to last for the rest of the person's life. People with cancer, multiple sclerosis or HIV/AIDS are defined as disabled from the date of diagnosis, regardless of the illness's impact on their life at the time of diagnosis.

7.8 Management of injuries and diseases

If you've been injured because of an accident at work or an incident while on duty, or if you have contracted a disease in the course of your ICB employment or you've developed a condition attributable to your work,

you must tell your manager and ensure that it is recorded on an incident form.

Your manager must ensure that RIDDOR reports are completed (via Governance). Where death, major injury or injuries for more than seven days' absence result, and for notifiable diseases, they must be reported to the Health and Safety Executive (HSE) without delay. For injuries resulting in absence of more than three days, records must still be kept.

If your manager determines the disease was caused through your work, the episode will still be recorded as sickness absence and sick pay will be paid as appropriate. However, the work-related nature of the absence will be taken into consideration as mitigation when managing absence under this policy. You and/or your manager can obtain further advice, from HR, Occupational health or Clinical Governance.

7.9 Injury Allowance
Employees working under NHS terms and conditions may apply for Injury Allowance where the criteria are met. This is a top-up payment to sick pay or reduced earnings when on a phased return to work, to 85% of pay for up to 12 months.

This is payable if you are off work and on authorised sickness absence or an agreed phased return with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to your NHS employment. If you believe that you may be eligible to apply for injury allowance please contact HR.

7.10 Work-related ill health
If there is a possibility that your ill health may have been caused or exacerbated by work or working arrangements, seek advice from Occupational Health. Where a disease or injury has occurred at work, you should record this on an incident form immediately and hand it to your manager. You may be able to claim for Injury Allowance (see above) in some circumstances. Detailed guidance can be found on the HR intranet.

7.11 Working while absent from the ICB due to sickness
While on sickness absence from the ICB, you should normally refrain from work in any other capacity for any other employer. Any other work undertaken during a period of sickness absence will need to be covered by

a Fit Note. If you're found to be working in another capacity while obtaining sick pay from the ICB, disciplinary action, up to and including dismissal and may also be referred to the Local Counter Fraud Service.

7.12 Sickness because of substance addiction or misuse
In some cases, sickness absence may be caused by a substance-related problem (eg drug or alcohol). Where this is identified and accepted by you, use of the ICB Attendance Management Policy may be inappropriate. Please see the ICB Drug and Alcohol Misuse Policy for more information.

7.13 Adjustments to the post or working environment
To support an employee's return to work, managers should consider reasonable adjustments to working conditions, working arrangements and environmental conditions.

In some circumstances, managers and employees may be able to determine these adjustments based on the employee's understanding of their capabilities and the manager's expectations of the job role. Where this is not possible or further specialist input is appropriate, managers and employees can seek guidance from other sources, such Occupational Health.

The ICB has a legal obligation to make adjustments to support employees who consider themselves to meet the legal definition of a disability. Adjustments may be agreed on a temporary (usually no longer than 12 weeks) or permanent basis.
Examples of reasonable adjustments include:

- Changes to duties.
- Changes to the method of doing the job.
- Changes to working hours
- Transfer to a different workplace.
- Allowing absence during working hours for rehabilitation, assessment or treatment.
- Additional or tailored training, coaching, mentoring or supervision.
- Making adjustments to the premises.

7.14 Life-threatening or terminal illness
If you're faced with a life-threatening or terminal illness it will be a very distressing time and you'll have lots to think about besides work. As your employer, we'll fully

support you and your family in whatever way we can, so that you need not worry about work. Where possible, your manager and HR will arrange to meet you, together with anyone else you want to be present, so that we can understand the support that would be most helpful to you.

7.15 Ill health retirement

Ill health retirement benefits may be available to those with at least two years' NHS Pensions Scheme membership, assessed by NHS Pensions and its medical advisers as being permanently unable to do their current NHS job or being permanently incapable of ever working again.

The application for such benefits will be made to the NHS Pensions Scheme and must be supported by an Occupational Health physician or your GP/consultant. Responsibility for approving the application lies with the NHS Pension Scheme. Until this approval is received, ill-health retirement cannot be guaranteed. A HR representative will support the application process.

7.16 Redeployment

Redeployment may be considered if an employee is unfit to continue in their existing post, or if the existing post has a detrimental effect on their health or well-being that cannot be overcome with reasonable adjustments. Redeployment is the process of seeking suitable alternative employment for an employee.

The ICB will normally seek redeployment for an employee within four weeks. The employee will attend a meeting with the line manager and an HR representative to discuss the redeployment process.

The details of the meeting will be confirmed in writing and the employee will be sent an application form within five working days of the meeting. An up-to-date application form and any other required documents should be returned to the manager by the deadline date specified in the letter.

The four-week redeployment period will start from this date. The line manager and HR representative will consider existing and new vacancies and that arise during the redeployment period against the employee's skills, experience and abilities specified in the application form. Where a match occurs, the employee will be invited to attend a priority interview for the post.

If successful, an offer to undertake a four-week trial period will be made to the employee. The trial period may be extended if retraining is required, if agreed by the employee and the line-manager of the new post.

During the trial period, the employee will be paid by the originating department under the terms of the existing contract of employment. If the trial is successful, the employee's appointment to the new post will be confirmed.

The employee will be paid in accordance with the terms and conditions of the new post. Managers may progress to the final stage of the formal procedure if an employee rejects redeployment. A rejection can considered as: failing to provide requested information without good reason; refusal to attend/non-attendance for a priority interview; refusal of an offer to undertake a trial period or failure to attend for the trial period without good reason; or refusal of an offer of alternative employment.

If the employee is considered to have reasonably refused alternative employment, further attempts to redeploy them will be made until the end of the four-week redeployment period. If alternative employment has not been secured by the end of that, or an individual has unreasonably declined a 'reasonable' position, the manager may convene a meeting to consider whether dismissal is appropriate.

7.17 Confidentiality

Information shared during the sickness management process will be protected in line with legislation.

Please note: This policy is for use in cases of genuine sickness absence. Where sickness absence is not for genuine ill health reasons, such matters should be dealt with under the ICB Disciplinary Policy.

Bullying and harassment

1   What this policy covers

The ICB is committed to creating a work environment that is free of harassment, bullying, victimisation, and discrimination for all employees.

The ICB expects our staff to embrace the values and behaviours of our organisation this means:

- being caring and respectful
- demonstrating compassion and kindness
- treating each other with dignity
- being supportive and encouraging
- building positive working relationships that are meaningful and productive
- promoting and role modelling a positive organisational culture
- promoting a healthy work-life balance and enhancing health and well-being.

The ICB believes that harassment, victimisation, discrimination and bullying at work in any form is completely unacceptable. All allegations will be investigated and, if appropriate, disciplinary action will be taken.

The ICB believes that it is the impact of the behaviour that matters – not the intent. The ICB aims to create an environment and reporting structure that enables employees to feel safe in reporting bullying, harassment and other inappropriate behaviours.

2   Definitions

Direct discrimination – when a person or group is treated less favourably than others are or would be in the same or similar circumstances.
Indirect discrimination – when an apparently neutral provision or criteria adversely impacts someone because they have one or more of the protected characteristics.

> "The ICB believes that it is the impact of the behaviour that matters – not the intent"

At times, it is possible to justify indirect discrimination, but this has to be done on sound, objective grounds, having shown that all possible measures have been taken to lessen the discriminatory effect.
Protected characteristic – a characteristic shared by a group of people that is protected from discrimination under the Equality Act 2010. These are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race (including colour, nationality, and ethnic or national origin)
- religion or belief
- sex (gender) and
- sexual orientation.

Our Equality and Diversity Policy also includes protection for trade union membership, offending background, domestic circumstances, social and employment status, HIV status, political affiliation, carer status and socio-economic background.
Victimisation – where an employee receives detrimental treatment because they have, in good faith, raised a concern or complaint, formally or informally, that they've been bullied or harassed, or they've supported someone who has raised a concern or complaint or they've given evidence in relation to a complaint. Discrimination by victimisation is unlawful. A person is victimised, for example, if they receive less favourable treatment because it is suspected or known that they've brought proceedings under the Equality Act or given evidence or information relating to such proceedings or alleged that

discrimination has occurred. It is illegal to discriminate against someone who has brought an action (or who has considered it), made a complaint, alleged discrimination or who has appeared as a witness.

Micro-aggressions – subtle, indirect discrimination as the result of action and/or inaction over a period of time. IT can be against recognised equality groups or between individuals. On their own, micro-aggressions may not seem like much, and they can easily be brushed off in isolation. The accumulative effect of brushing off multiple microaggressions, every day, can be draining, demoralising and disheartening.

Civility – politeness and courtesy as a standard way of working with everyone. A wealth of research demonstrates the negative outcomes of incivility in the workplace (ie thoughtless actions that leave employees feeling disrespected, ignored, undermined or belittled). Healthcare excellence depends on teams, and teams work best when all members feel safe and listened to.

Weathering – The process of wearing or being worn by long exposure to the atmosphere. If someone is exposed to a toxic or unhealthy atmosphere, it can damage their mental wellbeing.

Banter – The dictionary definition is "teasing, joking or talk that is amusing and friendly – the playful and friendly exchange of teasing remarks". It's a loose expression – covering what otherwise might be abusive behaviour. It's acceptable only if those participating do so willingly and on an equal level. Although it can be an important part of social bonding, it can also be precarious at work.

3 Principles

Bullying is unacceptable behaviour as perceived by the employee, which subjects a person or group of people to unwelcome attention, intimidation, humiliation or ridicule or violation of a person's dignity. Bullying is also offensive, abusive or insulting behaviour, abuse of power or unfair sanctions that make the recipient feel upset, threatened or vulnerable. It includes deliberately undermining a competent employee (eg by imposing unreasonable workloads or frequent unjustified criticism).

Harassment is any conduct that is:

- unwanted by the recipient
- considered objectionable by the recipient
- causes humiliation, intimidation, offence or distress

> "Bullying is unacceptable behaviour as perceived by the employee, which subjects a person or group of people to unwelcome attention, intimidation, humiliation or ridicule or violation of a person's dignity"

(or other detrimental effect) or
- when a third party is witness to the above and finds it intimidating or offensive.

Harassment can happen once or regularly. It may occur against one or more individuals. Harassment may be, but is not limited to:

- physical contact – ranging from touching to serious assault, gestures, intimidation, aggressive behaviour
- verbal – unwelcome remarks, suggestions and propositions, malicious gossip, jokes and "banter", offensive language
- non-verbal – offensive literature or pictures, graffiti and computer imagery, isolation or non-cooperation and exclusion or isolation from social activities
- unwanted conduct that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them, whether related to a protected characteristic (as defined by the Equality Act 2010) or not.

4 Responsibilities

Executive responsibilities:

- Take steps to create an environment and culture where all staff are treated with dignity and respect and are valued for their unique contribution.
- Support all parties involved in an unbiased and respectful manner.
- Ensure that policies exist and are implemented consistently to protect employees from inappropriate behaviour such as bullying and harassment.
- Enable safe reporting of inappropriate behaviour so that staff feel able to come forward for help.
- Provide an infrastructure of support available to staff (eg Freedom to Speak up Guardians and Champions, Mental Health First Aiders, Employee Assistance Programme, etc)

Line managers must:

- Familiarise themselves with the content of this policy and apply it fairly and consistently.
- Seek to prevent any infringement of this policy by employees in their team and ensure that all team members are aware of its content, as well as what is acceptable and unacceptable behaviour at work, and that harassment is a disciplinary offence.
- Ensure a supportive working environment.
- Act promptly to prevent and stop unwanted behaviours by using this policy.
- Attend appropriate training and seek guidance from HR where necessary in applying this policy.
- Deal with any informal or formal complaints under this policy in a timely and sensitive way, seeking guidance as appropriate from their HR Business Partner.
- Promote a culture where inappropriate behaviours are not tolerated but acted on, creating a safe space for reporting them and empowering staff to challenge appropriately.
- Attend and be compliant with the related Mandatory and Statutory training: Equality, Diversity and Inclusion; Civility; and Stamp-out Bullying and Harassment.

Employees must:

- Familiarise themselves with this policy's content.
- Take personal responsibility for acting within this policy.
- Be aware of the effect their behaviour may have on others around them.
- Treat colleagues with respect and dignity.
- Tackle inappropriate behaviour where possible and where they feel safe to do so, whether against themselves or whether witnessed against others.
- Use the formal procedure responsibly and in good faith.
- Assist in an investigation, if asked to provide witness evidence.
- Report infringements of this policy and act in a manner consistent with this policy.
- Attend and be compliant with the related Mandatory and Statutory training: Equality, Diversity and Inclusion; Civility; and Stamp-out Bullying and Harassment.

Human Resources responsibilities:

- Maintain and update this Bullying and Harassment Policy to ensure that it is in line with organisational and legislative changes.

- Engage with training and development around this agenda to maintain an appropriate level of expertise.
- Provide development opportunities for leaders to manage difficult situations.
- Support the development of a culture free from bullying and harassment and other unacceptable behaviours.
- Provide advice and support to line managers and employees on applying this policy and guidance, including any formal investigations.
- Support the use of mediation where appropriate.

5 Policy in practice

Informal Resolution

People may not be aware that their behaviour is unwelcome or sometimes there may be a genuine misunderstanding. Often an informal discussion can lead to greater understanding and agreement that unwanted behaviour will cease.

Those who are experiencing unwanted behaviour or those who are witnessing this are therefore encouraged, if they feel able, to resolve the problem informally by making it clear that the actions are unwanted and should not be repeated. This may be done verbally or in writing. It is important that times and dates are recorded, together with any witnesses to the unwanted behaviour.

If the employee feels unable to make the approach, their manager (or next in line manager if the concerns relate to the direct line manager) could be asked to speak on the complainant's behalf. A note should be made of the action taken.

Someone who is made aware that their behaviour is unacceptable should:

- listen carefully to complaints and concerns raised
- respect the other person's point of view – they have a right to work in an environment free from unwanted and unacceptable behaviour
- remember that the other person's reaction/ perception to the behaviour is important
- agree aspects of their behaviour they'll change
- seek support to make the change as necessary (eg coaching, mentoring)

Mediation

Mediation is a voluntary process and may be considered an informal approach in resolving issues between individuals. Mediation involves bringing in a neutral third party to assist with the conversation. Mediation may be used when:

- dealing with conflict between colleagues or between a line manager and employee
- rebuilding and restoring relationships after a dispute has been resolved
- addressing a range of issues including relationship breakdown, personality clashes, communication problems, etc.

Mediation won't be suitable for all cases and both parties must agree for mediation to go ahead. Should mediation be considered, please discuss this with your HR Business Partner, who will identify an independent mediator to take the matter forward.

Formal resolution

If the alleged behaviour continues, the employee feels unable or unwilling to deal with the matter informally, or the allegation is so serious that the informal procedure can't be used, a complaint must then be raised formally in line with the ICB's Grievance Policy.

Appeal process

Appeals against decisions taken under the ICB Bullying and Harassment Policy will be dealt with as follows:

- Appeals against a disciplinary sanction will be dealt with in accordance with the ICB Disciplinary Policy.
- Appeals by a complainant about the outcome of any investigation will be dealt with in accordance with the appeal process in the ICB Grievance Policy.

Capability

1 What this policy covers

This policy is designed to support you in improving your performance so that you can achieve and maintain the standards your role requires.

2 General principles

- The policy will provide a clear, fair and consistent framework for handling capability issues.
- We understand discussions regarding your performance can be stressful, so this policy seeks to balance the requirement for a comprehensive and supportive process with ICB's need to deliver services effectively.
- Unsatisfactory work performance may be caused by numerous factors and (where possible) concerns will be dealt with through supportive discussions with your manager, before using this policy.
- The standards that you need to achieve will be realistically achievable within a specified time frame.
- In some circumstances it may be appropriate to deal with capability issues under the ICB Disciplinary, Probation or Sickness Management Policies. The manager should seek advice from Human Resources before making this decision.
- Redeployment may be considered at any stage of this policy.
- In cases of serious incapability, moving straight to the capability hearing may be appropriate.

3 The policy in practice

The Capability Policy has the following stages:

- Stage One – Informal
- Stage Two – Formal
- Stage Three – Capability Hearing
- Stage Four – Appeal

3.1 Your right to be accompanied

Should you wish, you can be accompanied at formal meetings by a trade union/staff representative or appropriate work colleague not acting in a legal capacity.

You're responsible for choosing your representative, but you must let your manager know who this will be before the meeting. They can participate fully at the meetings, but they cannot answer questions on your behalf.

3.2 Stage One – Informal

If your line manager has concerns about your performance, they will discuss this with you at the earliest opportunity, before moving onto the formal stages of this policy.

Your manager will explain their concerns and you will be given time to discuss:

- the reasons why
- problems you're experiencing at work
- factors outside of work that impact you at work
- support required (eg training, guidance, mediation, coaching).

If you are unclear what you need to improve or how you can improve, you should seek clarification.

Your manager will make a record of the discussion and the agreed action plan with SMART targets. They will provide you with a copy and if necessary meet with you to review and update.

If things do not improve within a reasonable timescale or there is serious concern about your ability to perform your role, moving to formal stages may be considered. But before this happens your manager will make sure:

- you're clear about expectations of you in your role
- you've had the level of training, advice and support required to do your job

- you've had reasonable time to improve
- no underlying health issues/medical conditions are contributing to any under-performance
- any reasonable adjustments have been considered and implemented where this has been advised by occupational health and/or other medical advice.
- an action plan has been undertaken with regular reviews.

Following these discussions, in most cases, most performance-related issues can be resolved promptly and informally. If you are having difficulties maintaining your expected standard levels of performance, discuss it with your line manager as soon as possible, so that the appropriate support can be provided.

3.3 Stage Two – Formal
Managers will normally be able to deal with minor concerns about poor performance in the course of the day-to-day manager-employee relationship, as set out in the Stage 1 Informal Procedure. However, where following such discussions the manager establishes that an employee's performance continues to be unacceptable, or where the nature of the concern is more serious or is similar to concerns raised previously, the Formal Procedure should be followed.

A formal capability meeting will be arranged, giving you at least 10 working days' notice, and all documentation to be used at the meeting will be enclosed. If you have any documentation you'd like considered, you must provide this at least five calendar days in advance of the meeting.

A senior manager (Chair) advised by HR will listen to information provided by you and your manager during the formal meeting. The following points will be considered:

- Areas where your performance isn't meeting the required standards.
- What support, training and supervision has been put in place through the informal stage, including action plans.
- Your views and responses and what you believe is preventing you reaching the required standards including training/support not yet been considered.
- Any further mitigating factors hindering your progress in achieving the required standard.
- Anything else you would like considered.

If the meeting is adjourned, to consider all the matters discussed and/or further evidence before reaching a decision, where possible, the Chair will recall both parties and announce the decision verbally. If a decision cannot be made without further deliberation, it may be necessary to communicate the decision in writing at a later date. In either event, the outcome will be confirmed in writing to you and your representative no later than five working days after the Formal Hearing.

In determining the outcome, consideration will be given to your views and the documentation presented and reviewed. The managers will reach their decision based upon the evidence and documentation considered. Out comes of a formal meeting could be:

- a further action plan and monitoring period
- redeployment to another role which may include down-banding
- a written warning
- final written warning
- consideration of down-banding
- dismissal with contractual notice.

Where warnings have been given, review meetings and action plans will also be set. As far as possible the outcome of the formal meeting will be given verbally during the meeting and will be confirmed in writing, including the right of appeal where appropriate.

3.4 Feedback on your progress
Where an action plan and monitoring period has been agreed through the formal process, your manager will feedback on your progress at regular review meetings, offer support where required and update your action plan.

3.5 Subsequent formal meetings
If you haven't made the required progress during the monitoring period after a formal capability meeting your manager will tell you and a further formal meeting will be arranged. The meeting will be held within the format outlined for a formal capability meeting, however an independent manager who has not previously been involved will chair the meeting.

3.6 Professional bodies
The ICB reserves the right, if appropriate, to report the matter to the relevant professional body (eg NMC, GMC, HCPC), which may also take additional action.

3.7 Absence during the capability process

Very rarely, due to the seriousness of some concerns, we may ask you not to attend work. This decision will only be taken if genuine risks are identified and all alternative options have been ruled out.

Where this is considered, your manager will seek approval from another senior manager and both will be advised by HR. If this happens, we will fully explain the reasons for the decision. This does not constitute disciplinary action.

4   Stage Three – Capability Hearing

Where performance level as set out through the informal Stage 1 and formal Stage 2 has not been achieved or maintained, or in the case of a serious performance issue, dismissal on grounds of incapability due to unsatisfactory work performance will be considered.

In such cases, a formal Stage 3 Capability Hearing will be arranged. The Capability Hearing Chair will be the next level manager with authority to dismiss or another senior manager with delegated authority to dismiss. HR support will be provided to the Capability Hearing Chair.

If professional issues are involved, an appropriate professional advisor will also sit on the Capability Panel. The line manager will prepare a capability management report to be presented and referred to at the hearing.

Prior to the Stage 3 Capability Hearing, the employee should be informed in writing of the meeting's purpose, and given the capability management report and any other relevant supporting documentation, the date and time of the meeting and their right to representation. At least five working days' notice of this meeting will be given, unless shorter notice is mutually agreed. The employee is entitled to representation.

At the formal Stage 3 Capability Hearing the Hearing Manager should:

■ identify the shortfall between the employee's performance and the required standard
■ review the reasons for the employee failing to meet the required standard of performance
■ review any action taken to date.
■ consider any information the employee wishes to offer in mitigation.

Taking into account all the matters discussed at the hearing, the Hearing Manager should consider the following options:

Extend the monitoring period and period of any previous warning (if one is already in operation) and give the employee a further opportunity to achieve the required standard of work performance within a defined timeframe.

Downgrade to a lower banded role if this is possible (ie if there is a current vacancy at the lower band). Consider, based on all the facts as presented, whether to dismiss the employee on the grounds of incapability due to unsatisfactory work performance.

The decision of the Hearing Manager will be confirmed in writing, within five working days of the hearing, together with the employee's right to appeal against the decision.

5   Stage Four – Appeal

Right of appeal

You will always be given the right to appeal any formal sanction. How to appeal will be explained in the capability meeting outcome letter. You will need to appeal within 10 working days of getting your outcome letter, but this may be increased in exceptional circumstances.

Appeal panel

An appeal panel will consist of two managers (the Chair will be a more senior manager) who has not been involved previously. You will be invited to attend the appeal meeting, which will be your opportunity to explain the reasons for your appeal. You will be asked to provide documents related to your appeal at least five working days in advance of the meeting.

The appeal will be supported by a senior HR representative, who has not been involved before. You have a right to be accompanied by a trade union representative or workplace colleague.

A letter confirming the outcome of the appeal will be sent to you within 10 working days.

Disability in the workplace

1   What this policy covers

Under the Equality Act 2010, it is unlawful for employers to treat a job applicant or employee less favourably because they have a disability. This policy will:

- help you understand what is meant by the term "disability"
- explain the ICB's responsibilities in complying with this policy
- tell you how you can raise a concern or make a complaint if you feel you or someone else has been unfavourably treated on grounds of disability.

2   Definitions

Disability: The term covers physical and mental impairments that have a substantial and long-term effect on someone's ability to carry out normal day-to-day activities, including duties associated with their employment.

Substantial: A "substantial" effect means more than limitations that occur as a result of general abilities and capabilities that exist among people.

Long term: A long-term effect of impairment is defined as one:

- which has lasted at least 12 months or
- where the total period it lasts is likely to be at least 12 months or
- which is likely to last for the rest of the life of the person affected.

Normal day-to-day activities: An impairment considered to effect the ability of a person to carry out normal day-to-day activities only if it affects one or more of the following:

- mobility
- manual dexterity
- continence
- ability to lift, carry or otherwise move everyday objects
- speech, hearing or eyesight
- memory or ability to concentrate, learn or understand
- perception of the risk of physical danger.

"The ICB recognises the benefits of a diverse workforce and is committed to supporting applicants and employees with a disability to be part of its workforce, and values their contribution to delivery of patient care"

3   Principles

- The ICB Board of Directors is committed to ensuring that no applicant or current employee is subject to discrimination, harassment or unfair treatment on grounds of their disability.
- The ICB recognises the benefits of a diverse workforce and is committed to supporting applicants or employees with a disability to be part of its workforce, and values their contribution to delivery of patient care.
- The ICB will promote positive attitudes towards people with disabilities.

4   Responsibilities

- The Executive Directors are committed to adopting and promoting the key principles within this policy.
- The Board of Directors will ensure that any concerns raised or complaints based on an individual's disability will be taken seriously and dealt with promptly and efficiently.
- ICB managers and heads of department are responsible for ensuring the practical application of this policy at a local level and are expected to promote high standards.
- All employees and those who act on the ICB's behalf must adhere to this policy when undertaking their duties or when representing the ICB.

5   Policy in practice

5.1 Reasonable adjustments
The ICB has a duty under the Equality Act to make reasonable adjustments to prevent a potential or current employee with disabilities from being placed at a substantial disadvantage by any physical feature of the premises or by any ICB provision, criteria or practice.

We encourage the use of health passports for people with disabilities who work for the ICB. It allow them to easily record information about their disability, any reasonable adjustments they may have in place and any challenges resulting from the interaction of their disability with the workplace . The passports also help to ensure that there is a clear record and can be used with new line managers to explain what is needed in the workplace to help staff members to successfully carry out their role.

When deciding whether or not an adjustment is reasonable, the ICB will consider the:

- effectiveness of the adjustments in preventing the disadvantage
- financial and other costs of the adjustment and the extent of any disruption caused
- extent of the employer's financial or other resources.

Failure to make reasonable adjustments cannot be justified.

5.2 Bringing a concern/raising a complaint
The ICB will treat seriously all complaints or concerns raised in respect of discrimination or harassment of potential employees or employees on the basis of their disability.

Should you wish to make a complaint or raise a concern under this policy you should tell or write to your manager or a member of the HR team. Your complaint will be managed under the ICB's Grievance Policy.

5.3 Your right to be accompanied
The ICB recognises that some situations may be distressing, therefore a colleague or trade union representative may accompany you to informal meetings if you feel this would support you and help to resolve the grievance. If so, prior to any meeting, you should inform the manager with whom you are raising the concern that you will be accompanied.

"The ICB will treat seriously all complaints or concerns raised in respect of discrimination or harassment of potential employees or employees on the basis of their disability"

Disciplinary

1 What this policy covers

This policy provides a framework for maintaining satisfactory standards of conduct. We want to ensure that when something unexpected occurs, a robust process is followed to determine what should happen next. We're committed to ensuring that the practice of reflection and improvement is embedded at the ICB.

This policy seeks to ensure that any disciplinary matter is dealt with fairly and that *the first steps taken are to establish the facts*. This policy applies to all ICB staff.

2 Expected behaviour

Each member of staff will be informed of the standards of conduct and work as per their individual employment contract.

A "Just Culture"
This policy embeds a "Just Culture" approach to managing concerns, which can be seen as an environment where equal emphasis is put on accountability and learning, and one that when an adverse event happens, it instinctively asks "What went wrong?" rather than "Who is to blame?"

When an incident or concern is raised
If there is reasonable belief that an incident or event has taken place or that something has happened that raises concerns about conduct or behaviour, your manager (or other manager depending on the nature of the issues raised) will carry out an initial fact-finding exercise to better understand what led to the event.

They will use the "Just Culture" guide to assist this process and will be advised by HR when completing the fact-finding exercise.

3 Fact-finding
The key objectives of the fact-finding will be to:

- establish dates and times
- identify who was involved and who witnessed the events (and their lead-up)
- take statements that may assist in establishing the facts
- review documentation and evidence as appropriate.

3.1 Absence during fact-finding
Because of the seriousness of some concerns, very rarely, we may ask you not to attend work while the fact-finding exercise is carried out. This decision will only be taken if genuine risks are identified and all alternative options have been ruled out.

Where this is considered, your manager will seek approval from another senior manager and both will be advised by HR. If this happens, we will fully explain the reasons for the decision. It does not constitute disciplinary action or any assumption of guilt, but is to ensure the welfare of everyone involved and to support a fair and timely fact-finding process.

3.2 Pay during your absence
You will remain on your normal pay (ie the pay you would have received if you have been at work based on a 12-week reference), except where you have:

- allowed your professional registration to lapse
- lost your entitlement to work under the Immigration and Asylum Act.

"This policy embeds a 'Just Culture' approach to managing concerns, which can be seen as an environment where equal emphasis is put on accountability and learning"

During this period, we will maintain regular contact with you and will always aim to keep this period as short as possible. If you are asked not to attend work, we may refer you to Occupational Health so that we can identify how to best support you during this time. Before doing this, we will discuss it with you.

3.3 Outcomes from the fact-finding process
The manager will present the key facts in a report to a senior manager who will decide what should happen next.

The options will include:

- organisational and/or team learning
- Individual or team support to change behaviours or practice.

If individual conduct or behavioural issues are identified, the following measures will be considered:

- an informal discussion with your manager, an action plan or other support
- an action plan and/or other support and written advice and guidance
- formal disciplinary action
- use of another policy.

In these instances, your manager will meet you, go through the fact-finding outcome and explain how your conduct or behaviour has fallen short of expectations.

Your views and responses will be heard and the focus will be on supporting you to help improve or adjust your behaviour to an acceptable standard, which may include an action plan. Advice and guidance from your manager will be confirmed in writing and will be kept on your personal file.

Where an informal discussion or management advice and guidance have failed to address the conduct or behaviour concerns, or more serious issues are identified from the fact-finding, the formal disciplinary process may be followed.

3.4 Pre-hearing settlements/agreed outcomes
Where the investigation has found that you have a case to answer, but you have taken full responsibility for your actions and accept the outcome reached, it may be possible to agree a warning without the need to move to a disciplinary meeting.

The panel will determine a level of sanction that may be offered (up to and including a final written warning). The disciplinary rules will be used to decide warning level.

If you do not accept the outcome reached or level of sanction offered, the formal disciplinary process will be followed.

4 Formal disciplinary process

Where fact-finding establishes more serious behaviour or conduct issues that should be considered using the formal disciplinary process, this will be confirmed to you in writing, giving you at least five working days' notice of the meeting. This will include:

- date, time and venue of the meeting
- sufficient information about any alleged misconduct and its possible consequences
- copies of written evidence to be considered at the meeting, so you can prepare your response
- the right to be accompanied by a trade union representative or work colleague.

If you have any documentation you want to submit for the meeting, please send these at least three calendar days in advance of the meeting, so that they can be distributed.

4.1 Safeguarding your health and wellbeing
We understand that going through disciplinary procedures can be very upsetting and we want to ensure that you are properly supported throughout. We will agree a communication plan and ensure that you are given access to wellbeing services.

4.2 Disciplinary meeting
The meeting will be held without unreasonable delay and you should make every effort to attend. An independent manager will chair the meeting and they will be advised by an HR representative. They will explain the concerns, go through the evidence with you and give you the opportunity to respond and put your case across.

You will be given reasonable opportunity to ask questions, present your own evidence and (where appropriate) call relevant witnesses. The fact-finding report will provide the basis of the management case, however, where clarity is required at the meeting, the disciplinary manager may ask them to attend.

Normally, we will record the meeting and provide you with the notes of the hearing afterwards. However, if we're unable to record, a note-taker will attend. If you need any reasonable adjustments for the meeting, please inform HR.

4.3 Witnesses
There is no right for either party to question witnesses directly at a disciplinary meeting. In the first instance, therefore, we will use statements or accounts taken during fact-finding, where permission has been given to use these.

If it is considered necessary to ask a witness to attend a meeting, the name and role reasons for attending will be required in advance, and all parties will be informed before the meeting.

4.4 Being accompanied
You have the right to be accompanied by a trade union representative or work colleague to formal meetings. If they are not available on the proposed date or time of the meeting, we'll talk to you about another date and time, as long as this is reasonable and it is as soon as possible.

Your companion can address the meeting to put or sum up your case, respond on your behalf and confer with you during the meeting. However, they cannot answer any questions on your behalf, address the hearing if you do not want them to or prevent the disciplinary hearing manager from explaining the concerns or going through the evidence with you. If you require reasonable adjustments for the meeting, please contact HR.

4.5 Decision and outcome
As far as possible, the outcome of the disciplinary meeting will be given verbally and confirmed in writing, including the right of appeal, within five working days.

If the meeting is adjourned to consider further evidence before reaching a decision, you will be asked whether you want to receive the outcome in writing. Alternatively, a further outcome meeting can be arranged. If you do not attend the meeting, the outcome will be confirmed in writing. Where appropriate, we may notify your professional body of the outcome.

4.6 Disciplinary sanctions
In determining the outcome, consideration will be given to the evidence presented and documentation reviewed. The Chair will adjourn to decide whether there are reasonable grounds to believe that misconduct or gross misconduct has taken place and whether disciplinary action is warranted. This decision will be based on the

"Consideration will be given to the evidence presented and documentation will be reviewed. The panel will adjourn to decide whether there are reasonable grounds to believe that misconduct or gross misconduct has taken place and whether disciplinary action is warranted"

Formal written warnings	
First written warning: 12 months	Where conduct has fallen below acceptable standards and informal guidance has not resulted in sufficient improvement or where the offence is sufficiently serious to justify an immediate formal sanction.
Final written warning: up to 24 months	Where conduct continues to fall significantly below acceptable standards and previous warning(s) has not resulted in sufficient improvement. Misconduct is so serious that a first and final written warning is appropriate. Dismissal is a clear possibility, but significant mitigating circumstances are accepted.
Dismissal: contractual notice or without notice	Considered where there has been gross misconduct or a current final written warning and further misconduct or unsatisfactory conduct has taken place. Dismissal **with** contractual notice: This will apply unless it is for gross misconduct (ie where this is a result of a series of warnings). Dismissal **without** contractual notice (summary dismissal): Actions of gross misconduct will, except in the most exceptional circumstances, justify dismissal without notice.

balance of probability from the evidence available. Consideration will be given to:

- the seriousness of the conduct and any explanation given or any mitigation
- any previous conduct record
- actions taken in a similar case
- whether the action considered is proportionate and reasonable in the circumstances.

The sanctions available are detailed above, although this list is not exhaustive. They will also consider any wider actions or implications for the ICB. Where you have been issued with a first or final written warning, your incremental pay progression will be withheld for the period of time the warning is active.

4.7 Other action short of dismissal – extension of final warning/ redeployment/down banding
According the case's circumstances, other action may be considered as an alternative to dismissal. This may involve redeployment, down banding (with the agreement of the employee) or change of work pattern. A copy of the letter confirming formal warnings, down bandings, redeployment or dismissal, plus the investigation report, will be retained on your personal file.

5 Right of appeal

You'll always be given the right to appeal any disciplinary sanction. The disciplinary outcome letter will explain how to appeal. You must appeal within five working days of getting your outcome letter, but this will be extended in exceptional circumstances.

You can appeal if you believe:

- there was a defect in the procedure, which may have a material effect on the decision
- not all evidence was considered or proper account was not taken of evidence referred to at the hearing
- the sanction or decision was too severe
- new relevant evidence has come to light since the last hearing.

5.1 The appeal meeting
An appeal meeting will review the decision taken at the disciplinary meeting, but it will not be a re-hearing of the case, unless, for example, new information is provided that was not available at the disciplinary meeting, which is likely to impact the decision. Otherwise, the appeal will decide whether the decision taken was reasonable in light of all the circumstances and evidence provided at the disciplinary meeting and the process followed.

An appeal panel will consist of two managers who have not been involved in your case. The chair will be a more senior manager. You will be invited to attend an appeal meeting, which will be your opportunity to explain the reasons for your appeal. You will be asked to provide documents related to your appeal at least five working days before the meeting.

The appeal will be supported by a more senior HR representative, and you may bring a trade union representative or a workplace colleague as your companion. Witnesses may only attend where considered essential to your appeal. Where possible, statements or accounts will be used. If witnesses are to attend, it must be agreed ahead of the meeting. A letter confirming the appeal outcome will be sent to you within 10 working days of the meeting.

5.2 Availability for formal and appeal meetings
If you cannot attend a meeting because of reasonable circumstances beyond your control, a further date will be arranged. We'll talk to you about why you're unable to attend and will consider options that could include holding a meeting via phone or video, or allowing a submitted written response for the disciplinary manager to consider. A representative may agree to attend on your behalf in your absence. In rare circumstances, we may decide to hold the meeting in your absence.

You may decide not to attend an appeal meeting, in which case, we will hold the meeting based on your submission, as long as we receive this at least five calendar days before the meeting date.

5.3 Confidentiality
Information obtained under the disciplinary procedure will be managed and kept confidential for as long as

this is needed by the ICB and we will also place any correspondence on your personnel file.

6 Appendix 1: Disciplinary rules

This indicates the standards of behavior expected from us all in relation to our roles at the ICB. It is not possible to specify all the rules and regulations that apply and the list of disciplinary rules below are a general guide in respect of very serious misconduct. Other less serious acts may result in disciplinary action short of dismissal. In any event, the ICB will consider each case on its own merits before disciplinary action is taken.

6.1 Gross misconduct
Certain offences are regarded as so serious that the ICB would not tolerate the continued presence at work of someone who commits them. Normally, such offences are considered acts of gross misconduct, which would, in the absence of substantial mitigation, result in summary dismissal. Summary dismissal involves dismissal without the need for previous disciplinary warnings.

6.2 Behaviour outside of work
The examples of gross misconduct listed below relate to offences committed during normal working time while on duty. Behaviour outside work may also be dealt with under the disciplinary procedure, if it affects your continued suitability for employment and/or brings the ICB into disrepute.

The following are examples of offences considered to represent gross misconduct. It is not a comprehensive list and other offences not listed may also be considered gross misconduct.

■ physical or psychological ill treatment or abuse of patients or colleagues
■ acts of violence (including physical assault of a colleague, patient, member of the public) and fighting at work
■ being unfit for duty for other than medical reasons including being intoxicated while on duty through drink or drugs and the misuse of drugs that impairs your ability to work (refer also to the ICB Alcohol and Drugs Policy)
■ intentionally viewing or downloading pornographic or other derogatory, defamatory, obscene or inappropriate material from internet or email systems

- inappropriate use of ICB data or computing equipment, including social media
- serious insubordination
- acts considered to bring the ICB into serious disrepute
- bullying, harassment or discrimination contrary to the ICB's policies
- corruption during the course of employment or where this has a detrimental impact on the ICB
- deliberate disclosure of confidential patient, staff or ICB information to an unauthorised person
- deliberate and/or continued failure to follow reasonable instructions
- failure to disclose criminal convictions
- fraud – any deliberate attempt to obtain money or goods through falsification of records or documents (eg time sheets, travel and expenses claim forms)
- indecency or sexual offences
- malicious damage to ICB property or equipment
- theft or attempted theft during the course of employment
- willful negligence in any action/failure to act which threatens the health and safety of any member of staff, patient or member of the public
- being absent without leave (AWOL).

If you are summarily dismissed, your pay will cease from the date of your being informed of your dismissal. If you are reinstated on appeal, you will be paid as if at work and continuity of service will be restored.

7 Criminal offences

If you are charged or convicted of an offence, whether committed on duty or outside of work, we will consider whether the offence renders you unsuitable for continued employment and may take action up to and including dismissal. The ICB reserves the right to take action independently of any legal proceedings.

"If you believe this policy has not been applied properly, you can use the ICB grievance procedure to outline and raise your concerns. If the concern relates to an ongoing disciplinary process, this will be addressed as part of the disciplinary procedure"

Where the offence or police investigation relate to mistreatment of a child or an "at risk" or vulnerable adult, the manager must inform the ICB Safeguarding lead/team, who will consider whether to contact the Local Authority Designated Officer (LADO). If you are subject to a police investigation, you're obliged to inform your manager.

8 Misapplication of this policy

If you believe this policy has not been applied properly, you can use the ICB grievance procedure to outline and raise your concerns. If the concern relates to an ongoing disciplinary process, this will be addressed as part of the disciplinary procedure.

9 Referrals to professional bodies and other agencies

Depending on the nature of the concern, if you are registered with a professional body, the regulatory body may be notified. This decision will be taken by the most senior professional lead from the Directorate, in conjunction with the relevant professional lead for ICB, such as the Director of Nursing or Head/Chief of Service.

Where appropriate, investigations carried out by the counter fraud team and other agencies (eg the police, social services) may be carried out separately from this procedure. ICB will give full cooperation to external investigations and will only delay the internal disciplinary procedure where absolutely necessary.

Where cases include serious personal data breaches likely to result in risk to the freedoms of data subjects, the ICB has a legal duty to report such cases to the Information Commissioners Office (ICO) within 72 hours. Where there is a potential data breach, ICB's Data Protection Officer (DPO) must be notified as soon as possible.

Disclosure and Barring Service checks

1 What this policy covers

This policy provides guidance on which posts require a Disclosure and Barring Service (DBS) check. It explains roles and responsibilities when obtaining and interpreting checks to make employment decisions, with the key stages of the process outlined.

2 Principles

The ICB is committed to providing a transparent, professional, credible and equal process for handling all DBS checks by:

- complying with the ICB's Equality and Inclusion principles
- ensuring those with a criminal record are treated fairly and able to establish their suitability for the vacancy they have applied for
- ensuring appropriate use of information the DBS provides
- processing disclosures only after a conditional offer of employment is made
- ensuring that NHS employment standards are met
- ensuring that these principles also apply to volunteers.

3 Responsibilities

- The ICB will ensure that a basic, standard or enhanced DBS check is conducted for all eligible positions (including volunteers), in line with the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended) and the Police Act 1997 (Criminal Record) Regulations 2002 (as amended).
- The recruitment team will ensure that the check is obtained in a professional, timely and responsive way.
- The recruitment team will also support managers by

providing fair and consistent advice regarding the process and DBS check outcomes.
- With support from the recruitment team, managers will ensure that recruitment decisions are made fairly and in compliance with legislation.
- Managers must complete a risk assessment if a conviction is declared and take a reasonable and pragmatic approach.
- If an individual has a criminal conviction, police caution, legal reprimand or warning, they must inform their manager.

4 Policy in practice

Following a conditional offer of employment, all candidates will complete a declaration – either Declaration Form A (for posts exempt from the Rehabilitation of Offenders Act 1974) or Declaration Form B (all other posts). The recruitment team will check this and, if any criminal conviction, police caution, legal reprimands, warnings (or other information) is declared, speak to the recruiting manager about it (see 4.3).

Where applicable to the role applied for, the recruitment team will instruct the online system to send details of the online DBS application to the candidate for them to complete.

To submit the online DBS application, the recruitment team must enter confirmation of the identity documents provided by the candidate, to the standards set by the DBS. Broadly, this is either:

- one form of photographic ID and two documents as proof of address or
- two forms of photographic ID and one document as proof of address.

If a candidate can't supply the above documents, the recruitment team will support them by explaining which

documents they can supply to proceed with the DBS check. For more visit: www.gov.uk/disclosure-barring-service-check/documents-the-applicant-must-provide-

The online application system will notify the recruitment team when the DBS check is complete and state whether the certificate reveals any information (but not the content of that information). If the check is clear and doesn't show any information, the online confirmation will be sufficient proof that the check is complete. The candidate will be sent the certificate directly by the DBS. If the DBS check reveals information regarding criminal convictions, the candidate will have the option to share the DBS certificate with the recruitment team so that the details can be recorded and a decision be made regarding their appointment (see section 4.3).

The ICB will cover initial DBS check cost. All candidates requiring a DBS check will be encouraged to sign up to the DBS Update Service. For an annual fee, candidates using it can have their DBS certificate kept up to date and take it with them to other organisations and from role to role, where the same type and level of check is required. Further advice and guidance is available on the ICB HR intranet site and from the recruitment team.

4.1 Eligibility for a DBS check
The level will depend on the post applied for, as set out by the DBS. Bank and volunteer roles will be checked at the same level as the equivalent substantive role.

New employees in one of the following categories, or existing employees moving into one of these categories, will be checked at the disclosure level as below.

Enhanced DBS
An enhanced check will detail spent and unspent convictions, cautions, reprimands and final warnings. It may also include any non-conviction information, held by local police, where the police force considers it relevant to the role.

An enhanced DBS check can take place when the post requires the person to do one of the following activities regularly:

■ care or supervision
■ treatment or therapy
■ teaching, training instruction, assistance, advice or guidance on emotional, physical or educational

wellbeing – wholly or mainly for children or adults receiving health care service
■ management of people engaging in any of the above activities on a daily basis.

Barring lists
In addition to the information on the enhanced DBS, this check will contain information on whether someone is listed on the DBS barred lists.

Kept by the Disclosure and Barring Service, the barring list is a national record of people who are unsuitable for working with children or adults because of their actions or behaviour. People on the barred lists can't do certain types of work and as such may not be suitable for a role working with vulnerable people in a hospital setting.

The enhanced DBS check with barring information is only available for posts that include regulated activity such as:

■ healthcare
■ personal care
■ assistance with cash, bills or shopping
■ assistance with the conduct of their own affairs
■ all unsupervised activity with children including teaching, training, caring for, supervising or providing advice/guidance on wellbeing.

Standard DBS check
A standard check will show information on spent and unspent convictions, cautions, reprimands and final warnings. The DBS states that a standard check can be processed for the following roles:

"Any employment or other work concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons receiving such services in the course of [their] normal duties." Therefore, the ICB will conduct a standard check for all staff not eligible for an enhanced check working in clinical areas that will interact with patients as part of their role (not incidentally, such as in hospital corridors.)

Posts not eligible for a DBS
Posts where the person does do not come into contact with patients as part of their role aren't eligible for a standard or enhanced-level DBS check. The ICB can't

DBS check someone who is in one of these roles.

Examples of posts not eligible for a DBS check include:

- medical records clerk not working in a clinical area
- medical secretary not working in a clinical area
- librarian
- accountant
- HR advisor
- grounds person.

4.2 Candidates who have lived overseas

Candidates who have lived outside the UK for more than six months in the past five years will be asked to provide an overseas police check from each of the relevant countries. In addition, the ICB will carry out a DBS check. If the person is coming to the UK from overseas, this can only be undertaken once they arrive in the UK and should not delay the process of filling the vacancy.

4.3 Portability

To satisfy the requirements for a DBS, the ICB can accept DBS certificates undertaken by other NHS organisations in the past 12 months. It must be for the same level of DBS check and workforce as required for the post at the ICB. The DBS certificate should be seen and verified as genuine by the recruitment department and the details recorded on ESR. Where a positive disclosure is presented to the ICB, a new DBS check will be applied for to ensure that all information held is current and up to date.

4.4 Positive disclosure

Candidates must inform ICB of any convictions, unspent or spent or relevant, as soon as practical. Where cautions, investigations, convictions or any other information are declared by a candidate or revealed by a DBS check, the recruitment team will notify the recruiting manager and instigate completing a risk assessment form (accessible on the HR intranet).

The candidate will share the DBS certificate with the recruitment team, with the details informing an open and honest discussion about their suitability for the post. The Risk Assessment form B (available from the HR intranet) should also be completed before any decision about the appointment is made.
Failure to reveal cautions, convictions or investigations on the job application form, declaration form or at interview may be cause for concern and impact the

outcome of the risk assessment, leading to withdrawal of an offer of employment, dismissal from employment at the ICB, referral to the NHS Counter Fraud Service and any relevant professional body.

4.5 Existing staff

Members of staff have a contractual responsibility to inform their manager should they receive a conviction, caution, reprimand or warning during their employment with the ICB. Failure to disclose information may result in disciplinary action and possibly a referral to the NHS Counter Fraud Service.

Where an existing member of staff moves to a new post within the ICB, they will not automatically need to be re-checked if their role, responsibilities and level of contact with vulnerable groups has not significantly changed. However, existing staff will be asked to undertake a new check in the following circumstances:

- the DBS disclosure on file is more than 12 months old
- there is no DBS disclosure on file and they are moving to a position that now requires them to be checked
- they are moving into a role which now requires them to have a higher level of disclosure
- the new position means they will be working with a different vulnerable group and they must have a check against one or both barred list(s)
- they have had a break in service for more than three months between leaving the old position and taking up the new position.

4.6 External agency workers

Temporary staff supplied by an agency must have DBS checks at the appropriate level for the work they are doing at the ICB. The ICB will request written confirmation that the agency has undertaken appropriate check within the past 12 months. The ICB will audit agencies annually to check DBS checks have been completed.

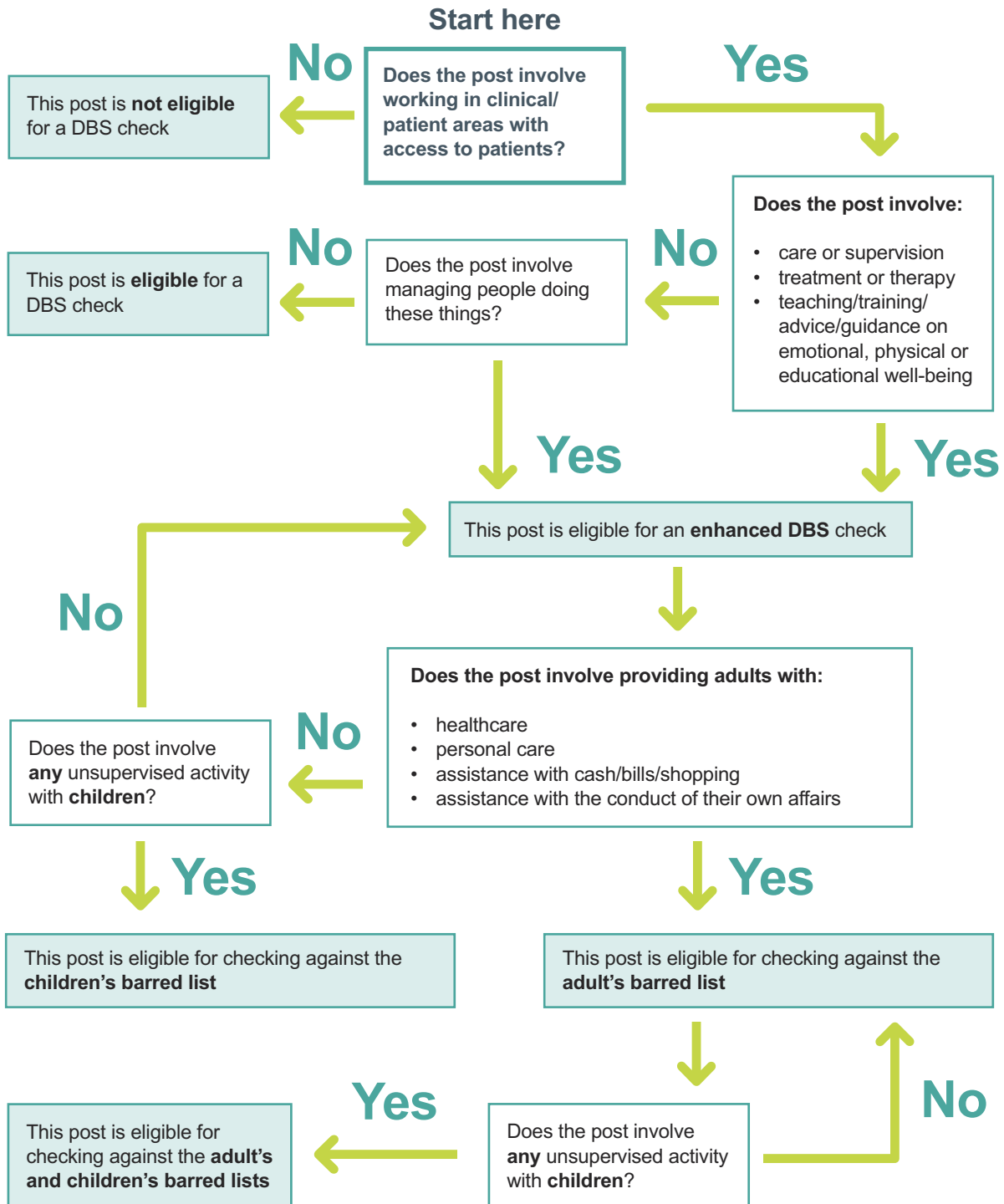Agency workers will not be booked to work where this confirmation has not been provided. More frequent checks will be carried out where any such assurances cannot be provided or where there is a concern about someone's record.
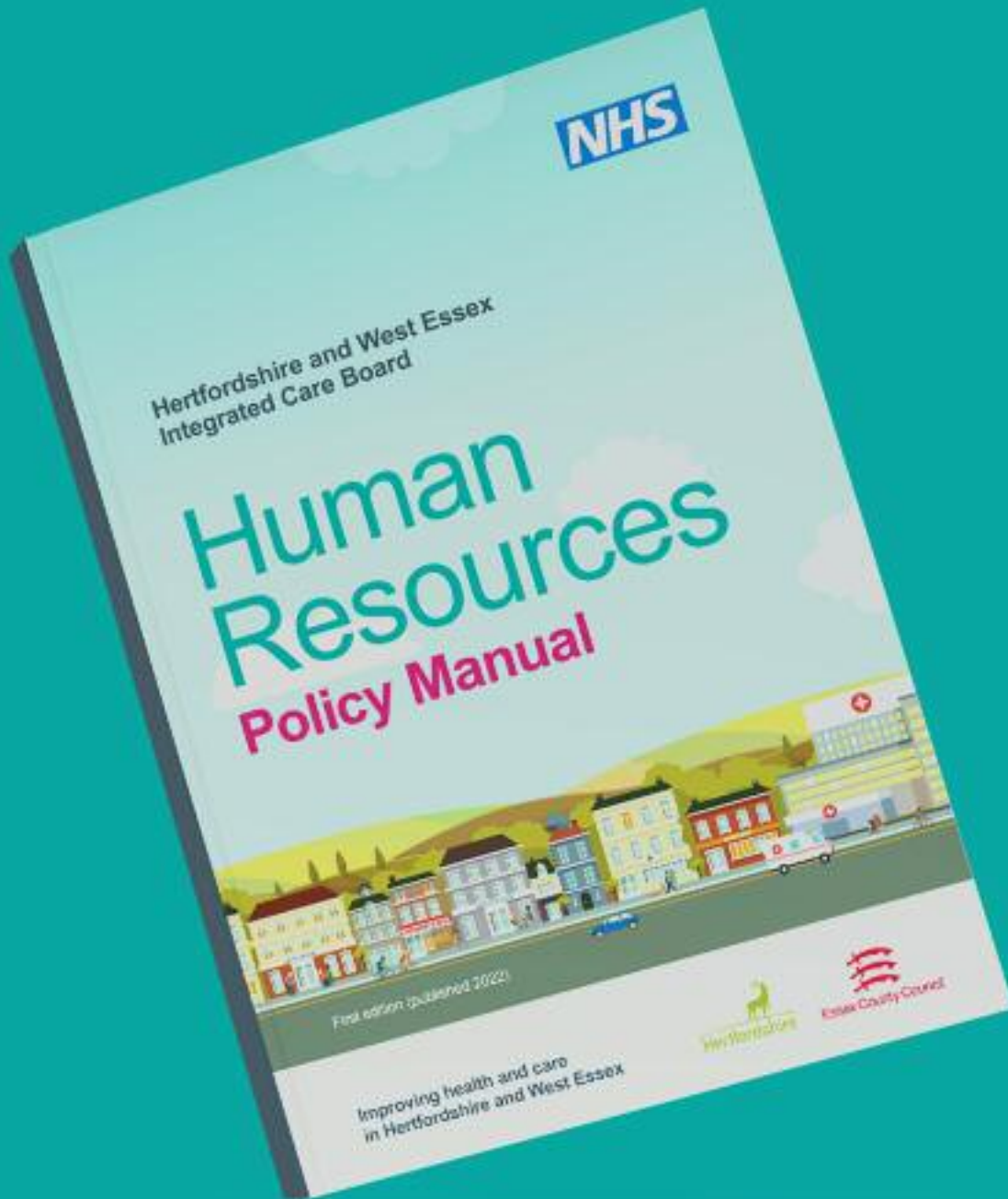
If the DBS check reveals a positive disclosure, the agency will share the content of the disclosure with the staffing team subject to the individual granting permission.

Appendix 1: DBS eligibility decision tree

Please note this is not exhaustive and you should refer to 4.1 of the DBS Policy for further clarification.

Start here

Does the post involve working in clinical/ patient areas with access to patients?

No → This post is **not eligible** for a DBS check

Yes → **Does the post involve:**
- care or supervision
- treatment or therapy
- teaching/training/ advice/guidance on emotional, physical or educational well-being

No → **Does the post involve managing people doing these things?**

No → This post is **eligible** for a DBS check

Yes (from managing people) / **Yes** (from care or supervision) → This post is eligible for an **enhanced DBS** check

Does the post involve providing adults with:
- healthcare
- personal care
- assistance with cash/bills/shopping
- assistance with the conduct of their own affairs

No → Does the post involve **any** unsupervised activity with **children**?

Yes → This post is eligible for checking against the **children's barred list**

Yes (from providing adults) → This post is eligible for checking against the **adult's barred list**

Does the post involve any unsupervised activity with **children**?

No →

Yes → This post is eligible for checking against the **adult's and children's barred lists**

The HR forms mentioned
in this publication are available
to download from the
ICB HR intranet

**Improving health and care
in Hertfordshire and West Essex**

Hertfordshire

Essex County Council

Employment break

1   What the policy covers

The ICB recognises that during your working life there may be times that you wish to take a substantial unpaid break. Our Employment Break Policy has been designed to facilitate unpaid absence from work for up to 12 months.

This policy aims to allow employees to balance the demands and responsibilities of their personal life with work commitments and service needs, to maintain consistent management practice throughout the ICB.

This policy will tell you if you're eligible and how to apply, while explaining the effect on your employment terms and conditions.

2   Principles

- The policy supports the ICB's commitment to improving work-life balance for all staff.
- The application of this policy will not discriminate, directly or indirectly, on grounds of race, ethnic origin, colour, gender, sexual orientation, age, marital status, religion, disability or trade union membership.
- You don't need to apply for a career break when you are entitled to be absent from work (eg when you are sick or on maternity leave).

3   Responsibilities

- The ICB Board of Directors has overall responsibility for ensuring that this policy is applied fairly and consistently.
- ICB managers will ensure that all requests for career breaks are given serious consideration and comply with the principles outlined below left.

- During your career break you are expected to keep in contact with your manager as agreed and inform the ICB of any changes to your personal circumstances (eg change of address).
- You are expected to maintain professional links, such as membership of professional organisations and continuous professional development requirements, as well as to keep up to date with knowledge in your field.

4   Conditions

4.1 Eligibility
To qualify to apply for a career break you must:

- have been employed by the ICB, continuously on a substantive basis, for at least 12 months and
- have demonstrated a commitment to continuing your career with the ICB.

4.2 Length of career break
An employment break is normally expected to last for a period of up to 12 months, but there is some flexibility in special circumstances. You can apply for more than one career break during your employment. Once the career-break period has been agreed, returning to work earlier than the date specified can only take place in line with operational requirements and contractual notice periods.

4.3 Effect on your current terms and conditions
For statutory purposes, the period of your break will count towards continuous employment, but all other terms and conditions with the ICB will be frozen. For example, your career-break period will not count as reckonable service when calculating entitlement to annual leave, sick pay, contractual redundancy pay and any other benefits dependant upon length of service. Nor will there be any entitlement to any benefits such as sick pay during your break.

4.4 Pensions

NHS Pension rules allow members taking an employment break where their contract of employment is retained, to choose to remain pensionable for a period of up to six months. If the employment break is to be pensionable, the employer must treat the member as they would any other active member of the Scheme and ensure that employee and employer pension contributions are paid continuously throughout the six-month period.

In addition, the Pension rules allow a member who has already paid contributions continuously during the first six months to continue to pension the leave for a further period of up to 18 months. Should the member wish to continue contributing to the Scheme during the additional 18-month period, they will be responsible for both the employee and employer pension contributions.

Employers are responsible for ensuring that employee and employer pension contributions are collected continuously throughout the leave and paid promptly to NHS Pensions. Arrears cannot be allowed to accumulate and payment made on returning to the Scheme.

Further information for Scheme members can be obtained from the NHS Pensions website at: www.nhsbsa.nhs.uk/Pensions

4.5 Returning from a career break

If an employee returns to work within a year, they will return to the same post they held when the employment break started, as far as is reasonably practicable. If this is not possible, because of restructuring or substantial organisational change, or if the break has been for longer than a year, every effort will be made to find the employee a post with similar duties and responsibilities of the previous post held.

Should it not be possible to find a suitable similar position, managers may consider redundancy in consultation with their HR Business Partner. If the break is longer than one year, the applicant may return to as similar a job as possible. Please refer to the ICB Change Management Policy.

You may be expected to undertake training when you return to work. The content and duration will depend on the length of the break, the post and any changes in working practices, legislation or policy. On return to work, depending on the post you hold, you may need to complete a DBS check.

4.6 Not returning from a career break

If you want to resign from your employment with the ICB during your career break, you must submit your resignation to your line manager in writing, giving the amount of notice specified in your employment contract.

5   Applications

Applications may be made for numerous reasons. In considering each application, managers will need to take into account the impact on service delivery and effect on colleagues.

Applications will normally be approved for:

- long-term caring responsibilities
- extended periods of travel or voluntary services
- personal reasons, for example, following ill health
- undertaking further education.

Any other reason will be considered on its merit. You should submit your application in writing to your manager at least three months before you want to start your career break, using the Career Break Application form, which is available to download from the HR Forms section of the HR intranet.

Your manager will arrange to meet with you to discuss your application and they will confirm their decision in writing to you.

If agreed, the letter will confirm your start and return dates and any conditions that apply. Your manager will also complete a Changes form to ensure your personal record is updated. If your application is refused, the letter will explain why.

6   Appeal

If your application for a career break is turned down, you may appeal against this decision under the ICB's Grievance Policy, which includes both informal and formal processes.

Equality and inclusion

1 What this policy covers

The ICB recognises the benefits of having a diverse workforce where everyone, whatever their background, experiences or needs, are accepted and welcomed. The ICB is committed to providing a working environment that is free from discrimination.

The ICB will ensure that no employee, worker or applicant is treated less favourably because of a protected characteristic, as defined by the Equality Act 2010:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy/maternity
- race
- religion or belief
- sex
- sexual orientation

This policy sets out the ICB's responsibilities in maintaining and promoting equality, diversity and inclusion. It will also tell you how you can complain or raise a concern if you feel you or another person is being discriminated against.

2 Types of discrimination

Direct discrimination: where someone is treated less favourably than someone else is or is, or would be on the grounds of any of the protected characteristics (as identified above in section one of this policy).

Indirect discrimination: where someone is treated less favourably than someone else, where there is a rule or policy that applies to everyone but disadvantages a person with a particular protected characteristic.

Harassment: this is behaviour deemed offensive by the person on the receiving end, is uninvited, unwanted and fails to respect individuals.

Third party harassment: where an employee is harassed by third parties such as patients or visitors.

Victimisation: when someone is treated badly because they have made or supported a complaint or grievance about discrimination.

3 Principles

- The ICB Board is committed to ensuring that no employee or job applicant is subject to unlawful discrimination, either directly or indirectly, on the grounds of any protected characteristics (see left).
- This applies to all aspects of employment, including recruitment and selection, training, promotion opportunities, terms and conditions of employment, grievance handling, application of disciplinary procedures and selection for redundancy.
- The ICB will embed equality standards in everything it does and seek to promote the principles of equality and inclusion in all its dealings with employees, job applicants, patients, visitors, contractors, recruitment agencies and the public.
- All employees and those working bank or agency shifts will be protected from discrimination of any sort on grounds of any protected characteristic.

4 Responsibilities

- All employees and those who act on the ICB's behalf are required to adhere to this policy when undertaking their duties or when representing the ICB.
- Every staff member has a responsibility to bring any

potentially discriminating practice to their line manager's attention.

- The ICB Board of Directors is fully committed to adopting and promoting the key principles of equality and inclusion within this policy and will ensure that all our policies and procedures do not discriminate.
- ICB managers and heads of department are responsible for ensuring practical application of this policy at a local level and they are expected to actively promote high standards.
- The ICB Equality, Diversity and Inclusion Advisory Group will lead on the equality and inclusion agenda for staff, and will develop, monitor and add value to the ICB's equality and inclusion strategic framework.
- The HR Department has a specific responsibility to ensure the promotion of equality and inclusion through its employment practices, policies and procedures.

5 Respect us

The ICB is committed to developing and maintaining a safe and secure environment for its patients, staff and visitors and has a duty to take all reasonable steps to protect you.

Violent or abusive behavior – including physical or verbal bullying or harassment by staff, patients and visitors – will not be tolerated and will be investigated and actions taken to support and protect those involved.

"The ICB is committed to developing and maintaining a safe and secure environment for its patients, staff and visitors and has a duty to take all reasonable steps to protect you"

6 Networks

Staff-led networks are essential for promoting equality and inclusion. They offer a collective voice, peer support and guidance, training and development opportunities, while proactively holding the board accountable.

The ICB is committed to supporting any staff network or working group deemed as a supportive and productive group for both staff and patients. If you're interested in starting or joining an established group, please email your HR business partner.

7 Policy in practice

Bringing a complaint or raising a concern
The ICB will treat all complaints made under this policy seriously. If you believe that you've been discriminated against, you are encouraged to raise the matter as soon as possible with your manager, other senior manager or a member of the HR Department. The ICB will treat all complaints made under this policy seriously.

Allegations regarding potential breaches of this policy will be treated in confidence and investigated thoroughly. If you make an allegation of discrimination, the ICB is committed to ensuring that you are protected from victimisation, harassment or less favourable treatment because you have complained.

8 Equality Impact Assessment (EqIA)

An EqIA is essential when reviewing or developing new policies, procedures or services, to ensure that no staff, patients or visitors are discriminated against or are negatively affected. Please visit the ICB HR intranet for more information.

Flexible working

1   What this policy covers

This policy outlines who is eligible to make a formal flexible working request, the procedure that should be followed and issues that will be considered when deciding whether to agree to the request.

Flexible working covers a range of working patterns that allow you to adjust the hours you work to balance your job requirements with other responsibilities. For changes regarding working location please refer to the ICB Agile Working Policy. For information regarding employment/career break, please refer to the ICB Employment Break Policy.

2   Principles

- The ICB has a strong commitment to improving working lives. It will support you in positively exploring ways in which you can better balance your work and personal lives.
- The ICB will make every effort to accommodate your request for flexible working, in line with business needs.

The ICB recognises that the availability of a wide range of flexible working practices will help to:

- provide opportunities to balance careers and personal life
- encourage employees to continue or further develop their careers
- increase staff engagement
- reduce staff absences
- recruit and retain a talented and diverse workforce.

3   Responsibilities

- The ICB Board has overall responsibility for ensuring this policy is applied fairly and consistently.

- ICB managers will ensure that all staff making a request for flexible working are treated equally and fairly and will not unlawfully discriminate against any individual on the grounds of any "protected characteristics".

4   Policy in practice

4.1 Eligibility
All staff have the right to make a request for flexible working from the first day of their contract.

4.2 Options for flexible working
There are numerous ways you can change your current working hours and pattern, including moving to:

- Annualised hours – working your contracted hours flexibly throughout the year without affecting your regular salary payment.
- Term time working – concentrating your work hours within school term times to provide time off to look after children during school holidays.
- Voluntary reduction in working time – working fewer hours for an agreed period.
- Part-time working – where working hours are less than your standard full-time hours.
- Compressed hours working – where your contracted working hours are compressed into fewer days.
- Job sharing – you and one or more people share responsibility for your current role.
- Flexitime – working flexible hours during the day within defined limits.
- Secondments/redeployment – a temporary or permanent move to another post that has the working pattern you have requested.
- Phased retirement – reducing hours leading up to voluntary retirement.

4.3: Short-term flexible working (informal)

These arrangements are usually agreed between the individual and their line manager (or equivalent) as and when needed (ie no more than 28 days). They don't normally require a formal contractual change. Examples of informal arrangements can include:

- swapping shifts/sessions
- mixing shifts/sessions (eg working some long and some short shifts/sessions)
- staggered hours (for a short period) where start, finish and lunch/break times can be variable (usually set around a period of 'core hours').

4.4 Remuneration and benefits

For all of the flexible working arrangements listed previously, the ICB can arrange for payments to be made regularly, regardless of when hours are worked over the course of the year.

Payments would be made as though you were working a standard working week. This would involve recalculating your annual remuneration based on your new working arrangements and making regular payments in instalments on your current weekly or monthly payment basis.

It is important to note that moving to any flexible arrangement may result in changes to your annual leave and sick pay entitlements and you should seek advice about likely impact before making a final decision.

4.5 Stages
Applying to change

If you wish to make an application to change your current way of working, make a request covering:

- your current working pattern
- whether the change is permanent, temporary, trial or informal
- future work pattern
- the date of the requested change
- impact of the new working pattern on the business
- accommodating the new working pattern.

After receiving your applications, your manager will arrange to meet with you to discuss your request. The meeting will provide an opportunity to discuss your desired work pattern in depth and how best it might be accommodated. It will also provide an opportunity to consider other working patterns, should accommodating the desired work pattern in your application prove difficult.

Decision

After your meeting, your manager will accept your request if possible. When deciding they will consider:

- the impact your requested change would have on service delivery
- how the change would affect your colleagues
- what the financial impact on the ICB would be.

You will receive notification of the decision within 14 calender days. If agreed, the new working arrangements and start date will be confirmed. Payroll and HR will need to be notified if the new arrangements affect pay, annual leave and or other benefits. Appropriate forms must be completed and sent to HR.

If your line manager cannot accommodate your request, they will notify you and explain why.

5   Appeal

Should your application for flexible working be denied, you have a right to appeal. This must be submitted in writing within 14 days of the date of the decision being made known, to the appropriate next level manager.

An appeal hearing will be arranged as soon as practical (normally within 14 calendar days). The appeal hearing panel will consist of the next level manager and an HR representative, neither of whom will have previously been involved in the case. The panel will consider the grounds put forward by the employee and assess whether the line manager's decision was appropriate. Following the Appeal Hearing, the employee will be informed of the outcome in writing within 14 calendar days. The decision of the appeal panel is final. An appeal cannot be referred beyond the appeal hearing decision.

6   Review

Line managers should hold an initial three-month review meeting with the employee following the new arrangement and regularly discuss it during one-to-ones and health and wellbeing conversations.

Freedom To Speak Up (Whistleblowing)

1   What this policy covers

This policy has been written to support a culture of openness and honesty at work. It builds upon recommendations from the Francis Report (2015) into NHS whistleblowing.

Scope
The policy applies to all ICB staff, whether directly or indirectly employed.

1 Introduction and purpose

1.1 We know that Speaking Up about any concerns at work is key to patient safety and it improves the environment for staff, patients and service users.

1.2 **What is Freedom to Speak Up?**
Speaking up protects patient safety and improves the lives of workers. When things go wrong, we need to make sure that lessons are learned and things are improved. If we think something might go wrong, it's important that we all feel able to speak up so that potential harm is prevented.

Even when things are good but could be better, we should feel able to say something and expect that our suggestion is listened to and used as an opportunity for improvement.

Freedom to Speak Up is about encouraging a positive culture where people feel they can speak up, their voices will be heard, and their suggestions acted upon.

1.3 The ICB understands that an employee may have already spoken to someone without success or have raised an issue in another way, but feel that this has not been resolved or they may be unsure over what to do next. This policy enables staff to understand how to raise concerns at an early stage, in the right way, using the right policy.

2   What concerns can be raised under this policy?

2.1 If any member of staff has a concern about risk, malpractice or wrongdoing that they believe is harming a service the ICB delivers or team wellbeing and effectiveness, they can raise a concern.

All concerns can be raised confidentially and your anonymity preserved as far as possible. A concern may include (but is not restricted to):

- unsafe patient care
- unsafe patient practice
- unsafe working conditions
- fraud or wrongdoing – concerns should be raised directly with your Local Counter Fraud Specialist, whose contact details are given in section 5.
- lack of or poor response to a reported patient safety or service user incident
- malpractice and professional misconduct
- inadequate induction or training, especially linked to safe practice
- bullying and harassment that affects working relations across a team or service rather than individual instances.

If in any doubt, please speak to a Freedom to Speak up Champion or Guardian (FTSUG).

2.2 Do not wait for more "proof" before you raise a concern.
Any matter raised will be reviewed and actions taken according to the findings.

2.3 What concerns are not covered by this policy?

- Individual instances regarding a specific working relationship – please refer to an HR advisor.
- Individual employment concerns – please refer to the ICB Grievance Policy and gain support from HR.

3 Feeling safe to raise a concern

3.1 We want all staff and board members to feel safe to 'Speak Up'. We expect all managers to 'Listen Up' and we require all Senior Managers, Executive Directors, Non-Executive Directors and Board Members to 'Follow Up'.

3.2 The ICB is committed to preventing harassment or victimisation of anyone raising a concern and does not tolerate bullying by others when a staff member raises a concern. Any such behaviour is a breach of our values as an organisation and if upheld following investigation it could result in disciplinary action. The FTSUG and Champions can meet you at work or externally.

3.2 Provided that you're acting honestly, it does not matter if you're mistaken or if there is an innocent explanation for your concerns.

4 Who can raise a concern?

Anyone who works or has worked for the ICB or anyone who is working independently providing a service to the organisation can raise a concern. This includes students, temporary workers, agency workers, volunteers and governors.

5 To whom should you raise a concern?

Most concerns can be raised informally to your line manager or another ICB manager, but if you don't think it is appropriate you can speak to:

- the ICB's Quality or Safety Teams
- an Executive or Non-Executive director of the ICB
- FTSUG or Speak Up & Inclusion Champion
- HR Manager or HR Equality & Diversity Lead.

Alternatively, you can raise your concern outside the organisation with:

- NHS Improvement for concerns about:
  - how NHS trusts and foundation trusts are run
  - other providers with an NHS provider licence
  - NHS procurement, choice and competition other national tariff
- Care Quality Commission for quality/safety concerns.

"The ICB is committed to preventing harassment or victimisation of anyone raising a concern and does not tolerate bullying by others when a staff member raises a concern"

- NHS England for concerns about:
  - primary medical services (general practice)
  - primary dental services
  - primary ophthalmic services
  - local pharmaceutical services
- Health Education England for education and training in the NHS
- The Local Counter Fraud Specialist eleni.gill@wmas.nhs.uk or the National Fraud and Corruption Line 0800 028 4060 for any concerns about fraud, bribery and corruption. For more information, please see our Counter Fraud, Bribery and Corruption Policy.

It is up to you who you raise your concern with and whether you remain anonymous and who is best placed to support you. The important thing is that you feel able to be open and share your concerns.

6 What will happen if you raise a concern?

6.1 You will be thanked by the manager or Guardian for speaking up and your wishes concerning confidentiality/anonymity will be respected. You'll be given appropriate support. Once a concern has been raised, a confidential record will be made by FTSUG and an acknowledgement will be issued.

The FTSUG Guardian will keep you informed about progress or any changes and improvements made.

6.2 Where a concern has not been resolved quickly because of the complexity, type or multi-faceted nature of the concern, a fact-finding process will be actioned by an independent and properly trained individual.

6.3 Where a concern is considered to be a non-FTSUG matter, the staff member will be directed and supported to raise the matter with the appropriate team (eg HR for a personal work-related concern).

7 Roles and Responsibilities

7.1 Employees
Employees are responsible for:

- Accepting professional accountability and maintaining the standards of professional practice as set by the ICB's code of conduct and the appropriate regulatory body.
- Taking reasonable care of health and safety at work for themselves, their team, patients and others.
- Acting in accordance with the express and implied terms of their contract.
- Not discriminating against patients or staff and to adhere to equal opportunities and equality and human rights legislation.
- Protecting the confidentiality of personal information.
- Being honest and truthful.
- Reporting all incidents and concerns.
- Cooperating with any fact-finding conducted under the policy.

7.2 Please remember that all health care professionals have a duty to report any concerns they have about patient care or safety.

7.3 Managers are responsible for:

- Encouraging employees to raise concerns at the earliest opportunity.
- Modelling openness and honesty.
- Being approachable.
- Listening to complaints/concerns made by staff.
- Responding to any complaints/concerns positively within the prescribed timescales.
- Maintaining confidentiality.
- Ensuring that there is a fair process for fact-finding.
- Maintaining good communication with employees who raised concerns and supporting them.

7.4 Freedom to Speak Up Guardian
Freedom to Speak Up Guardians are responsible for:

- Being expert in all aspects of raising and handling concerns.
- Offering support and advice to staff who wish to raise a concern or are handling concerns.
- Ensuring that feedback is given to the staff member raising a concern.
- Watching over any concerns that have been raised.

- Safeguarding the interests of the staff member raising a concern.
- Identifying common themes.
- Taking an objective view.
- Ensuring that concerns are escalated as appropriate.
- Reporting to the ICB Board.
- Completing such reports as required.

7.5 The ICB Executive and Board
The Executive and Board are responsible for:

- Receiving the annual report on Speaking Up complaints.
- Ensuring that recommended actions following fact-finding are prioritised and actioned.

8 Training

8.1 ICB recognises the importance of training
All staff will be expected to complete the basic training module about Speaking Up provided by the National Guardian's Office (NGO).

All managers and senior managers will also be expected to complete the Listening Up training module for managers provided by the NGO. Senior Managers and Board Members will also receive related training from the NGO.

The appointed Freedom to Speak Up Guardian(s) will receive dedicated training and support from the NGO and the Regional FTSU Group.

Grievance

1 What this policy covers

The ICB is fully committed to ensuring that you are managed in a supportive, consistent, fair and effective way.

This policy is designed to support you should you wish to raise a grievance, including issues relating to equality and inclusion. A grievance is any concern, problem or complaint relating to your job. This policy should be read in conjunction with the Freedom to Speak up Policy.

Which problems does this policy cover?

Any employment-related concerns. Examples would be (but are not limited to):

- terms and conditions of employment
- health and safety issues
- new working practices
- organisational change
- equal opportunities
- dissatisfaction with an action your manager has taken or proposes to take.

If a breakdown in working relationships occurs, please refer to the ICB's Supporting Relationships at Work Policy.

Which issues are not covered by this policy?

- any outcome of a disciplinary meeting that has its own appeals process
- issues relating to banding outcome, redeployment, termination of contract or redundancy (all of these have their own appeal process)
- any issue outside the ICB's responsibility.

If you feel you're being harassed, victimised or the subject of discrimination, please use the Supporting Relationships at Work Policy.

> "In the first instance, as soon as they are identified, you should raise any problems with your manager (or their manager if the issue involves your manager)"

2 Collective grievance

If more than one person raises a grievance and you're seeking resolution as a group, you may raise a collective grievance under this policy. If this is a formal grievance, normally any planned changes that caused the grievance will be suspended until it has been considered, with the status quo maintained.

However, in some circumstances this may not be possible or advisable, because it may risk breaching statutory, mandatory or regulatory obligations, or delays might compromise service delivery. In such exceptional cases, management reserves the right to implement the change and the situation will be explained to you and your representative.

Stage 1 – Informal stage

In the first instance, as soon as they are identified, you should raise any problems with your manager (or their manager if the issue involves your manager). You may also raise issues with your line manager and HR or speak to your trade union. Outline your concerns in writing and provide as much information as possible, explaining:

- the nature of the problem
- dates and times
- names of any witnesses
- any action already taken
- any resolutions you can think of or would like to see.

When your manager has received this information, they will seek advice from HR and arrange a meeting with you

within seven working days to fully understand the issue(s) and discuss next steps, so that the problem can be resolved informally. Where necessary, they may speak to other parties or carry out a fact-finding exercise to establish the most suitable resolution.

Once completed, your manager will write to you within 14 calendar days to outline potential resolutions and a way forward. Your letter will also confirm what you can do if you're not satisfied with the outcome and wish to proceed to the formal stage.

Alternative Dispute Resolution (ADR)
At any stage of the procedure, either the ICB or the employee can propose an ADR with regards to the resolution of a grievance, for example, mediation or conciliation. ADR will only be progressed with the agreement of both parties.

If both parties agree to ADR, the formal grievance process may be halted, while mediation/conciliation takes place. If after one month following mediation/conciliation, the intervention is deemed to be unsuccessful by the person who originally raised the grievance, the grievance procedure will recommence at the point at which it was halted.

Stage 2 – Formal stage
If the informal process did not give the outcome you wanted and you feel that you have reasonable grounds for moving to the formal stage, complete the Grievance Notification form (available from the HR intranet).

Send it to the manager who dealt with your informal grievance within 10 working days of receiving the letter confirming the outcome of the informal stage. If you are uncomfortable about putting the concerns in writing, talk to your manager or HR.

Your manager will inform HR, which will acknowledge receipt of the Grievance Notification form and forward it to an appropriate independent manager, to arrange a formal meeting with you. This will be done within five to 10 days.

You have a right to representation and can bring a trade union representative or work colleague to formal meetings to support you and help to resolve the grievance. At the formal meeting the manager will consider the Grievance Notification form, allowing you

to expand on the concerns you have outlined and review any further documentation provided.

They will also decide whether further fact-finding is needed or whether witnesses should be interviewed, so a decision as to the most suitable outcome or resolution can be reached. You should have in mind what resolution you are seeking, so that it can be considered.

Depending on the nature and seriousness of the concerns raised, interim measures may need to be considered while fact-finding takes place, such as a temporary change to duties or a move for those involved.

After fact-finding is completed (which should be within 10 working days of the first formal meeting, where practical, unless an extension is agreed), the manager will contact you to resume the formal meeting to inform you of their findings/outcome, including next steps. Where the outcome involves others, after speaking to you, they'll also be met and outcomes/next steps discussed. The outcome will be confirmed in writing to all parties, usually within 10 working days of the meeting and include:

- a summary of findings, responding to all points
- any recommended actions (due to data-protection restrictions we will not be able to advise you of the precise action taken against other individuals as a result of the grievance)
- the outcome
  - find in favour of all grounds – grievance upheld
  - find in favour of some, but not all grounds – grievance partially upheld
  - do not find in favour of any grounds – grievance not upheld.

Withdrawing a grievance

You may decide to withdraw your grievance. Before any decision to withdraw is taken, your manager or the HR team will seek to understand your reasons for withdrawal. Depending on nature and substance of your grievance, we may feel it is appropriate to follow up on the issues raised, even if you do not wish to pursue it.

Leaving employment

If you are planning to leave the ICB's employment and have raised a grievance, you may leave before we have had time to complete the grievance process. If so, we may still consider the grievance or provide a response, where possible. In such cases, we'll respond in writing.

Grievances raised during disciplinary, sickness absence or managing work performance proceedings

If a grievance is raised in respect of an ongoing disciplinary, sickness absence or work performance capability process, the grievance will usually be heard only when the disciplinary or capability process has been completed.

Where it is considered that the grievance has a significant bearing on the disciplinary or capability proceeding, it can be raised as a relevant issue in the course of those proceedings.

In exceptional circumstances, where the grievance is clearly impeding the progress of the disciplinary or capability procedure, consideration may be given to suspending the disciplinary or capability procedure for a period of not more than 10 working days while the grievance is dealt with.

Throughout each of the following stages of the procedure, the guidelines apply to both individual and collective grievances.

3   Appeal

You can appeal if you have strong grounds to believe:

- the procedure has not been followed correctly
- you do not believe the decision reached was objective or fair
- the decision was not appropriate in light of the evidence presented.

This must be in writing within five working days of receiving the outcome letter and sent to HR. You'll receive acknowledgement and then an appeal hearing will be arranged within 28 days.

Health and wellbeing

1 What is health and wellbeing?

Health and wellbeing is a vital factor in ensuring happiness and job satisfaction. In line with the NHS People Plan, health is defined by the World Health Organization (WHO) as: "A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

Wellbeing is described as: "A state of being with others, where human needs are met, where one can act meaningfully to pursue one's goals, and where one enjoys a satisfactory quality of life," (Economic and Social Research Council).

The WHO and International Labour Organization have jointly defined occupational health as: "The promotion and maintenance of the highest degree of physical, mental and social wellbeing of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs".

2 How will the ICB support your health and wellbeing?

The ICB is committed to providing an environment and culture that promotes health and wellbeing and aims to achieve this by:

- Promoting health and wellbeing throughout the ICB including our values, policies, support services, networks and health promotion campaigns.
- Encouraging a culture where everyone feels able to discuss their health or wellbeing with their manager and access support. A health and wellbeing conversation is expected to take place during the yearly appraisal. However, regular health and wellbeing conversations between employee and line manager are encouraged.

- Creating and maintaining an environment where those who experience ill health receive suitable support to stay at work, and where needed, reasonable steps are taken to make adjustments to their work circumstances to enable them to return to work after illness and achieve their full potential.
- Providing access to specialist support when needed, including provisions for emotional health and wellbeing.
- Ensuring that our leaders and managers maintain a health and wellbeing focus and have the skills to support their teams.

Our health and wellbeing work focuses on activities related to these key themes:

| Physical |
| Emotional |
| Work Environment |
| Healthy Lifestyles |
| Social |
| Feeling Valued |
| Financial |
| Cultural and Spiritual |
| Compassionate leadership |

3 Promoting health and wellbeing

The ICB promotes positive health and wellbeing by:

- Providing information and raising awareness via induction, staff briefings, webinars, HR intranet and Employee Assistance Programme (EAP) newsletters.
- Promoting wellbeing dates and events.
- Promoting policies, guidance and practices that endorse wellbeing.
- Holding health and wellbeing events to raise awareness including training, webinars, coffee mornings and meetings.

4 Management and leadership

Our managers and supervisors are the best people to provide initial health and wellbeing support to their teams. Therefore, it is essential that we develop their knowledge and skills to ensure they can:

- be aware of the key issues related to health and wellbeing
- recognise signs of ill health in those around them, including mental ill-health and
- signpost individuals to get the support they need.

We will ensure that all managers have access to health and wellbeing training and resources including how to hold a Health and Wellbeing Conversation (see below).

5 Key health and wellbeing initiatives

The following initiatives are available for everyone and are key to supporting health and wellbeing across the ICB:

5.1 Health and Wellbeing Conversations
These are informal meetings dedicated to talking about physical and emotional wellbeing and how this affects employees at work. At anytime you can ask your manager for a Health and Wellbeing Conversation, but they will hold these regularly, including at least once a year at your appraisal.

5.2 Mental Health First Aiders (MHFA)
Mental Health First Aiders provide initial mental health support, including signposting. They are trained to identify and recognise warning signs of mental ill health and help someone who may be experiencing it. They do this by listening, reassuring and empowering the person to access the support they need for recovery or successful management of symptoms. They can provide this help even in a crisis.

5.3 Freedom to Speak up Champions
Freedom to Speak Up Champions are available to talk compassionately and impartially to staff who have concerns about bullying, harassment, discrimination or other aspects of their treatment by colleagues, managers, and/or others. The Champions will help staff to identify options to address concerns and signpost to relevant support and information.

For concerns about risk, malpractice or wrongdoing that you believe is harming a service that the ICB delivers, refer to the ICB Freedom to speak up (Whistleblowing) Policy.

5.4 Occupational health support
The Occupational Health department provides a full range of occupational health support, from pre-employment and vaccinations to advising managers how to support individuals who are unwell. The team provides specialist advice and guidance to managers about making reasonable adjustments to support their teams to remain at work and provides guidance to ensure effective return to work after sickness absence.

5.5 Employee Assistance Programme (EAP)
Our EAP provides a 24/7 assistance helpline for staff and their families. Part of this is a triage service that can lead to a referral to psychological support, including counselling and CBT (cognitive behavioral therapy). The EAP also has a dedicated website that has a variety of support available, including practical advice on relationships, finance and legal matters.

"Our EAP provides a 24/7 assistance helpline for staff and their families. Part of this is a triage service that can lead to a referral to psychological support, including counselling and CBT"

6   Managing and supporting stress

6.1 Telling us

Stress can affect anyone and it can affect people differently. If you think you're experiencing stress, we want you to tell us as soon as possible so we can help. Talk to your manager, so they can give you support. Mention it at one-to-one meetings or ask to have a Health and Wellbeing Conversation to discuss it. If your manager is unavailable or you don't feel you can talk to them, speak to the HR team or access the support outlined previously .

You have an active role to play in maintaining your health and wellbeing and communicating with others is a helpful step towards resolving any stress that may be affecting you. We know that stress isn't always work related and we'll try to support you with things outside of work as well.

6.2 Support for those feeling stressed

We will help you to identify what you think is causing your stress with the aim of making reasonable changes to your work or working environment if necessary. The best way to do this is through completing a stress risk assessment to understand what's causing the problems and what could help. As part of the risk assessment process, your manager may ask Occupational Health for advice and guidance.

6.3 Health and Safety Executive standards

The HSE describe six key standards that support a healthy and performing workplace and make up the key headings in the risk assessment:

Demands	Staff can cope with the demands of the job.
Control	Staff can have a say about the way work is done.
Support	Staff receive adequate information and support from colleagues and managers.
Relationships	Staff are not subject to unacceptable behaviour.
Roles	Staff understand their role and responsibilities.
Change	Staff are involved in and consulted about any organisational change.

6.4 Support for those who are in crisis

We are committed to supporting anyone who is experiencing symptoms of a crisis and will aim to do all we can to get you the necessary help. This will include signposting to specialist services – speak to your manager, the HR team, Mental Health First Aider or the Freedom to Speak Up Champion if you're worried about yourself or a colleague.

The HR intranet outlines the key support available to everyone. It includes more information about the MHFAs, FTSC, EAP service, Occupational Health details, etc.

"We will help you to identify what you think is causing your stress with the aim of making reasonable changes to your work or working environment if necessary"

Job share

1   What this policy covers

Job share is defined as where two people are employed to share the duties and responsibilities of one full-time post. Pay, benefits and leave entitlement for job sharing are allocated proportionally.

The advantages of job sharing include:

- widening the recruitment pool
- retaining the valuable skills of existing staff who no longer wish to work full time
- enabling staff to access career development opportunities while working fewer hours
- providing for continuity (eg if one person leaves there is still some input from the other who can help with training a replacement) and
- providing a wider range of skills.

This policy provides guidance on the responsibilities associated with the effective management of job share arrangements and details the processes involved with recruitment for job-share roles.

The policy should be read in conjunction with the ICB's Flexible Working and Recruitment Policies.

2   Principles

- As an equal opportunities employer, the ICB positively promotes good employment practices, including the promotion and effective management of job-share schemes.
- The ICB will make every reasonable effort to accommodate your request for job-share working.
- All full-time posts are deemed to be potentially open to job-sharing and will be advertised as such.

"As an equal opportunities employer, the ICB positively promotes good employment practices, including the promotion and effective management of job-share schemes"

3   Responsibilities

- The ICB Board of Directors has overall responsibility for ensuring that this policy is applied fairly and consistently.
- ICB managers will also ensure that all requests for job-share working are treated fairly and consistently.
- Managers are responsible for agreeing with the job-share partners how the hours will be divided, how duties will be split and how effective communication will be achieved, including any handover periods.
- Where a manager believes that posts are not suitable for advertising as job share, they will explain why on the vacancy authorisation form.
- Staff currently working in or wishing to work in a job-share arrangement agree to adhere to the processes and practices within this policy.

4   Policy in Practice

Detailed advice on job-share arrangements can be sought from HR or the recruitment team when a post becomes vacant or a request to job share is received from an existing full-time staff member.

The key stages and processes when recruiting to and maintaining job-share arrangements are as follows.

4.1 Recruiting to a vacant post
Recruitment to a job-share post will accord with the ICB Recruitment and Selection Policy, with specific

"Selection panels should be aware that an offer made to job-share partners is dependent upon both partners accepting the offer of employment"

conditions detailed below applied:

- Job-sharing applicants should complete separate application forms, CVs and covering letters as required. However, they should make it clear that they are applying as a job share and give the name of their job-share partner.
- Should an application be received from someone who wants to job share but does not have a job share partner, the ICB recruitment team should, where possible, try to match two people who have applied individually but who both wish to job share.
- When a joint application is received from job-share partners, it must be assessed in the same manner as applications from other candidates. The expected practice will be to interview and test the job-share partners separately to assess each one against the person specification criteria. It may also be appropriate to interview the job-share candidates together to discuss such criteria as leadership and communication.
- Following interview, the selection panel should consider if both parties are appointable and, if so, whether together they would best fulfil the post's responsibilities and duties.
- If one partner performs well at interview and is considered the best candidate, but the other partner is identified as not appointable, the job cannot be offered to them as an existing job-sharing partnership.
- The successful partner should then be offered the job on a full-time basis, with a discussion around flexible working options. The remaining hours can be advertised again to recruit a job share partner.

4.2 Existing full-time employees
- There may be occasions when an existing full-time employee wishes to reduce their hours of work by sharing their post. Such applications to convert to a job-share post should be carefully considered by the manager in accordance with the ICB Flexible Working Policy.
- If the post is considered suitable as a job share, and the staff member has identified a partner from within the department wishing to job share with them, both parties will be interviewed to assess suitability.
- If no potential partner from within the department is identified, the ICB will advertise the remaining hours internally and the usual recruitment processes apply.
- If no suitable job-share partner is found, the post-holder will retain their job on a full-time basis.

4.3 Arrangements if one partner leaves
If one job-share partner leaves, the following process should be followed:

- The remaining job-share worker should be offered the post full time, with a discussion around flexible working options

If they decline:

- The vacant half of the post should be advertised.

5   Appeal

Should you wish to appeal a decision made in respect of the ICB Job Share Policy, use the ICB Grievance Policy.

Maternity leave

1 What this policy covers

This policy is a guide for managers and employees that outlines statutory maternity rights and responsibilities. It provides information regarding health and safety, pay and leave entitlements and how to apply for maternity leave. Definitions of terms and abbreviations used in the policy are provided on page 79.

2 Principles

The ICB is committed to positively supporting staff during their pregnancy, maternity leave and their return to work, taking account of individual circumstances, while continuing to deliver a high-quality service.

3 Responsibilities

- The ICB Board of Directors is responsible for ensuring that applications for maternity leave are treated in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for maternity leave in accordance with this policy.
- Line managers are responsible for conducting a risk assessment for new and expectant staff at work using the workplace risk-assessment form.
- Line managers should inform HR of the pregnancy ASAP for payroll processing purposes.
- Employees wishing to take maternity leave should comply with the application process and timescales specified in this policy.
- Employees are responsible for reporting any changes in their pregnancy or complications that may occur that will affect their work or ability to perform their daily tasks. They should also inform their line manager of any changes to agreed leave dates in line with the notice periods outlined in this policy.

4 Policy in practice

4.1 Entitlements
All employees, including bank employees, have the right to take 52 weeks' maternity leave regardless of their length of service. The earliest date that maternity leave can start is the eleventh week before the Expected Week of Confinement (EWC) – 29 weeks pregnant – except in cases of premature birth.

Employees on fixed-term contracts are entitled to 52 weeks' maternity leave providing their fixed-term contract does not expire before the ICB Qualifying Week (ie eleventh week before EWC).

"The ICB is committed to positively supporting staff during their pregnancy, maternity leave and their return to work"

Employees whose fixed-term contract expires after the ICB Qualifying Week and who have more than 26 weeks' continuous service will have their contract extended to enable them to receive 52 weeks' maternity leave. These employees will not have any entitlement to a role within the ICB at the end of their maternity leave, unless they have been selected for another role through competitive interview.

Compulsory Maternity Leave
After giving birth, employees must take two weeks' compulsory maternity leave (CML). However, there are restrictions on whether this will be paid and the amount of maternity pay entitlement. See section 4.7 for details.

Joining the ICB when pregnant
If an employee starts working for the ICB during the course of their pregnancy, the ICB will take on obligations with regard to maternity entitlements from the previous NHS employer.

The same requirements for continuous NHS service and length of service will apply and pay and service from the previous NHS employer will be counted towards an employee's entitlement to maternity benefits in the same way as if they had been accrued while working for the ICB. However, the previous employer may be responsible for payment of Statutory Maternity Pay (SMP), this will not affect the employee's maternity pay.

"Once advised of the pregnancy, the line manager and employee should meet as soon as possible to complete a risk assessment for new and expectant mothers at work"

Surrogate mothers
Provided they meet the normal eligibility criteria, pregnant surrogates are entitled to 52 weeks' maternity leave and SMP (in the same way as others). The surrogate mother's plans for her baby after it is born have no impact on her right to maternity leave or SMP.

4.2 Risk assessments
Once advised of the pregnancy, the line manager and employee should meet as soon as possible to complete a risk assessment for new and expectant mothers at work. By assessing potential physical risks and hazards in the workplace, it determines whether there are any potential risks to the employee's health and safety that may affect their pregnancy.

Once the assessment has taken place, the line manager will decide on measures that should be taken to avoid, eliminate or reduce potential risks. Advice and guidance may also be sought from the HR and Occupational Health departments.

This may on occasion mean a temporary adjustment to working conditions. In extreme cases, where the risk cannot be eliminated or reduced to an acceptable level, a temporary change in the type of work may be necessary.

Risk assessments should then be reviewed bi-monthly during the pregnancy to account for any changes over time or as needed if a change occurs.

4.3 Time away from work
All pregnant employees are entitled to reasonable time off, with pay, to attend antenatal care appointments.

Employees should try to book appointments on their days off where possible. If appointments are to be taken during working hours, they should be booked at times that minimise impact on service where possible. Employees may be asked to show appointment cards to their manager and should always give as much notice as possible before appointments.

Fertility treatment
Although there is no legal right to paid time off for fertility treatment, employees may wish to take time away from work for this. The ICB will endeavour to be supportive by providing time off using annual leave or time owed in lieu, or by planning shift patterns to accommodate appointments, where this is practicable and does not adversely affect service.

All time off for fertility treatment must be pre-organised with adequate notice given for planning purposes and authorised by the employee's line manager.

An employee undergoing fertility treatment is considered to be pregnant only after a fertilised embryo has been implanted. They will then have the same rights and responsibilities as other pregnant employees for two weeks from this date or until a pregnancy test is carried out. If positive, this policy will continue to apply.

4.4 Sickness during pregnancy
For the purpose of managing sickness, all absence will be defined as either pregnancy-related or non-pregnancy-related.

Non pregnancy-related sickness
Any sickness not related to the pregnancy will be treated in accordance with the ICB's Attendance Management Policy.

Pregnancy-related sickness
Any pregnancy-related sickness must be must be recorded on ESR in the usual way. Absence will not be managed using the ICB's Attendance Management Policy. However, to support and manage this, all absences will be discussed with the employee through return-to-work interviews and informal meetings. The line manager should seek guidance and support from the HR and Occupational Health Departments.

If necessary, another risk assessment will be completed to ensure that any changes to health during the pregnancy can be identified and action taken to support the employee to be at work.

Pregnancy-related sickness after 29 weeks
If a pregnant employee is absent from work after week 29 of pregnancy because of pregnancy-related sickness, they can choose whether to start maternity leave or take sick leave.

Pregnancy-related sickness after 36 weeks
If a pregnant employee is absent because of pregnancy-related sickness and this continues into or starts within the four-week period starting on the Sunday of the fourth week before the EWC, maternity leave will start on the day after the first complete day of absence. The line manager will write to the employee to confirm this.

"For the purpose of managing sickness, all absence will be defined as either pregnancy-related or non-pregnancy-related"

4.5 Pregnancy complications
As soon as practicable, employees should inform their line manager of any pregnancy complications that may affect their daily work or ability to perform their role. Such complications will be discussed and risk assessments amended where appropriate. Line managers should seek advice from HR and make a referral to Occupational Health to obtain guidance on reasonable adjustments.

Miscarriage
Sadly, if a miscarriage occurs on or before week 24 of pregnancy, time away from work will be classed as sickness absence and therefore the sickness reporting and pay procedures will apply (see the ICB Attendance Management Policy).

Stillbirth
In cases of stillbirth after week 24 of pregnancy, which very sadly can happen, the maternity leave and pay will commence from this date.

Premature birth
If a baby is born prematurely, maternity leave and pay will automatically start on the day after the date of birth. Employees should inform their manager who will advise HR accordingly to ensure that the correct procedures are in place in their absence. Evidence of the date of birth will need to be supplied, as well as birth certificate and MATB1 (if not already supplied).

If a baby is born before the qualifying period, special rules apply and maternity pay will need to be recalculated. In such circumstances, line managers should contact the HR and Payroll Departments for advice. It may also be appropriate and helpful for line mangers to make a referral to the Occupational Health Department to access specialist support for the employee.

"If an employee wishes to change their maternity leave dates before they have started maternity leave, they should contact their line manager to discuss the reasons and to agree a new date"

4.6 Procedure for requesting leave

Employees must notify their line manager in writing of their intentions and plans for maternity leave by the 15th week before the EWC or as soon as practicable in cases of premature birth. The following documents should be sent to HR in order to process the application:

- an Application for Maternity Leave and Pay form (available on the HR intranet).
- the original Maternity Certificate (MATB1), which will be provided (usually available from the 20th week of pregnancy) by the midwife or doctor
- a changes form specifying maternity leave dates
- in cases of premature birth, a certified copy of the baby's birth certificate.

Please note: all three documents should be sent together.

Before completing the application for maternity leave and pay form, employees must consider whether they will be returning to work following maternity leave. This information must be shown on the form, because it affects entitlement to Occupational Maternity Pay. Forms lacking this information will not be processed and will be returned to the line manager.

If an employee wishes to change their maternity leave dates before they have started maternity leave, they should contact their line manager to discuss the reasons and to agree a new date. Reasonable notice of a change of dates should be given where possible. Normally, no fewer than 28 days would be accepted unless in cases of ill health or emergency.

A step-by-step guide for employees to organising maternity leave is given on page 83.

4.7 Maternity Pay

There are three types of maternity pay:

1. Statutory Maternity Pay (SMP) – paid by the government
2. Occupational Maternity Pay (OMP) – paid by the ICB
3. Maternity Allowance (MA) – paid by the government.

The type of maternity pay paid is based on six deciding factors:

1. How long the employee has worked at the ICB or how much continuous NHS service they have.
2. Whether the employee is still pregnant at the eleventh week before her due date.
3. Whether they have earned enough in the relevant period.
4. Whether they intend to return to work.
5. Whether they have provided the correct evidence and paperwork.
6. Whether this evidence been provided as notification within the correct timescales.

The flowcharts on pages 80, 81 and 82 show which maternity pay will be paid. Employees will receive notification from the Payroll Department to confirm their maternity pay entitlements.

Statutory Maternity Pay

SMP is paid to all employees (including bank employees) provided they have been continuously employed by the same employer for the 26 weeks prior to the Qualifying Week (15 weeks before the EWC), who are pregnant at the eleventh week before the EWC, and have earnings above the lower earnings limit for National Insurance contributions. Calculations will include all pay within the earnings period.

Provided the employee has also given the correct notification and medical proof to show that they are pregnant (MATB1), SMP is paid for 39 weeks and consists of two rates:

Occupational Maternity Pay

OMP is paid in addition to SMP for employees who qualify. It is assessed as an average of the normal pay for eight weeks or two months up to the last normal pay day before the Saturday of the Qualifying Week (15 weeks prior to the EWC).

Statutory Maternity Pay

Weeks	Pay	Duration
1-6	Higher rate SMP – a weekly equivalent of 90% of full pay	6 weeks
7-39	Lower rate SMP – a set weekly rate or 90% of full pay, whichever is lower. This rate changes annually – the HR Department can provide details of the current rate of lower SMP	33 weeks
40-52	Unpaid	13 weeks

Occupational Maternity Pay

Weeks	Pay	Duration
1-8	Full normal pay	8 weeks
9-26	Half normal pay plus lower rate SMP (this will not exceed full pay)	18 weeks
27-39	Lower rate SMP	13 weeks
40-52	Unpaid	13 weeks

For OMP purposes, normal pay will include all items for the qualifying period on which National Insurance is calculated, including any arrears that would normally have been accrued during that period. It does not include expenses.

OMP will be paid to both part-time and full-time employees who:

■ **have more than one year's continuous service** – at the beginning of the ICB Qualifying Week (11 weeks before the EWC). Service from another NHS organisation will be included if there is a break of less than three months. However, the months that the employee was not employed (up to three months) will not be used when calculating service

and

■ **intend to return to work for at least three months** – employees must return to work on contracted hours, for a minimum of three months following their maternity leave. Employees returning to bank contracts will not be regarded as 'returned to work" for OMP purposes. If an employee doesn't return to work on contracted hours within this time frame, they must repay the occupational element of their maternity pay. Employees who change their

mind about returning to work should inform the ICB as soon as possible to avoid overpayment.

OMP will be paid for a total of 39 weeks at the rates above. Surrogate mothers will not be entitled to OMP.

Maternity Allowance
MA is available for employees who do not qualify for SMP (see flowcharts on pages 74 and 75). MA is a weekly payment paid by the Department for Work and Pensions for a maximum period of 39 weeks. The Payroll Department will inform employees that they are not entitled to OMP or SMP and will also provide an SMP1 form to explain why. This form will be given to employees within seven days of calculating the entitlements and should be completed and returned to

"Pension contributions made by the ICB continue during the whole period of maternity leave and are based on the employee's normal salary before the start of the leave"

the Department for Work and Pensions (via Jobcentre Plus) to claim Maternity Allowance.

Pension contributions during maternity leave
Pension contributions made by the ICB continue during the whole period of maternity leave and are based on the employee's normal salary before the start of the leave. For information on employee pension contributions during maternity leave employees should contact the ICB Pensions Department.

Fixed-term contracts
Employees who are contracted for a fixed term and do not quality for OMP may qualify for SMP if their contract expires after the fifteenth week before the EWC, but before the fourteenth week after the EWC.

"At the end of maternity leave, all employees have an automatic right to return to work in a comparable job to that in which they were originally employed"

In this case, an employee's contract will be extended to allow them to receive SMP, but not unpaid maternity leave. This extension is solely to allow for payment to be made and will not count as service or mean the employee will accrue employment rights during this period. Employees on a fixed-term contract should apply for maternity leave in the normal way and the Payroll Department will advise them of their entitlements.

Bank employees
Bank employees will not be eligible for OMP, but may be eligible for SMP. Their average weekly earnings must not be less than the lower earnings limit for National Insurance contributions for the eight-week period prior to the fifteenth week before the baby is due.

Bank employees should apply for maternity leave and pay in the normal way and Payroll will advise them of their entitlements accordingly. Employees returning to work on a bank contract will not be entitled to OMP.

Rotational contracts
Maternity pay will be calculated in the same way for those on a rotational contract as for other employees.

Incremental increases before and during leave
In the event of a pay award or annual increment being implemented before the paid maternity leave period begins, the maternity pay will be calculated as though the pay award or annual increment had effect throughout the entire SMP calculation period. If such a pay award was agreed retrospectively, the maternity pay will be re-calculated on the same basis.

If a pay award or annual increment is implemented during paid maternity leave, the maternity pay due from the date of the pay award or annual increment will be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay will be re-calculated on the same basis. SMP will be uplifted from the beginning of maternity leave.

Sickness during the eight-week calculation period
If an employee is on half-pay or unpaid sickness absence during the whole or part of the qualifying period (ie period used to calculate average weekly earnings to pay OMP), the average weekly earnings for the period of sickness absence will be calculated using full sick pay as a basis.

5 Return to work

The right to return to work
At the end of maternity leave, all employees have an automatic right to return to work in a comparable job to that in which they were originally employed:

- on terms and conditions no less favourable than

those which would have applied had they not been on maternity leave

■ with the same seniority, pension rights and similar rights as they would have been had they not been on maternity leave.

The ICB may move an individual to work in another department as long as the new role is the same type of work, at the same location and at the same level within the organisation with the same pay (subject to any organisational change process, see overleaf).

Notification of return to work
The earliest any employee can return to work is after CMP of two weeks, taken immediately after the birth. The maximum amount of maternity leave is 52 weeks.

Employees are requested to confirm their expected return to work date before they start maternity leave.

The line manager will write to the employee prior to the expected return to work date to confirm the intention to return to work is still correct.

If an employee has not confirmed their return to work date within their application for maternity leave, the HR Department will write to them at about 12 weeks after the birth to request information about their intention to return to work. Employees should return the form as soon as possible to allow for any changes to be made to the arrangements to cover the work.

All employees are expected to return to work on the date they have specified, which should be no later than 52 weeks after starting their maternity leave (this may not necessarily include any annual leave taken). If an

"If an employee decides to change their return-to-work date once they are on maternity leave, they must give at least their normal notice period in writing to their line manager"

employee does not return to work, they will be contacted by their manager to find out the reasons why, and they will be managed in line with the relevant ICB policy.

All employees who return to work and are paid through the OMP scheme must complete three months' service to retain this entitlement. Employees who are paid OMP but do not work for three months will be asked to repay the OMP in accordance with the normal ICB processes for reclaiming overpayments.

If an employee notifies the ICB of their intention to return to work but does not, they will be liable to repay the whole of the OMP received, but they will not be required to repay SMP to which they are entitled.

For employees deciding not to return to work, the usual contractual notice must be given.

Returning to another NHS employer
If an employee decides to return to work at another NHS organisation, they must notify the ICB of their intention. To retain full OMP, the employee must return within 15 months of their maternity leave start date.

To ensure that OMP is maintained, the employee must provide a copy of their offer letter and contract of employment with another NHS employing body within 15 months of the beginning of their maternity leave or within three months of the final day of their maternity leave. Failure to do so will mean that the employee must refund the whole of the OMP received, they will not be required to repay SMP to which they are entitled.

Employees who have not been paid OMP because they expected not to return to NHS employment, but return within 15 months, should contact the ICB and will be expected to provide the above documentation. Once provided, calculations for OMP will be made and paid retrospectively.

Returning to work when breastfeeding

If an employee chooses to continue breastfeeding after returning to work, they will need to let their line manager know that they are breastfeeding. If possible, this should be before they return to work, so that necessary arrangements can be made.

Upon receipt of this information, the line manager will carry out a risk assessment to ensure that the employee is not exposed to risks that could damage their health and safety or that of the child for as long as they continue to breastfeed.

If an employee chooses to continue breastfeeding after their return to work the ICB will:

- allow rest periods and access to a private room
- provide access to a refrigerator if possible
- ensure that the Returning to Work Risk Assessment form (available on the HR intranet) is completed.

Sickness preventing a return to work

If an employee cannot return to work after their maternity leave because of sickness, they should inform their line manager as soon as practicable. This information will be communicated to the HR, Occupational Health and Payroll Departments straight away.

In some circumstances, sickness preceding maternity leave will mean Statutory Sick Pay (SSP) is overridden by Statutory Maternity Pay (within the SMP period), which can lead to a change in pay. The Payroll Department will advise the employee and manager accordingly. In such situations, medical certification will be required in line with the ICB Attendance Management Policy.

Rotational contracts

Maternity pay will be calculated in the same way for those on a rotational contract as for other employees.

Pay step increases before and during leave

If a pay award or pay step is implemented during paid maternity leave, the maternity pay due from the date of the pay award or pay step will be increased accordingly. If such a pay award was agreed retrospectively, the maternity pay will be re-calculated on the same basis. SMP will be uplifted from the beginning of maternity leave.

Contractual rights

During maternity leave, all contractual rights including accrual of annual leave and continuous service are retained (with the exception of remuneration).

Organisational change

In the event of organisational change, employees on maternity leave will be managed in the same way as all other employees when it comes to consultation and communication. They will receive written documents, letters and notifications and will be required to attend formal meetings where appropriate.

If you are made redundant when pregnant, you may still qualify for SMP if you: have been employed for at least 26 weeks leading up to the fifteenth week before your baby is due (the "qualifying week"); remain employed during all or part of the qualifying week; and earn at least the lower earnings limit on average in the eight weeks before the end of the qualifying week.

Employees made redundant while on maternity leave will be entitled to receive SMP for the full 39 weeks. OMP will be paid to redundant employees until the date that their contract of employment ends.

All organisational change will be managed in line with the ICB Organisational Change Policy and ACAS guidance and advice.

Training and KIT days

Employees on maternity leave are not expected to attend mandatory training, however, they must complete it within one month of returning to work.

Managers should arrange for employees to receive training and re-orientation where needed. This must include any changes that have occurred while the employee was on leave.

Employees on maternity leave can access information on training opportunities via the HR intranet, which can be accessed via most electronic devices. Employees will be treated any differently in selection for such opportunities.

Employees are allowed to work up to 10 Keeping in Touch (KIT) days during their maternity leave without affecting or bringing their leave or pay to an end. KIT days can only be taken by agreement between the employee and the ICB and can be used for any purpose including training events, attending meetings, conferences, aiding entry back to work, etc.

KIT days are paid at the employee's usual basic pay rate. Where only part of a day is worked this will still be counted as a whole day. KIT days should be recorded by the line manager both locally and via an ESR change form sent to the HR department.

KIT days can only be taken in the maternity leave period and cannot be taken during any period of annual leave that may be added to the end of maternity leave.

"Employees are allowed to work up to 10 Keeping in Touch days during their maternity leave without affecting or bringing their leave or pay to an end"
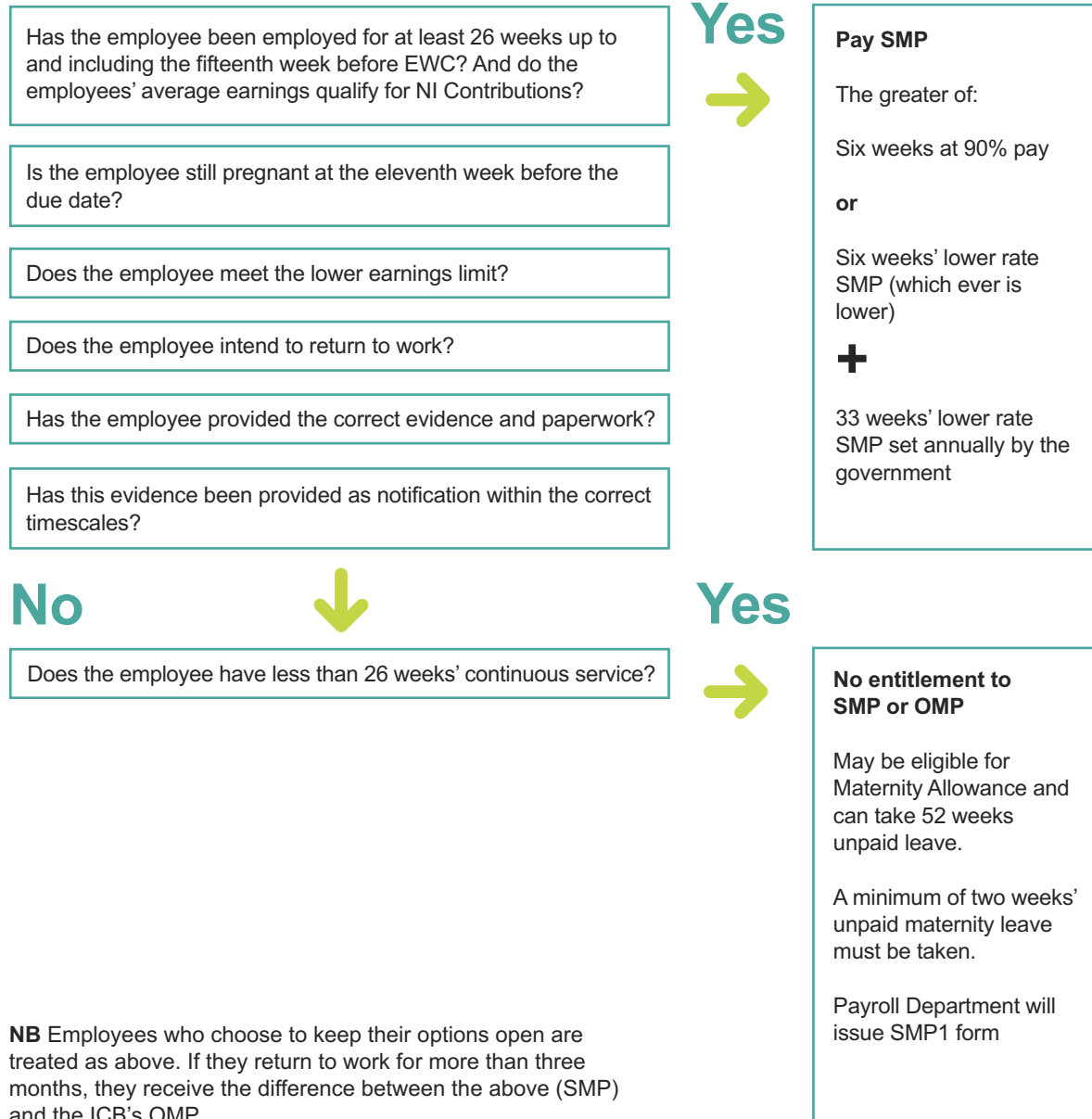
Vacancies

Employees on maternity leave can access information on ICB vacancies and opportunities for promotion via the HR Intranet. Applications should be done via the normal recruitment procedure.

Time taken to attend an interview for a vacancy will not be counted as a KIT day (unless it is part of a KIT day already arranged to complete other activities) and will not affect maternity pay or leave. Employees on maternity leave are welcome to apply for any vacancy within the ICB that is advertised.
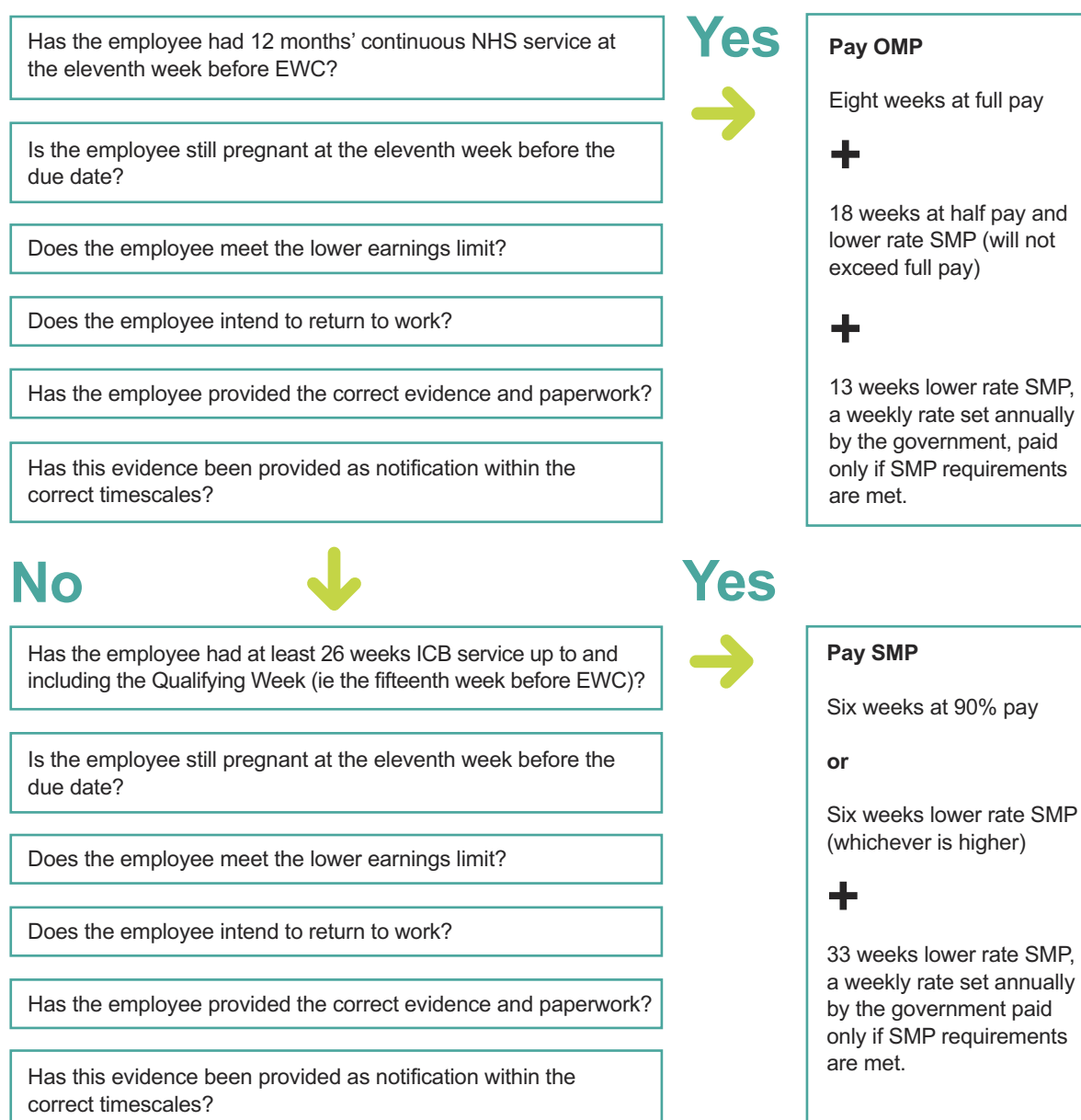
Maternity abbreviations and terms

AML	Additional Maternity Leave – the second 26 weeks' maternity leave is classified as AML
Childbirth	Resulting in a child after 24 weeks of pregnancy, either alive or stillborn
CML	Compulsory Maternity Leave – the first two weeks after the baby is born when maternity leave must be taken
EDD	Expected Date of Delivery – the date the child is expected to be born
EWC	Expected Week of Confinement – the week the child is expected to be born
KIT Days	Keeping in Touch Days – the option of up to 10 days to attend work for training and keeping up to date with work without losing the right to maternity benefits
MAT B1	The maternity certificate issued by the GP or midwife to confirm the pregnancy and EDD
OML	Ordinary Maternity Leave – the first 26 weeks' maternity leave is classified as OML
OMP	The NHS Occupational Maternity Pay scheme paid to eligible employees
QW	Qualifying Week – the fifteenth week before the EWC
SMP	Statutory Maternity Pay – paid by the government to eligible employees
TQW	Trust Qualifying Week – the eleventh week before the EWC
Week	Period of seven days running from midnight Saturday

Maternity pay for employees NOT planning to return to work after maternity leave

Has the employee been employed for at least 26 weeks up to and including the fifteenth week before EWC? And do the employees' average earnings qualify for NI Contributions?	**Yes** ➡

Pay SMP

The greater of:

Six weeks at 90% pay

or

Six weeks' lower rate SMP (which ever is lower)

+

33 weeks' lower rate SMP set annually by the government

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

No ⬇

Does the employee have less than 26 weeks' continuous service?   **Yes** ➡

No entitlement to SMP or OMP

May be eligible for Maternity Allowance and can take 52 weeks unpaid leave.

A minimum of two weeks' unpaid maternity leave must be taken.

Payroll Department will issue SMP1 form

NB Employees who choose to keep their options open are treated as above. If they return to work for more than three months, they receive the difference between the above (SMP) and the ICB's OMP.

Maternity pay for employees returning to work for at least three months following maternity leave

Has the employee had 12 months' continuous NHS service at the eleventh week before EWC?

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

Yes →

Pay OMP

Eight weeks at full pay

+

18 weeks at half pay and lower rate SMP (will not exceed full pay)

+

13 weeks lower rate SMP, a weekly rate set annually by the government, paid only if SMP requirements are met.

No ↓

Has the employee had at least 26 weeks ICB service up to and including the Qualifying Week (ie the fifteenth week before EWC)?

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

Yes →

Pay SMP

Six weeks at 90% pay

or

Six weeks lower rate SMP (whichever is higher)

+

33 weeks lower rate SMP, a weekly rate set annually by the government paid only if SMP requirements are met.

No ⬇   ## Yes ➡

| Does the employee have less than 26 weeks' continuous service? |

No entitlement to SMP or OMP

May be eligible for Maternity Allowance and can take 52 weeks unpaid leave.

A minimum of two weeks' unpaid maternity leave must be taken.

No ⬇   ## Yes ➡

Has the employee had 12 months' continuous NHS service at the eleventh week before EWC?

Is the employee still pregnant at the eleventh week before the due date?

Does the employee meet the lower earnings limit?

Does the employee intend to return to work?

Has the employee provided the correct evidence and paperwork?

Has this evidence been provided as notification within the correct timescales?

Pay OMP

Eight weeks at full pay

+

18 weeks at half pay and lower rate SMP (will not exceed full pay)

+

13 weeks at lower rate SMP, a weekly rate set annually by the government, paid only if SMP requirements are met.

Payroll department to issue SMP1 form

Step-by-step guide for new parents for organising their maternity leave

Employee checklist

Action required	Please tick (✓)
1 Advise your manager of your pregnancy in writing and discuss the amount of leave you think you may wish to take. In conjunction with your manager, complete the Pregnancy Risk Assessment form.	☐
2 Consider how long you would like to take for maternity leave and decide a proposed return-to-work date. If applicable, discuss the possibility of returning part time. You will need to consider annual leave entitlements and when you will take this (ie before/after your maternity leave), because you will continue to accrue this while you are on maternity leave.	☐
3 Contact HR to make an appointment to discuss your entitlements to maternity leave and maternity pay.	☐
4 Receive your MATB1 form from your midwife at approximately 26 weeks. Give the MATB1 to HR.	☐
5 You can take maternity leave any time after 29 weeks into your pregnancy.	☐
6 Speak to your line manager to agree your maternity leave dates. You will also need to agree when you will take your annual leave and arrange KIT days. Complete an Application for Maternity Leave and Pay form and send it to HR at least 28 days before starting your maternity leave, but as early as possible please. You must also send the MATB1 and a changes form with your application.	☐
7 Following receipt of this the Payroll Department will notify you of your pay entitlements. If you do not qualify for Statutory Maternity Pay (SMP), you will be sent forms SMP1 and your MATB1 to enable you to claim Maternity Allowance.	☐
8 Start Maternity Leave – you must take at least two weeks' Compulsory Maternity Leave.	☐
9 If you wish to change the end date of your maternity leave period or not to return, you must give at least eight weeks' notice to change the proposed date of return.	☐

10 Upon your return to work you will complete a changes form. If you are taking annual leave, this should be indicated clearly after the return to work date and also on the time sheets. A risk assessment for mothers who are breastfeeding must be completed if applicable. ☐

11 Return to work with ICB or another NHS organisation for a minimum of three months. If you agree to return and then decide not to, you will have to refund the whole of the OMP paid, less any SMP. If you decide to return to another NHS organisation you will be required to provide confirmation of appointment at the new employer within three months of the end of your maternity leave. ☐

Manager's checklist

Action required	**Please tick (✓)**
1 When an employee has informed you that they are pregnant, ask for confirmation in writing. The letter should include their due date and should be given to you 15 weeks before the Expected Week of Confinement (EWC).	☐
2 Meet with the employee to complete the Pregnancy Risk Assessment forms. Ask your employee if there is any specific advice from their doctor or midwife relating to work. If there are any issues raised from the risk assessment that you cannot temporarily manage with adjustments to the work/tasks/role, contact your HR lead to discuss. OH should also be informed of any complications as appropriate. You should also agree dates to review the risk assessment at regular intervals throughout the pregnancy.	☐
3 Inform the employee that they need to consider how long they would like to take for maternity leave, including a proposed return to work date, and if applicable discuss the possibility of returning part time. You need to consider annual leave entitlements and when they will take this (ie before/after maternity leave), remember they will continue to accrue this while on maternity leave. It is therefore encouraged that employees take the proportion of the total accrued AL before they start maternity leave.	☐
4 Advise the employee that they should contact HR to make an appointment to discuss their entitlements to maternity leave and maternity pay.	☐
5 Meet with the employee to agree their maternity leave dates – you will also need to agree when they will take their annual leave and arrange KIT days. The KIT Days form can be found on the HR intranet.	☐
6 Complete an Application for Maternity Leave and Pay form and send to HR at least 28 days before the commencement of the maternity leave, but as early as possible.	☐
7 You must also send the MATB1 and a changes form to detail the change information. Following receipt of this the Payroll Department will notify the employee of their pay entitlements.	☐
8 The employee starts maternity leave – they must take at least two weeks' Compulsory Maternity Leave.	☐
9 Employees wishing to change their maternity leave period end date or not to return must give eight weeks' notice.	☐

10 Upon their return to work, a changes form should be completed (even if the original changes
form stated the return date). If they are taking annual leave, this should be indicated clearly after
the return-to-work date and also on the time sheets. ☐

11 A breastfeeding risk assessment must be completed if applicable. ☐

12 Employees must return to work at the ICB or another NHS organisation for a minimum of three
months. If they agree to return and then decide not to, they will have to refund the whole of
the OMP paid, less any SMP. ☐

13 If they decide to return to another NHS organisation, they must provide confirmation of my
appointment at the new employer within three months of the end of maternity leave. ☐

On call and overtime

1 What this policy covers

The aim of this policy is to set out an affordable, clear, consistent and fair framework for on-call arrangements and payments.

On-call systems are part of arrangements to provide appropriate out-of-hours service cover across the NHS and staff on call are entitled to receive an on-call payment.

The on-call arrangements and payments detailed in this policy have been determined in local partnership with union colleagues and are in line with the Agenda for Change principles for harmonised on-call payments and other extended service cover (as detailed in Section 2 of the Agenda for Change Terms and Conditions of Service Handbook).

2 Definitions

On call: For this policy, "on call" is defined as a member of staff being designated as a specific point of contact, outside their normal working hours, and when they are not required to be at work and onsite already, so they are available to deal with queries and service-related issues as they arise during the on-call period and/or undertake essential work.

Normal working hours: Those regularly worked and/or fixed by a contract of employment. Time worked as overtime is not normal work unless an employee's contract specifies a minimum number of overtime hours to be worked.

On-call does not apply to staff required to work additional hours immediately after their normal working day as this would be considered overtime.

If you are required to be on-call and are subsequently needed to remain at work as part of your on-call duties, this would attract the appropriate on-call payment.

3 Principles

In line with the principles of equal pay for work of equal value, this policy has been drawn up to ensure that staff required to be available for work out of normal hours receive fair and equal payment, both in terms of them having to be available and for actual work undertaken when called.

4 Responsibilities

The ICB Directors are responsible for determining which services require an on-call provision and have overall responsibility for ensuring this policy is applied correctly.

Operational and line managers in each area operating an on-call system are responsible for ensuring that:

- job descriptions detail the contractual requirement to provide on call cover
- the extent of on-call commitment is explained at interview
- they agree an on-call rota that complies with the Working Time Directive and that all staff are aware of their obligations. The Working Time Regulations 1998 (as amended) came into force in the UK on 1 October 1998 and incorporates provisions of the European Working Time Directive (93/104/EC) and the Young Workers Directive (94/33/EC). The regulations were introduced as a health and safety measure for employees by setting minimum requirements for rest periods, weekly working hours, length of night work and annual leave.
- systems are in place for the authorisation and checking of on-call payments
- they specify who is expected to contribute to the on-call rota and that they realise their commitment to frequency of duty and extent of responsibilities
- they ensure that affected employees have been notified in advance and are aware of their commitment
- they ensure employees working on call receive appropriate compensatory rest
- local arrangements are in place for on-call back-up in case of short notice requirements.

Reasons for not being available for on call, such as parental or caring responsibilities or ill health, are discussed and exclusion agreed where appropriate. The manager will seek advice from Human Resources before reaching agreement and guidance may be sought from Occupational Health if required.

Staff participating in on-call arrangements should ensure:

- that they have provided up-to-date contact details
- they are contactable and available for their period of on-call duty and they attend/respond within any specified time frames
- they inform their manager (or nominated deputy) if they are unavailable to be on call through sickness or emergency as soon as practically possible
- they provide an appropriate handover.

The Payroll Department will ensure:

- that on-call payments are made in line with this policy
- it responds to queries relating to on-call payments, after the employee has discussed any concerns with their line manager in the first instance.

5 Policy in practice

5.1 Payments for on call

On-call payments will be made to staff required to provide on-call cover outside of their normal working hours.

Employees who must be on call on a public holiday will receive their availability payment and any payment for work undertaken, plus TOIL equivalent to the day they would have worked on the public holiday (eg this would be a 7.5 hour day not a whole on-call period of 12 or 24 hours).

Ideally, employees should not be rostered on to an on-call shift that would go into a day off. However, if an employee is asked to cover due to unforeseen circumstances (eg sickness), they should receive TOIL to the nearest half day. If an employee volunteers to be on call on a day off, they are agreeing to work overtime and should be paid for this instead of having the day off.

Where an employee has worked on call, each hour worked may count towards 1.5 hours of their contracted hours, should they not wish to work additional hours over their contract. Where this option is chosen, they will not receive the payment for work undertaken during the on-call period.

During their period of on call, some employees may wish to stay in accommodation onsite or nearby (eg if they do not live within the required distance to meet the call in time). Such employees will receive the standard availability payment for being on call and will be paid for any work undertaken when staying onsite, as described in section 5. The employee must discuss the rationale for staying onsite or in local accommodation, because the department will pay reasonable costs.

Travel

■ **Mileage:** When an employee is required to return to or to attend work outside their normal hours of duty as part of an on-call arrangement, they will be entitled to claim travel expenses for the return journey between home and work.

Travel expenses will be reimbursed at business mileage rates or lease car rate as appropriate.

5.2 Compensatory rest
This is an equivalent period of unpaid rest given following the interruption of the daily rest requirements under the Working Time Directive. Employees should normally have a rest period of not less than 11 hours in each 24-hour period. This rest should be continuous, but can be broken in "special cases" where continuity of service provision is required by the same person. If it is not practicable to take 11 hours because of the contingencies of the service, daily rest may be less, providing the compensatory rest is taken later.

Where a period of rest is interrupted by an emergency, unpaid compensatory rest should be provided. However, it is recognised that in some emergency situations, compensatory rest may not always be possible.

In exceptional circumstances, where on-call employees are scheduled to work the day following a period of on call activity and their rest has been disturbed so there is a risk to their safety and that of others, the employee must receive compensatory rest. This may be achieved by delaying the start of the next day's shift or allowing the employee to leave early, with agreement from the manager.

Ultimately, it is the manager's responsibility, in consultation with the employee, to determine whether compensatory rest is needed, how much and when this should be, to ensure that it is taken and that the employee makes up for any time lost.

5.3 Part-time employees
Where possible and if the service allows, part-time employees can participate in the on-call rota on a pro-rata basis. Payments will be the same for both full- and part-time employees to ensure that part-time employees receive the same payment for the same length of availability on call as full-time employees.

6 Review

Any nationally agreed pay awards applicable to all Agenda for Change pay bands will be applied to the availability payments. However, where the national agreement applies only to specific bands, any pay award will be negotiated locally. Where the pay uplift is limited to a fixed sum, no increase to availability payments will be awarded.

Organisational change

1 What this policy covers

The ICB is continually striving to improve patient care and this, coupled with responding to budget and system changes and other pressures, requires a challenging programme of change. The statutory and best practice framework in managing change is complex and this policy is designed to help the ICB to achieve transition and make the change as smoothly as possible.

This policy outlines the processes, responsibilities and timescales involved to give clarity and reassurance that where change is needed, it is being dealt with effectively and fairly. Information about pay protection as a result of organisational change can be found in the ICB's Pay Protection Policy.

2 Principles

- The ICB will strive to manage organisational change in accordance with best practice principles and processes.
- The processes involved in managing change are designed to be fair and transparent, while ensuring security of employment where possible.
- Where practicable, compulsory redundancy will be avoided and alternative solutions found.

3 Responsibilities

- The ICB aims to ensure that this policy is followed where organisational change is required and that managers are aware of their responsibilities.
- The Assistant Director of HR will oversee implementation of the policy within the ICB and monitor compliance and effectiveness.
- Managers who are leading a change process within their area of responsibility should follow the

principles and processes within this policy, and should seek advice from Human Resources in developing a robust plan to undertake the change.
- Human Resources will provide advice and support to managers and staff on the implementation of this policy where change has staffing implications.
- Trade unions and managers will work together to ensure any change process is managed in a fair and consistent manner and in accordance with the principles and processes contained within this policy. They will also offer representation and support to staff as required.
- Staff should engage positively in the organisational change process and where appropriate making suggestions for suitable alternative ways to meet the ICB's business requirements. They should:
  • Actively seek and take up suitable alternative employment opportunities within the ICB and beyond.
  • Be open to retraining opportunities to maximise options for suitable alternative employment.

4 Policy in practice

4.1 Rights of representation
Staff in organisational change situations have the right to be accompanied/represented by a trade union representative or work colleague at any stage.

4.2 Planning for organisational change
Before undertaking any change process, managers must ensure that there is a clear rationale for change. Where appropriate, this should be underpinned by data collection and analysis of information relevant to the business need triggering proposed change. Before commencing any major change process, a business case should be written by the manager and submitted to the relevant committee/meeting for approval. HR advice should be sought in advance, to ensure that the business case proposals have been shaped in line with best practice, legal and other national requirements, considering all workforce implications.

4.3 Process overview
Step 1: Workforce planning
The need for a change to staffing may be identified through either the regular ICB workforce planning process or in response to a specific situation. In either case, managers should:

- identify the staff changes required for the service change. This will require clarification of any new roles, job descriptions and person specifications, departmental structures and reporting lines
- analyse current staffing levels and complete an audit of the existing workforce should identify and shortfall or surplus in respect of staffing.

Step 2: Consultation
In the event of proposed changes to services or ways of working that could lead to workforce reorganisation, the ICB will consult with the appropriate recognised trade unions or professional bodies and with the individuals and/or staff groups concerned.

The responsible manager should:

- undertake consultation and discussions with staff and staff representatives before the consultation starts and the formal consultation paper is agreed, and throughout the process, the extent of which will depend upon the timing and availability of information. The ICB will consult for at least 30 days. In exceptional circumstances, this timescale may be reduced by agreement with the affected staff and their union representatives
- contact Human Resources for advice regarding the process, timescales, consultation requirements and any other related issues.

In undertaking the consultation managers should ensure:

- meaningful consultation with those affected is held as early as possible, while proposals are still formative
- information is given regarding the rationale for the proposed change, indicative timescales and possible options
- staff affected by the proposed change can contribute to the thinking around any options and suggest alternatives
- staff are assured that, following due process,

appointments to any new structures will be completed as speedily as practicable, which will have due regard to issues of fairness and equality.

Managers involved in the organisational change process should be mindful of the stress and anxiety staff may experience at times of change. They should seek to ensure a supportive climate that promotes positive outcomes and minimises unnecessary anxiety.

While group meetings may be appropriate to discuss change plans, all individuals directly affected by change are entitled to a one-to-one meeting to discuss their personal circumstances, any preferences for roles they may have and possible alternative options, either internally or externally. The discussion will also include the opportunity to express an interest in early retirement/redundancy. Expressions of interest at this stage will not commit either party to that action. Further information about consultation where there is a potential for redundancies is given in Section 5.

Step 3: Processes
Where changes to the current workforce are required, the following processes will be used:

Slotting-in
"Slotting-in" is where staff at risk are appointed to a post within the new structure that is the same or broadly the same as their current substantive post. If the number of people in the current structure matches the number of posts in the new structure, there will be a direct slot in. Slotting in will normally only occur where a post is the same band as the individual's substantive post.

Where the responsibilities are on broadly similar terms and within the same range of skills as the staff member's existing duties, they have the right to be automatically slotted into that post if the number of staff who qualify under this criteria is not greater than the number of posts available.

Competitive slot-in
If the number of posts in the new structure is less than the number of staff who meet the slotting-in criteria, a competitive selection process will apply. In a competitive slot-in proces,s the posts must be appointed from the pool of at risk employees. The process will consist of a formal interview plus selection exercises if appropriate.

Please note that staff on maternity leave who meet the slotting-in criteria will be given priority and offered posts where there are more than one potential candidates.

Redeployment: "at risk" of redundancy
If staff can't be slotted in, they will placed at risk and on the redeployment register.

Staff identified as being "at risk" will be supported by the HR Department, which will guide them through the redeployment process and assist them in identifying support mechanisms and options available to them. Staff will be given maximum opportunity to obtain suitable alternative employment within the ICB.

Suitable alternative employment
Suitable alternative employment will be sought for members of staff who are on the "at risk" register. A "suitable alternative" role is where there is no material change to an employee's income, status, working pattern of hours or level of responsibility within the organisation.

To help with the search and match for suitable alternative employment, those employees identified as being at risk of redundancy will be asked to complete a redeployment questionnaire identifying their skills and post preferences.

Where there is doubt about whether an alternative post is considered suitable, a fair assessment procedure using objective criteria (eg experience, skill and aptitude using current job description/person specification, completed redeployment questionnaire and current pay banding) will be undertaken by Human Resources.

Other factors will be considered when identifying suitable alternative employment including (but not limited to:

- banding
- pay and protection of earnings
- personal circumstances
- terms and conditions of service.

While HR will support the staff member to look for roles within and beyond the ICB, the staff member is also responsible for proactively looking for suitable alternative employment. Failure to search for or unreasonably rejecting a suitable alternative job may result in loss of redundancy payment.

Ring-fencing
All vacant posts within the ICB will be ring-fenced for staff "at risk" of redundancy, meaning that for that period only staff at risk of redundancy can apply. The posts will be ring-fenced for one week before being advertised internally or externally.

The HR Department, having undertaken a preliminary matching process, will notify individual employees at risk of potential suitable alternative posts. Either option one or option two (see below) will then be followed to determine the successful candidate for the post, depending on the circumstances.

Option one
If a member of staff expresses an interest in a post, assuming that there is only one candidate, they will discuss with the potential new manager how they can fulfil the majority of the role's requirements, immediately or with training and support, within a reasonable time frame (no more than six months is recommended).

Retraining will be considered to allow people to develop necessary additional skills to fulfil a new role.

Option two
If there is more than one member of staff "'at risk" expressing a written interest in the same post, and they can demonstrate that they can fulfil the majority of the role, a competitive interview process will take place to determine the successful candidate. Trial periods will also apply under both options.

If a vacancy for a fixed-term appointment arises and is a suitable alternative, it can be used to extend the employment of anyone "at risk" with no loss of redundancy payment.

Redeployment Pool
Staff who have not secured a substantive alternative role within the ICB and are "at risk" of redundancy, will automatically be placed in the Redeployment Pool until they have either secured a role or are made redundant.

Staff in the Redeployment Pool as a result of organisational change must attend a redeployment meeting, with HR, which will explain the process to be followed. This meeting should take place within one week of redeployment being required and the details will be recorded and held by HR.

At the redeployment counselling meeting, the types of roles available to the employee will be discussed. Details will be obtained of their skills, experience, knowledge and qualifications (their manager will also be asked to provide a summary of their skills).

In addition, they will be given information regarding the restricted vacancies on NHS Jobs, which they may be required to use to access vacancies. For employees who are unable to use the NHS Jobs system, alternative systems will be available, the detail of which will be discussed with the employee at the leave counselling meeting. At this meeting, the employee will be formally placed on the "at risk" register for their notice period.

Employees in the Redeployment Pool are entitled to reasonable time off to attend interviews within the ICB and at other organisations, the process for which will be discussed at the redeployment counselling meeting.

The HR team will regularly undertake a matching process to identify any suitable vacancies and any posts identified will be emailed to the employee (or posted if agreed at redeployment counselling meeting). However, the employee is also expected to participate in identifying vacancies. Regular communication should take place, with respect to the suitability of roles identified by the employee or the HR team. Staff are expected to cooperate at all stages of the process.

Staff will be considered for all suitable vacancies within the ICB, providing they meet all the essential criteria in the person specification. When considering whether posts are suitable for employees with a disability, consideration will be given to whether the role would be suitable with reasonable adjustments made.

Other than in exceptional circumstances, where redeployment is due to organisational change, posts generally considered as suitable employment will be no more than one pay band higher or lower than their current post, and pay protection may be applicable.

In cases of redeployment on health grounds, Occupational Health will perform a detailed assessment of the vacancy to determine suitability.

Once a post is identified as potentially suitable, the employee will be invited to attend an informal meeting with the line manager to discuss their suitability for the post. If more than one staff member is considered

potentially suitable for the same position, all eligible employees will be interviewed formally.

Where the line manager cannot agree suitability, formal feedback will be given to the candidate following the interview (or meeting), giving reasons for their decision.

Staff in the Redeployment Pool who are not assigned to a position will, wherever possible, be redeployed during their notice period into a temporary role at the ICB where they meet all the essential criteria in the person spec. Should the employee be redeployed into a temporary post, they will remain in the redeployment pool.

Employees should indicate in writing their intention to accept or decline an offer of employment. If they have declined a position, they must clearly state their reasons.

If the employee is thought to have unreasonably declined an offer of employment, their employment status will be reviewed. In cases of organisational change, where their role has become redundant, their employment may be terminated and they may forfeit their entitlement to any redundancy payments due.

If it is not possible to redeploy an employee into a suitable post, they will meet with HR at the end of their notice period to complete required leaving procedures.

Trial period
If an employee is offered a new a position, this will be made in writing, and they will need to write a letter confirming their acceptance.

If an employee is redeployed because of organisational change, they have a statutory right to a four-week trial period. Following this they may be eligible to a redundancy payment if either party does not consider the post suitable.

During the employee's trial period, their line manager will be set performance objectives. They will have regular review meetings to discuss their performance against these objectives.

Should the employee fail to achieve the performance objectives set for them during the trial period, a further review of their employment status will follow. A meeting will be convened to discuss the issues, which may result in termination of employment on grounds of redundancy, depending on the circumstances leading to redeployment.

Absent employees

With the exception of staff on employment breaks for more than 12 months, all staff absent from work for any reason should be included in the consultation process and any subsequent selection process in the same way as other staff who are affected.

Staff on employment breaks of more than 12 months will not be included and alternative employment will be sought on their return from the employment break in line with the ICB Employment Break Policy.

Where a redundancy situation arises while an employee is on maternity, adoption or shared parental leave, the employee must be treated in the same way as they would have been had they not been on such leave.

5   Redundancies

5.1 Avoiding compulsory redundancies
The ICB is committed to avoiding compulsory redundancies where possible. Following consultation, the following actions may be considered in addition to redeployment, to mitigate the effect of any necessary changes that may result in redundancies:

- vacancy control procedure
- natural turnover rates
- reducing overtime as far as possible
- limiting usage of temporary staff
- viewing the existing and proposed use of service level agreements and of external consultants
- voluntary reductions in hours worked
- use of flexible working options, to include job share, job transfer and career breaks
- temporary use of supernumerary posts
- any other creative approaches to reduce the risk of compulsory redundancy.

Staff considered potentially "at risk" of redundancy should be identified as soon as possible and steps taken to secure an alternative role within ICB through "preferential consideration" for any suitable vacancy. Human Resources will maintain an "at risk" register and ensure those on it get preferential consideration for any suitable vacancy that arises, through use of our internal Redeployment Pool.

No employee will be issued with a notice of redundancy until the end of the agreed consultation period, during which time every attempt will be made to find them alternative employment.

5.2 Voluntary redundancy
In the first instance, requests for expressions of interest in voluntary redundancy may be sought from staff affected by the organisational change or a wider staff group, with view to minimising compulsory redundancies by creating vacancies to facilitate staff transfers and identification of suitable alternative employment.

All staff indicating an interest will be provided with financial quotations about their entitlement.

Applications will be considered against objective criteria with a view to maintaining the skills, knowledge and experience essential for the future efficient and effective provision of service delivery.

Applicants will be advised in writing as soon as a decision has been made about their application. There is no right of appeal where an application for voluntary redundancy has been declined.

5.3 Compulsory redundancy
Compulsory redundancies will be a last resort. The method of selection will be consulted upon with trade unions with the aim of achieving agreement. The criteria will be fairly and consistently applied
.

Procedure in respect of redundancies
Where there is a potential risk of redundancies, the ICB will ensure that as part of the consultation process the appropriate information is provided in writing to employees and their representatives. This will include:

- reasons for any proposed redundancies

- numbers of employees and descriptions of posts affected
- proposed method of selecting the employees who may be dismissed on grounds of redundancy
- proposed method of carrying out the dismissals, taking account of any agreed procedure, including the period over which the dismissals will take effect
- how redundancy payments will be calculated.

Consultation should take place with a view to reaching agreement with the appropriate staff/trade union representatives in respect of:

- measures to minimise or avoid redundancies
- measures for reducing the numbers to be dismissed
- mitigating the consequences of any redundancies.

The ICB will fulfil its legal obligations in managing redundancies, namely:

- any employer proposing to dismiss as redundant at least 20 employees within 90 days or fewer must consult with appropriate representatives of affected employees. Consultation must begin at least 30 days before the first dismissal takes effect
- where it is proposed to dismiss more than 100 employees, consultation must begin at least 45 days before the first of the dismissals takes effect.

The timescales above reflect current statutory requirements and will automatically be updated to reflect any statutory changes.

Staff will be granted paid time off to attend interviews by arrangement with their line manager. The ICB will facilitate the early release of staff successfully securing alternative employment without loss of pay. All staff affected by redundancy will have access to Human Resources during this process.

Human Resources will provide signposting services or advice and support for staff placed "at risk" including:

- interview techniques
- completing application forms and writing CVs
- career coaching and advice
- job opportunities
- counselling services
- retraining and personal development.

- access to the Employee Assistance Programme.

Selection for redundancy
An employer must demonstrate fair treatment in selection for redundancy. In determining the selection criteria, the following should be considered:

- the need to ensure selection of the right people into the right posts and to minimise redundancy by encouraging flexible approaches to retaining staff
- whether applicants for voluntary redundancy can be drawn from the identified redundant posts/functions or from other posts within the ICB that would afford relevant redeployment opportunities for those staff identified as being at risk of redundancy
- whether there are staff who meet the qualifying criteria and want to take advantage of flexible retirement arrangements within the NHS Pension Scheme.

Additional criteria will include consideration of:

- attendance record (this should be complete and accurate and the reasons for and extent of absence should be known)
- disciplinary record
- skills or experience
- standard of work performance
- aptitude for work
- formal qualifications and advanced skills should be considered, but not in isolation.

Any additional criteria appropriate to a particular post or situation should be agreed by the relevant director and HR representative in consultation with trade unions.

It is essential that all selection criteria are fair, objective and applied consistently.

Redundancy payment
To qualify for redundancy payment staff must have at least two years' continuous ICB employment. Redundancy payments will be calculated in accordance with the NHS National Terms and Conditions of Service in operation at the time (section 16.8 of Agenda for Change – see NHS Employer's website for its terms and conditions).

6   TUPE

Where a service transfers to a new organisation or into the organisation, staff employed in that service will transfer to the new organisation under a transfer order or the Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended).

These regulations protect the existing terms and conditions of employment for staff and ensure that continuity of service is protected.

Some examples of a transfer are:

- Where all or part of a service is commissioned from an alternative provider.
- Where the organisation, or part of it, is bought or acquired by another organisation.
- Where the organisation ceases to exist and/ or combines with another organisation.

Under the TUPE regulations there are obligations to inform and consult staff about the transfer. Under TUPE regulations the existing employer is responsible for:

- Working in partnership with the new employer to ensure that staff are consulted with during the change and informed about the facts of the transfer, the reason for the transfer, when it is due to take place, the implications for employees and the measures that the ICB and the new employer expects to take in relation to employees.
- Providing the new employer with relevant staff information (known as "due diligence").

Under TUPE regulations the new employer is responsible for:

- Working with the existing employer to ensure that staff are consulted during the change and informed about the transfer, the reason for the transfer, when it is due to take place, the implications for employees and the measures that the new employer expects to take in relation to employees.
- Informing the existing employer of any legal, economic and social implications of the transfer for the affected employees and whether any measures, such as reorganisation, will be taken and how staff are likely to be affected . This information will be shared with affected staff as part of consultation.

- Terms and conditions of the employees transferring.
- All rights and obligations arising from staff in terms of their contract of employment, except criminal liabilities and some benefits under an occupational pension scheme or bonus schemes.
- All collective agreements made on the employee's behalf and in force immediately before the transfer.
- Providing a pension scheme, which must be certified by the Government Actuary as being overall materially at least as good as the NHS pension scheme. Any transferred staff should be given the option to transfer the accrued rights from their past service in the NHS pension scheme to the new employer's pension scheme without suffering the normal disadvantages which apply to early leavers of defined benefit pension schemes.

The new employer will not be able to:

- Fairly dismiss an employee because of the transfer or a reason connected with it, unless the reason is an economic, technical or organisational reason entailing changes in the workforce.
- Change the terms and conditions of the transferring employee because of the transfer or a reason connected with it, unless the reason for the change is an economic, technical or organisational reason entailing changes in the workforce. Should this apply, affected employees should be fully consulted.

7   Right of appeal

Employees have the right of appeal against their selection for redundancy, utilising the appeal procedure outlined in the ICB's Disciplinary Policy. Any redundancy notice will not be suspended while an appeal procedure is being followed, but would be revoked or amended if the appeal was successful.

Parental leave

1   What this policy covers

The ICB recognises that working parents may need to take additional unpaid leave from work to care for their children. This policy explains who qualifies and how to request parental leave.

It also sets out how and when the leave can be taken, provides information on your contractual rights and your right to return to work following parental leave. In cases of adoption, please also refer to the ICB's Adoption Leave Policy.

2   Principles

- While the ICB supports the principle of parental leave, decisions in respect of when the leave can be taken must take account of service demands.
- Leave granted via this policy must be used primarily for spending time with or caring for your child. The use of the leave for any other purposes could result in disciplinary action being taken against you.

3   Responsibilities

- The ICB aims to ensure that applications for parental leave are treated in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for parental leave in accordance with this policy.
- Employees wishing to take parental leave should inform their managers within the timescales specified in this policy.

> "The ICB aims to ensure that applications for parental leave are treated in accordance with this policy and in a way that does not discriminate"

4   Policy in practice

4.1 Qualifying conditions

To qualify for parental leave you must have been employed by the ICB continuously for one year or more. You must also have responsibility for the child and be one of the following:

- the biological mother or father of the child
- the child's adoptive parent
- Have legal responsibility for the child (eg be the child's legal guardian).

You must confirm that the requested leave is intended for spending time with or caring for the child.

4.2 Entitlements

If you meet the qualifying conditions, you are entitled to:

- a maximum of 18 weeks' unpaid parental leave for each child up to their eighteenth birthday
- you can only take a maximum of four weeks a year for each child (unless the ICB agrees otherwise)
- you must take parental leave as whole weeks (rather than individual days)
- if your child is registered disabled, you are entitled to a total of 18 weeks' parental leave, which can be taken at any point up to your child's eighteenth birthday and unlike other parental leave you are not required to take the leave in whole weeks, but can take one day at a time if you wish

4.3 Contractual benefits during parental leave

You are entitled to your normal terms and conditions of employment, with the exception of pay, while on parental leave. Periods of parental leave will not affect your continuity of service.

4.4 Procedure

If you meet the qualifying conditions detailed above, you are required to give your manager a minimum of 21 calendar days' notice, in writing, of your request to take parental leave. This notice should be given through completion of the Application to Take Parental Leave form, which is available from the ICB HR Intranet site.

You will also be required to provide evidence of your responsibility for the child. This may be either a copy of the child's date of birth or adoption placement and, if applicable, the child's entitlement to Disability Living Allowance.

If you intend to take parental leave immediately after paternity leave, you must give the ICB a minimum of 21 days' notice from the beginning of the expected week of childbirth or placement.

4.5 The right to postpone parental leave

The ICB has the right in exceptional circumstances to postpone your parental leave for up to six months if the timing of your absence will unduly disrupt service delivery.

The ICB will not postpone leave when an employee (in the capacity as the father or partner) gives notice to take parental leave immediately on the birth of a child or placement with the family for adoption. In addition, the ICB will not postpone leave if it means an employee would no longer qualify for parental leave (eg postponing it until after the child's 18th birthday).

4.6 Returning to work after parental leave

You are normally entitled to return to work following parental leave to the same position you held before commencing your leave. Your terms of employment will remain unchanged upon your return from parental leave.

If your parental leave has been combined with a period of maternity, adoption or paternity leave of more than four consecutive weeks, and it is not reasonably practicable for you to return to the same position you held before commencing leave, the ICB will offer you suitable alternative employment.

4.6 Vacancies

Employees taking parental leave can access information on ICB vacancies and opportunities for promotion via the ICB HR Intranet site, which can be accessed via most electronic devices. Any application should be done through the normal recruitment procedure. Employees will not be treated any differently in the selection for such opportunities.

4.7 Organisational change

In the event of organisational change, employees on parental leave will be managed in the same way as all other employees when it comes to consultation and communication. They will receive written documents, letters and notifications and will be required to attend formal meetings where appropriate. Please refer to the ICB Organisation Change Policy for further information.

Paternity leave

1 What this policy covers

This policy is a guide for managers and employees that outlines statutory paternity rights and responsibilities. It provides information regarding health and safety, pay and leave entitlements and how to apply for paternity leave.

2 Principles

The ICB recognises that employees need to take time away from work to bring up their family and is committed to supporting all employees in a consistent, fair and effective way with regards to applying for time away from work in such circumstances.

3 Responsibilities

- The ICB aims to ensure application of this policy is fair, equal and in no way discriminatory.
- Managers are responsible for actioning requests for paternity leave in accordance with this policy.
- Human Resources and Payroll will provide advice on applying this policy.
- Employees wishing to apply for paternity leave should do so using the procedure outlined in the policy.

"The ICB recognises that employees need to take time away from work to bring up their family and is committed to supporting all employees in a consistent, fair and effective way with regards to applying for time away from work in such circumstances"

4 Policy in practice

4.1 Eligibility
To qualify for up to two weeks' paternity leave (not including pay) employees must:

- be the biological/adopted father and/or the mother's/other parent's husband or partner (including same-sex partner or civil partner, regardless of gender). A partner is someone who lives with the baby's parent/mother in an enduring family relationship, but is not an immediate relative
- have or expect to have responsibility for the baby.

In addition employees should:

- have at least 26 weeks' continuous employment ending with the fifteenth week before the Expected Week of Childbirth (EWC) or the week they are notified of the match in the case of adoption
- be working from the Qualifying Week (QW – the fifteenth week before the EWC) up to the date of birth or date of placement in the case of adoption.
- intend to take the time off to support the mother and/or care for the baby.

If the baby is born earlier than the fourteenth week before the EWC, and if the baby had not been born early the employee would have been employed continuously for 26 weeks, the employee will be deemed to have met the length of service requirement.

"To qualify for paternity leave, an employee should notify their manager that they are to be the parent of a new baby, no later than the end of the fifteenth week before the EWC – or as soon as is reasonably possible"

Bank employees
Bank employees are entitled to take Ordinary Paternity Leave (OPL), however, they will not be entitled to Occupational Paternity Pay (OPP), but may be eligible for Statutory Paternity Pay (SPP). Their average weekly earnings must not be less than the Lower Earnings Limit for National Insurance contributions in the eight week period prior to the fifteenth week before the baby is due (or the eight-week period prior to the week they are notified of the match in the case of adoption). Bank employees will not be entitled to take Additional Paternity Leave (APL).

Fixed-term contracts
If an employee's contract ends before the birth, the employee does not qualify for paternity leave unless they go on to work for another NHS employer. If their contract ends after the birth, they retain their right to paternity leave. In such cases the Payroll Department will advise.

Rotational contracts
If an employee works on a planned rotational contract with one or more NHS employers as part of an agreed training programme, they will retain the right to return to work in the same post or next planned post, and their contract will be extended to enable them to complete the remainder of the agreed programme. This agreement is irrespective of whether the contract would have otherwise ended. In respect of medical staff, the ICB will take advice from the Deanery regarding training requirements and plans.

4.2 Procedure for requesting paternity leave
To qualify for paternity leave, an employee should notify their manager that they are to be the parent of a new baby, no later than the end of the fifteenth week before the EWC – or as soon as is reasonably possible.

They should inform their manager of:

■ the expected date of the baby's birth
■ whether they wish to take one week or two weeks' leave
■ when they want their paternity leave to start.

An employee adopting a child should notify their manager as soon as reasonably possible but for:

■ leave – no later than seven days of their co-adopter or partner being matched with a child and
■ pay – 28 days before they want their pay to start.

For overseas adoptions, the form and notice period is different and advice will be provided by HR.

Employees should then meet with their manager to complete an Application for Paternity Leave form, which can be found on the HR Policies Forms section on the ICB HR intranet site. This should be sent to HR as soon as possible to ensure correct payment.

The manager or employee must complete an electronic changes form (accessible via the ICB HR intranet site) and send a copy of the MATB1 with their application form to HR.

It is recognised that the dates agreed may need to be changed nearer the time to coincide with the exact date of birth and discharge home. Employees who do not qualify for paternity leave are entitled to ask for unpaid leave or to take annual leave.

4.3 Duration and timing of paternity leave
An employee cannot start their paternity leave until the birth of the baby or date of adoption. Employees can choose to take one or two whole weeks only. Odd days or non-consecutive days or weeks cannot be taken.

Paternity leave must be completed before the fifty-sixth day after the baby is born or child is adopted and can start on any day of the week.

An employee can choose to start their leave:

- on the actual date of the baby's birth (whether earlier or later than expected)
- on a date (which the employee has notified in advance) falling a specified number of days after the actual birth date (whether earlier or later than expected).

4.4 Still Birth
In the sad event that an employee's partner gives birth to a stillborn baby after 24 weeks of pregnancy, they will be entitled to full paternity leave and pay.

4.5 Attending antenatal appointments
An expectant father or partner will be entitled to take unpaid time off from work to attend up to two antenatal appointments.

"Partner" includes the spouse or civil partner of the mother and a person (of either sex) in a long-term relationship with the mother. The partner does not have to be the biological father of the child to request time off. It also extends to those who will become parents through a surrogacy arrangement, if they expect to satisfy the conditions for and intend to apply for a parental order for the child born via that arrangement.

A maximum of six and a half hours for each antenatal appointment will be allowed. There is no qualifying period to exercise this right for employees.

In some cases, employees may choose instead to take annual leave or to arrange their working pattern to enable attendance at antenatal appointments outside of their scheduled work time.

5 Pay during paternity leave

Employees who have been employed for 52 weeks at the EWC are entitled to OPP. In such cases, OPP will be paid at the employee's basic wage (not including supplements or enhancements) for the weeks taken.

Employees who have not been employed for 52 weeks at the week the baby is due (EWC) but have been employed for 26 weeks at the fifteenth week before the EWC will be paid SPP, at current statutory paternity pay rates (details can be found at the HMRC website). Tax,

National Insurance contributions and pension contributions will be payable as normal in all cases.

6 Your terms and conditions

Contractual rights
During the period of paternity leave, all contractual rights are retained.

6.1 The right to return to work
At the end of the paternity leave period all substantive employees have an automatic right to return to work in a comparable job to the one they were doing.

6.2 Organisational change
In the event of organisational change, employees on paternity leave will be managed in the same way as all other employees for the purposes of consultation and communication. They will receive written documents, letters and notifications and will be invited to attend the ICB to attend formal meetings where appropriate. All organisational change will be managed in line with the ICB Organisational Change Policy.

6.3 Vacancies
Employees taking paternity leave can access information on ICB vacancies and opportunities for promotion via the ICB HR Intranet site, which can be accessed via most electronic devices. Any application should be made through the normal recruitment procedure. Employees will not be treated any differently in the selection for such opportunities.

Pay protection

1   What this policy covers

This policy outlines the ICB's pay protection provisions which support staff who, following organisational change, are required to move to a new post that would involve a reduction of earnings and certain terms and conditions of employment.

This policy doesn't apply where pay is affected as a result of changes:

- requested by the individual(s) or their representative(s)
- made by mutual agreement between an individual and their manager
- as a result of either employee competence concerns or disciplinary action
- as a result of redeployment because of ill health, where the reason has been recognised as work-related under the provisions of Agenda for Change
- that are part of a negotiated settlement (eg the introduction of a new job-evaluation system).

Staff currently receiving time-limited protection under previous protection arrangements will be unaffected by this agreement and will continue to receive protection under arrangements in force at that time. This policy is not applicable to all staff on temporary or fixed-term contracts with less than 12 months' continuous service.

2   Definitions

Basic pay protection
Protection of basic salary is on a "marked-time basis", which means that the rate of earnings is preserved without the benefit of any subsequent increments or pay awards, until the new earnings reach the level of the previous earnings or until such time as otherwise agreed. Following the period of protection the employee will be paid on the scale applicable to the new post.

Other pay protection
Short-term pay protection of additional earning applies to: overtime; payments for working outside normal hours; payments for providing emergency cover outside normal hours; and on-call payments, provided that they are a regular requirement of the job over at least a continuous six-month period.

Earnings must be either a contractual term of an individual's employment or regularly and formally rostered to be included in short-term protected earnings. There will be no protection of ad hoc payments. Protected earnings are calculated as an average of the previous four months' earnings. Short-term protection of earnings is conditional on the employee undertaking any overtime, shift work or other additional duties which may be required up to the level at which earning in the new post equal to protected earnings.

Basic salary is the monthly sum due for basic hours worked by someone in their standard week, reckoned on the day immediately before the first day of their employment in the new post. Acting up and on-call allowances do not form part of the basic salary.

Contracted pay means earnings payable per annum to the employee in respect of their contracted hours, according to their terms and conditions of employment. If appropriate, this may include special duty payments and shift enhancements, but excluding non-contractual overtime, "acting up" and all other earnings.

Period of protection means the length of service during which pay will be protected.

Redeployment date means the date on which the employee starts employment in the new post under these arrangements. This might include a project post for a minimum of 12 months.

Length of service means the period of continuous

employment with the NHS up to the date on which contractual notice is effective.

3 Principles

The protection arrangements in this policy aim to support the management of change by helping to obtain a balance between the need to:

- achieve the business plans and contractual obligations of ICB within available resources
- retain the skills, commitment and expertise of staff
- take account of the aspirations of staff, their wellbeing and domestic commitments
- treat staff fairly and reasonably.

In operating this policy, the ICB requires staff to be adaptable, which may mean: taking on a new role; a variation in role or responsibilities; changing working team or location; changing hours of work; and, in some cases, having to re-train.

The ICB will try to redeploy and re-train staff for new roles that match the level of skills and responsibilities used in their current post, although this may not always be possible. Throughout the process, staff will be supported with training and guidance to ensure they can contribute to service needs in the most effective way and to their full capacity.

Staff affected by organisational change who do not secure a post at their substantive band within the new structure are expected to actively consider posts at a lower band.

4 Responsibilities

- The ICB is responsible for ensuring that managers are aware of their responsibilities under this policy.
- The Assistant Director of HR will oversee implementation of the policy within the ICB and monitor compliance and effectiveness.
- Managers are responsible for following the principles and processes in this policy, while ensuring the appropriate paperwork is completed and that Payroll is notified of the employee's pay protection arrangements.

5 Policy in practice

5.1 Long-term basic pay protection

Basic pay protection applies to any employee who, as a consequence of organisational change, is required by management to move to a new post or to reduce their contracted working hours and who, as a result, is faced with reduced basic salary. Under the terms of this policy, eligible staff will continue to receive a protected basic salary for a period based on their length of service. The protected salary will be the employee's basic salary as at the start date of their redeployment into a new post.

Pay protection will normally only be offered for redeployment to a post limited to one band below the existing substantive post. All other terms and conditions of employment will be those applicable to the new post.

Periods of protection

The period of pay protection is based on the length of continuous service as detailed below:

Length of service	Period of protection
Less than one year	None
More than one but less than two years	Six months
More than two but less than four years	12 months
More than four years	Two years

During the period of protection, the protected basic salary will "mark time" (ie it will not be increased either by increments or pay awards). If the maximum basic salary applicable to the new post increases by pay awards to more than the protected amount, the employee's basic salary will be increased to the new maximum and the period of protection will end. Future increases will then apply as normal.

During the period of protection, all overtime and other salary-related enhancements will be based on the normal maximum for the new post, unless short-term pay protection also applies (see below).

If at any time during the protection period basic pay and earnings in the new post exceed protectable earnings, protection will be ceased and basic pay and earnings for the new post will be paid in full.

Protection should continue until:

- The protection period expires.
- Basic pay and earnings in the new post permanently exceed that of the old post.
- The employee moves of their own accord to a new post.

Where a part-time employee is moved to a new post and downgraded, with their hours the same or fewer than before, basic pay protection entitlement is assessed using actual hours worked in the new post, paid at the previous post's hourly rate. If the hours in the new post exceed hours worked previously, protection entitlement is based on:

- hours worked previously at the previous rate
- additional hours in the new post are paid at the new post's rate of pay.

Protected pay will continue during any period of paid maternity leave.

On moving to the lower band, the employee will be appointed to the top step of the band, so that at the end of pay protection, they will be paid at the maximum step of the new band. Please see the ICB Organisational Change Policy

5.2 Short-term additional earning protection
Under this policy, eligible staff will receive protected pay, as shown in the table above right, from the date of redeployment or date of change in shift pattern or required reduction in their contracted working hours. All other terms and conditions of employment will be those applicable to the post in the new working pattern.

The amount of protected pay will be the difference, on the date of redeployment or transfer date, between the contracted pay in the new post and that which would have been paid in the previous working pattern.

The calculated amount will:

- not be increased during the period of protection
- be non-pensionable and will not count towards overtime or any other salary-related payments in the new post.

Length of service on working pattern*	Period of protection
Less than one year	None
One to two years	Four months
Two to three years	Six months
Three to four years	Eight months
Four to five years	10 months
More than five years	12 months

*Includes all continuous service within the ICB on contracted working patterns with unsocial hours payments or length of service since shift pay protection was last paid, whichever is shorter.

The periods of protection that will apply are:

- Where contractual hours are reduced, short-term protection applies for periods set out in the table top right (ie staff will be paid for contractual hours of work that applied to the substantive contract held before reorganisation during this period of protection).
- Where appropriate, staff will be required to work the hours paid.

5.3 General conditions
Staff must not unreasonably refuse a suitable alternative job that subsequently becomes available. Staff who are on fixed-term contracts and have more than 12 months' continuous service are only entitled to protection for the period of their fixed-term contract.

NHS Pension Scheme
Under the provisions of the NHS Pension Scheme, staff may apply to preserve their pension benefits based on the previous level of pay where, through no fault of their own, they are downgraded. Employees who wish to consider this option must liaise with the Pension Scheme Manager at the earliest opportunity to discuss the process and timescales involved.

6 Right of appeal

If the matter is not resolved, the employee can appeal under the provisions set out in the ICB Grievance Policy.

Performance appraisal and talent management

1   What this policy covers

This policy outlines the ICB's approach to the annual performance appraisal process.

Performance appraisals provide an opportunity to:

- clarify job requirements and manager expectations
- reinforce positive behaviour and discuss any concerns
- identify any training and development needs or talent within the workforce for future development.

While this should be an ongoing process, having a scheduled annual appraisal meeting and six-month review ensures protected time for the discussion to take place and enables you to prepare.

This policy applies to all permanent ICB employees, including apprentices, clinicians, directors and those on secondment. This policy also applies to those on long-term fixed-term contracts. All employees that have been employed for less than six months are to refer to the probation policy. Agency staff (refer to the Agency and Interim Use Policy), volunteers or contractors are not expected to have a performance appraisal.

2   Principles

- The ICB aims to ensure that performance appraisal meetings reflect the criteria as defined in the organisation's values and behaviours.
- Policy compliance will provide consistency across the ICB.
- All staff are encouraged and supported in delivering high-quality performance and to develop to their full potential.
- This policy has been designed to ensure that employees are well supported in the realisation of

the business objectives, values and behaviours, by helping them to conceptualise these in line with their day-to-day roles. This in turn will allow employees to feel motivated, committed and satisfied in helping the ICB and NHS to achieve their business goals and live their values.

3   Responsibilities

The Chief Executive Officer and Directors are responsible for ensuring that:

- a culture of fairness and openness exists in applying this policy
- managers in their areas of responsibility undertake appraisals for all their staff in a timely and appropriate manner.

Managers should ensure that:

- appraisers and appraisees have the time, resources and support to undertake all the responsibilities set out in this policy
- everyone has an appraisal every year during the appraisal cycle from 1 April to 31 March or as determined by the organisation. Pay progression is dependent on the successful completion of the performance appraisal.

Appraisers are responsible for:

- holding individual annual appraisal meetings and six-month reviews with their designated staff
- ensuring the appraisal is a fair and honest discussion of the employee's performance and that the employee's views are considered
- ensuring that they prepare thoroughly for the meeting and that employees have enough time to prepare
- facilitating completion of employees' mandatory training

- documenting the appraisal and recording pay progression on ESR on the anniversary of their start date into that role
- ensuring that the appraisal conversations includes a discussion about health and wellbeing.

Employees are required to:

- participate and actively engage in the appraisal process
- prepare thoroughly for the meeting, maintaining evidence of performance relating to objectives and learning and development they have undertaken during the year.

4 Policy in practice

4.1 Preparation for the meeting
You should be given reasonable notice of your appraisal meeting. Your appraiser should make sure you understand the appraisal process, know what will be discussed and how you should prepare.

To ensure success, you and your appraiser must prepare.

As the appraisee you should consider:

- your main responsibilities
- what you have achieved since your last appraisal
- what you think you do best, your key skills and abilities
- which parts of your job you find challenging and why and what additional support you might need
- things you would like to do now that you don't do already
- your plans for your professional development/ career/job role and career aspirations
- additional training or development you have undertaken in the past 12 months
- your team building and collaboration skills across the organisation
- how you have demonstrated the values and behaviours of the ICB
- talent management and your career aspirations.

Your appraiser should consider:

- how well you have performed since your last appraisal

- to what extent you have completed your personal development plan and training requirements
- what feedback should be given at the meeting
- factors that have affected your performance
- what actions could be taken to improve your performance
- what objectives might be set for the next review period
- personal development goals to set for the next review period
- your team building and collaboration skills across the organisation
- talent management and your career aspirations.

4.2 Appraisal discussion
Our appraisal system is based on the principle of "no surprises". If there are concerns with your development or any capability issues, they should have been addressed when identified and managers should seek advice from HR as to whether the issues raised should be addressed through the ICB Capability Policy.

Performance appraisal meetings should be held in a private, confidential and comfortable environment with minimal risk of interruption. Sufficient time must be set aside to undertake the appraisal and your appraiser should make sure the appraisal is cancelled or postponed only if absolutely necessary. In such cases, the meeting should be rescheduled at the earliest opportunity.

During the meeting you should take a lead in discussions, with your appraiser listening carefully to what is said, summarising the discussion and keeping the meeting on track. Focus should be on your performance and competence in your role, as well as ICB Values and Behaviours. Both parties should take into account the whole period since the previous appraisal, rather than isolated events.

4.3 Objective setting
As part of the performance appraisal meeting, your objectives should be set and agreed for the next 12 months. They should follow the SMART principles:

S – Specific
M – Measurable
A – Achievable
R – Realistic
T – Timebound

Guidance in the writing of SMART objectives can be found on the HR intranet.

4.4 Personal development plans
You and your appraiser will both agree your personal development plans.

Six-month progress reviews and monthly one-to-one meetings
Progress reviews take place six months into the performance review period, during October-December. They give the employee and line manager the chance to review progress against objectives, receive feedback on performance, identify key concerns for the next review period and revise training and development plans as required.

Monthly one-to-one meetings are paramount to the appraisal process and should be used as an ongoing cycle of development and support throughout the year prior to and after the six-month progress review meeting. All employees should have the opportunity to have monthly one-to-one meetings to discuss their health and wellbeing, performance and development and to monitor and review:

- delivery of objectives set at the performance appraisal or six-month review meeting
- learning and development progress and to ensure identified training has been booked for completion
- to provide feedback around ongoing performance within the job role and objectives.

Transfer of line management (inc. secondments)
When someone changes manager within the ICB during a review period, there will be a handover, during which the previous manager will hold an interim meeting.

This will enable the new manager to set expectations for the remainder of the review period. This will ensure continuity in the appraisee's personal development and that outstanding responsibilities in the original role are transferred to others so that business objectives continue to be achieved, where they remain relevant to the role.

Completing the performance appraisal
The performance appraisal process has a standard template and a set of guidance to be followed, both of which are available via the HR intranet.

Talent management
A talent management conversation is part of the performance appraisal process and must be completed with each appraisee as part of the conversation. Talent management enables managers to identify:

- Talent within the workforce for future development, while giving employees access to appropriate development activities.
- Staff performing at a very high level, who may or may not aspire to move to a more senior position. They remain part of the ICB talent pipeline.
- Employees who are underperforming who need to improve their performance/behaviour. A detailed development plan should be agreed for such staff, because there should be no surprises at the appraisal it is likely that this development plan would have already been agreed prior to the appraisal.

5　Other conditions

5.1 Maternity/adoption leave/shared parental leave
If you're due to go on any of the above two months before your scheduled appraisal meeting, the meeting will be bought forward. If your scheduled appraisal is due later than two months, it will be conducted retrospectively as part of your return-to-work process.

5.2 Career breaks
If you take a career break, an appraisal must take place within a few weeks of your return, to identify performance objectives and training and development needs.

5.3 Long-term sickness
If you return to work after long-term sickness, your performance appraisal will take place within a reasonable period, taking into consideration any adjustments or phased-return requirements that are necessary.

6　Appeals/disagreements

Every effort will be made to ensure that you and your appraisers can resolve differences of opinion during the appraisal without the need for formal procedures. Should you wish to appeal decisions arising from your appraisal, you can use the ICB Grievance Policy.

Probation

1 What the policy covers

This policy provides an overview of the ICB's process for reviewing and supporting new employees during their first six months in post.

The purpose of the probation and induction period is to ensure that each new employee receives appropriate support and development opportunities to enable them to quickly settle into their new role, and to facilitate them in carrying out their duties and responsibilities to the required standards.

It is in all parties' interests for new staff to meet the required standards and realise the investment made in the recruitment, induction and training of new staff.

The probation period is a two-way process, which provides new employees with the opportunity to receive constructive feedback, while identifying any training and development needs and encouraging the proactive involvement of staff in the induction process.

If problems are identified, new employees should be given the opportunity to improve their performance/ conduct/attendance and be provided with any additional support or training that can be identified to assist in this, where appropriate.

2 Principles

- The ICB is committed to ensuring that all new employees understand the expected standards of performance, conduct and attendance, and that they are provided with timely and effective support to settle into their new job.
- This policy applies to all ICB employees starting substantive or fixed-term employment.
- During the probation period, the Disciplinary, Capability and Absence Management policies will be followed.

However, following one of these policies does not take precedence over the probation policy.

3 Responsibilities

Managers have a responsibility to:

- ensure this policy is applied consistently and in a way that does not discriminate
- consider whether any reasonable adjustments are necessary for new starters and where appropriate, review Occupational Health recommendations
- ensure that new staff take the ICB corporate induction
- meet with the employee to discuss the job description and person specification and to identify key areas of the role to ensure the employee understands what is expected of them in terms of their objectives and what their performance will be measured against
- provide local induction training and support to achieve expected standards and document the role's key areas as a part of the induction process and ensure sign off when completed within the first three months
- outline what support and guidance will be provided to help the new employee meet the expected standards

- take necessary supportive action at the earliest opportunity if required standards are not being met.

New employees should ensure that they:

- fully understand the standards of performance, conduct and attendance expected of them during their probation period and beyond
- discuss with their manager any concerns they may have in relation to meeting these standards
- are fully prepared for their performance review meetings.

HR is responsible for:

- Overseeing the implementation of this policy, ensuring that legal and procedural updates are incorporated in a timely manner.
- Supporting employees and managers to understand this policy and receive training as required.
- Working with managers to advise on the fair and consistent implementation of this policy.
- Sending new starters an employment contract that states that their employment is subject to satisfactory completion of a probation period, as per this policy.
- Ensuring an appropriate corporate induction is available to all new ICB staff and monitoring and reporting on attendance.

4   Policy in practice

4.1 Probation period
New employees joining the ICB must complete a six-month probation period. The probation period for new staff on a fixed-term contract of less than six months will be the length of the contract.

4.2 Relationship to other HR policies

For all new staff, performance/capability, attendance and misconduct will be dealt with under this policy rather than the ICB Disciplinary Policy, Capability Policy or Attendance Management Policy. However, sickness absence must be reported and documented in accordance with the Attendance Management Policy.

"New employees must complete a six-month probation period. The probation period for new staff on a fixed-term contract of less than six months will be the length of the contract"

4.3 Objective setting
Within the first month of employment, the manager and new employee should agree a number of objectives to be met during the probation period. Objectives should be SMART:

- Specific
- Measurable
- Achievable
- Realistic and
- Time-bound.

4.4 Performance review meeting
Any concerns regarding performance should be raised with the member of staff at the earliest opportunity. There should be at least two probation review meetings. The probation review meetings will take place as follows:

Step One – First Review Meeting (about three months into the appointment).
Step Two – Final Review Meeting (about two weeks before the end of the probationary period).

Following the probation period, a performance review meeting will take place in accordance with the following principles:

- all probation performance review meetings will be scheduled in advance and their outcome will be confirmed in writing to the employee using the Probation Performance Review form.
- the timing of meetings may be bought forward and/or additional review meeting(s) during the probation period may be required as determined by the manager
- the meetings will be a two-way confidential discussion, to identify where there are areas of both positive performance and any areas of concern
- managers should provide all possible support to their new team members to give them a fair opportunity to become fully integrated and productive employee.

If the employee's performance is satisfactory, the manager will inform the employee that they will continue with their probationary period or continue with their employment for the period specified in their employment contract (at the six-month review meeting).

If the employee's performance has not met the standards required, the manager will seek advice from the HR Department prior to the meeting.

Where there are minor areas of concern, the manager will identify if additional support can be given to address the concerns, so that the employee can continue with their employment contract.

Early termination of employment

Should the performance fall significantly short of the standard expected, and where all reasonable support has been provided, the manager may consider ending employment at this stage. If so, there will be a further meeting to confirm this.

In such cases, the line manager should consult their HR representative and establish the facts of the situation and arrange a review meeting at which their contract may be terminated.

The employee will be informed in writing in advance of the meeting and an HR Department representative will also attend. The ICB reserves the right to hold this meeting without notice in exceptional circumstances. The employee will receive written confirmation of the decision of the performance review meeting within five calendar days.

The employee will receive payment in lieu of their contractual notice period, unless they're being dismissed for gross misconduct, for which there is no payment in lieu of notice.

If an employee passes their six-month probation period, they will receive confirmation in writing from their line manager, with a copy given to HR.

4.5 Probation extension
An extension to an employee's probation period should only be sought in exceptional circumstances and reasons for this must be recorded on the Probation Performance Review form.

The manager should consult with the HR Department prior to any decision to extend an employee's probation period.

Any extension of a probation period should normally be for no more than three months and only one extension will be granted. The extension will be confirmed in a letter to the employee and a copy placed on the employee's personal file.

4.6 Employees recruited to a new role
If an employee transfers to a different post at the ICB during their probation period, the length of the original probation period will continue and the responsibility to complete the assessment of the employee will transfer to the new manager.

Appeal

Employees who are dismissed under this procedure will have the right to appeal against the decision. The individual should set out in detail their grounds for appeal and submit this to the Assistant Director of HR within 14 calendar days of the written confirmation of the outcome of the probation review meeting. Failure to do this without good reason may mean that the appeal is not allowed to proceed.

Upon receipt of the individual's grounds of appeal, the HR Department will arrange an appeal meeting with the individual, the manager who made the decision to dismiss the individual, a neutral senior manager, the Assistant Director or Director, who will chair the meeting and an HR representative. The individual may be accompanied by an accredited trade union representative or workplace colleague.

The procedure to be followed at an appeal meeting is as set out in the ICB Disciplinary Policy. The outcome of the appeal meeting should be confirmed in writing to the employee within five working days of the meeting.

Professional registration

1 What this policy covers

This policy aims to ensure that professional registration of all staff in posts subject to registration with a professional body is kept up to date.

2 Principles

2.1 The policy applies to all ICB staff, whether employed on a permanent or temporary basis or contracted in, working in posts that require mandatory professional registration/licence. Providers of workers such as locums, agency and in-sourced staff must ensure compliance with this policy.

3 Responsibilities

3.1 All staff employed in posts subject to registration with a professional body must ensure that their registration is kept up to date and that they comply fully with their professional codes of conduct and practice. Professional staff must inform their appropriate professional registration body of any personal circumstance change (eg change of name or address).

3.2 The registered practitioner is responsible for informing their professional body and employer of any police or criminal investigations or offences relating to them.

3.3 If a practitioner fails to conform to registration obligations set by their professional registration body and/or within their contract of employment, their authority to practice in the role may cease. Therefore, practitioners must ensure that their registration s maintained and the details they include are accurate.

"All staff employed in posts subject to registration with a professional body must ensure that their registration is kept up to date and that they comply fully with their professional codes of conduct and practice"

4 Policy in practice

4.1 Staff members must provide evidence of their professional registration and qualifications prior to starting work at the ICB. Copies of such evidence will be kept on their personal file.

4.2 Any staff not directly employed (and therefore not on the ICB payroll system), must have their professional registration checked by the line manager and a record must be kept for all professionals who will be working within the organisation and/or have access to patients. This includes professionals who are independent contractors, on placement, work experience or who have an honorary contract.

5 Monitoring of professional registration

5.1 The ICB will hold professional registration details for staff on its Electronic Staff Record (ESR). The HR Department will identify lapses of registration and notify the individual and their manager by email.

5.2 HR will send a reminder to staff who have not updated their registration by mid month prior to their registration lapsing. During the third week of the month, if their status hasn't changed, they will receive a second reminder, with their manager copied in to the email.

If the professional registration lapses, section 6 (see below) is implemented and the professional must immediately cease all work aligned to their professional registration.

5.3 The NMC and GMC provide daily alerts to HR when a practitioner's registration is in the month leading up to lapses. This will only cover practitioners who are entered onto the ICB ESR system.

5.4 For checks of other professionals' registration status, the HR team carries out monthly checks of the following registration bodies:

- NMC
- HCPC
- GMC
- GPhC

5.5 Any conditions or undertakings notified to the ICB regarding a person's professional registration will result in investigation under the ICB's Disciplinary Policy.

6   Procedure on identification of a lapse of registration

6.1 If a practitioner fails to register or a registration body removes their permission to practice, they will be in breach of their contract of employment and should cease practice immediately.

6.2 HR will ensure that the following options are considered by the relevant manager:

- the employee may be able to undertake duties allowed for a non-registrant and receive the appropriate pay
- the employee may be allowed to work in another temporary role for which they have the required skills and do not require a valid registration. They will receive the pay rate associated with that temporary position
- the employee may be allowed to take outstanding annual leave until the registration is renewed
- the employee may be suspended without pay until the registration is renewed.

6.3 Under no circumstances can an employee be allowed to practice without registration. It is for the relevant manager to determine which of the above options is appropriate, taking into account all of the circumstances and service needs. Managers should seek advice from HR.

"Staff are expected to maintain professional registration where appropriate"

6.4 The manager will advise the employee that they must act immediately to have their professional registration reinstated. The manager will require evidence that the employee has made the relevant application and payment to the professional body within three working days of being made aware of the lapse. Normally a maximum of four weeks will be allowed for the employee to have their registration reinstated. In the case of the NMC, it's six weeks.

6.5 Deliberate or unreasonable failure by the employee to comply with these time scales may result in action being taken under the ICB Disciplinary Policy.

6.6 Staff are expected to maintain professional registration where appropriate. In all cases of lapsed registration, the issue may be investigated in accordance with the ICB Disciplinary Policy.

Recruitment and selection

1 What this policy covers

This policy aims to provide clear guidance on the ICB's recruitment process and standards. It will explain the roles and responsibilities involved in the recruitment of employees and outline the key stages of the process.

2 Principles

The ICB is committed to providing a transparent, professional, credible and equitable service for handling all internal and external applications for job vacancies by:

- complying with the ICB's Equality and Inclusion principles
- providing an administrative service that improves the efficiency of filling vacant posts
- ensuring that appropriate qualification requirements and UK registration requirements are met for appointments to all professional posts
- ensuring that NHS employment standards are met
- ensuring essential appointment documentation such as contracts of employment are issued to employees in a timely manner.

3 Responsibilities

- The ICB will ensure that recruitment is open and fair.
- The recruitment team will support managers to recruit the best candidates and will ensure that the recruitment and selection of staff is conducted in a professional, timely and responsive manner, in compliance with current employment legislation.
- Managers will ensure they follow the recruitment process and will provide all the necessary information promptly to support an effective process. Guidance can be found on the ICB staff intranet website.

- Managers will ensure recruitment decisions are taken fairly based on applicants' values, skills, capabilities and knowledge.
- If a member of staff involved in the recruitment process has a close personal or family relationship with an applicant, they must declare this as soon as they are aware of the individual's application and avoid any involvement in the recruitment and selection decision-making process.

4 Policy in practice

There are a number of key stages in recruitment for a post that are outlined below. Further advice and guidance is available on the ICB staff intranet site, as well as from the recruitment team.

4.1 Preparation
- The recruitment process should not begin until an assessment of the need for the post against the department's business plan and budget has been completed.
- A job description and person specification must be produced or updated for any vacant post that is to be filled and it should accurately reflect the requirements of the post.

■ The person specification should state both the essential and desirable criteria in terms of skills, knowledge and experience for the post, all of which should be directly related to the post and applied equally to all applicants. Care should be taken when writing the person specification to ensure that criteria used do not indirectly discriminate against certain groups of applicants.

■ The job descriptions for new or changed posts must be submitted for job matching before they are advertised, in line with the principles of equal pay for work of equal value.

■ In exceptional circumstances jobs may be given an indicative banding before being advertised.

■ Formal authorisation to recruit to a post should be sought using the Authority to Recruit via the Trac Recruitment system.

■ If a manager believes that there may be potential difficulties in recruiting to a post they should contact the recruitment team to discuss options for appropriate action.

■ Appointments may be made on a permanent, fixed-term or bank basis. Where fixed-term appointments are made, the recruiting manager should ensure that they are aware of any potential risks regarding the use of fixed-term contracts and seek advice from the recruitment team as necessary.

■ Fixed-term roles that become permanent will be subject to the full recruitment process. This could include advertising as via an expression of interest.

4.2 Advertising

■ All adverts must be authorised by and placed through the recruitment team via the Trac Recruitment system.

■ Posts will be advertised internally to help maximise equality of opportunity and provide employees with opportunities for career development.

■ All advertised vacancies will be placed on the NHS Jobs website (internal and external vacancies) and and healthjobsUK (external only). Other media may be used.

■ Employees subject to redeployment (see the ICB Organisational Change Policy) will be given access to vacancies before they are advertised.

■ Applicants are asked to provide equal opportunities information when making their application to enable monitoring the success of recruitment in relation to our diversity aims. This information is separate to the job application and applicants are free to indicate

that they do not want to provide this information.

■ The ICB has a legal obligation to comply fully with the provisions of the Rehabilitation of Offenders Act.

■ All advertising must be cost-effective and agreed in advance with the Hiring Manager.

4.3 Shortlisting candidates

■ Notes of shortlisting decisions for each candidate should be recorded by each shortlisting panel member.

■ Shortlisted candidates should be provided with details of the selection process, including any tests, in writing, giving as much prior notice as possible. In accordance with the Equality Act 2010, they should also be asked to advise if there are any particular arrangements or reasonable adjustments that could be made so that they can participate fully in the selection process.

4.4 Interview

■ All candidates in the redeployment pool who meet the essential criteria for the post (as set out in the person specification) will be offered an interview, subject to organisational change.

■ Interviews should be carried out by at least two people, one of whom should be the line manager.

■ All recruitment panels Chairs are required to have attended recruitment and selection training, delivered by the ICB.

■ All roles band 8a and above should include an additional selection method to support the recruitment decision, followed by a face-to-face interview.

■ Interview questions and the structure of the interview should be consistently applied to all candidates and based on the person specification.

■ Notes recording the key points of the interview should be taken by the interview panel so that they can refer back to them when assessing candidates against the person specification and when making decisions. Notes of the interview and any other notes made about the candidate during the recruitment and selection process may be accessed by the candidate.

■ All roles band 8a and above will be supported by a dedicated Inclusion Ambassador to ensure interview panels are conducted in a fair and inclusive way.

■ If a candidate requests feedback about their performance in the selection process this should be arranged by the Hiring Manager, although they may delegate this to another member of the panel where

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Employees considering this option must make their request in writing to their line manager, as far in advance as possible. The request must include the proposed retirement date and when, and in what capacity, the individual would like to return to work afterwards.

When considering retirement options, employees should bear in mind the potential impact on their pension and consult the related pensions agency guidance ensuring they are followed to satisfy the requirements of the NHS Pension Scheme. If the request is agreed, there must be at least a (14) day break in service; in exceptional circumstances the CCG may consider a (seven) day break between employments.

Managers are not required to complete a business case to support re-employment but instead should complete the form at Appendix 3 to gain approval (also available on the ICB HR Intranet website).

4.7 Pre-employment checks

Offers of employment are made subject to satisfactory references, medical clearance, checks of qualifications, right-to-work checks and other checks as appropriate, such as asylum and immigration checks, Disclosure and Barring Service checks (for posts that are exempted from the provisions of the Rehabilitation of Offenders Act). Fit and Proper Persons checks will also be conducted for Director-level appointments. The successful candidate will not be able to commence work until all checks have been completed.

"Offers of employment are made subject to satisfactory references, medical clearance, checks of qualifications, right-to-work checks and other checks as appropriate"

appropriate. The feedback should be constructive.

- Unsuccessful candidates should be dealt with courteously and sensitively. This should be via a telephone call where possible. Constructive feedback should be offered.

4.5 Making the appointment

- A verbal offer should be made shortly after the selection process to enhance the ICB's ability to recruit the selected candidate. The verbal offer will normally be made by the selection panel Chair.
- Appointments will usually be made at the minimum of the advertised pay scale unless the individual is transferring from another NHS employer onto the same band. In such cases they will normally be paid on the same pay point. If the individual is being promoted, they will normally be paid on the nearest point that would give them one incremental pay rise.
- Prior to any commitment being made to the selected candidate, advice should be sought from the recruitment team if the intention is to appoint at a pay point outside of these parameters.
- Once a selection decision has been made, the recruitment team will send a written offer of employment following receipt of documentation from the recruiting manager, in line with agreed service standards.

4.6 Retire and return

When an employee retires, their employment contract is terminated. Employees, who have decided that they wish to retire and return to employment, should discuss their plans initially with their line manager.

Secondment

1   What this policy covers

The ICB recognises that secondments are valuable for staff development, organisational learning and addressing a short-term need to cover a post.

For the purpose of this policy, a secondment is a mutually agreed short-term development opportunity that allows staff to experience work in a different department or organisation and to return to their substantive post once the secondment has ended. A secondment should be for a specific period (normally up to a year) and could be a horizontal move or move to a higher or lower band.

By placing employees in different work situations, secondments offer the chance to improve communications, problem-solving skills and enable team members to gain experience in a different field or environment and use different skills. At the same time, particularly where a secondment is to another organisation, it is likely that the employee will bring back valuable information and insights that will help in future workings with other organisations and agencies. The purpose of this policy is to provide guidance and to promote best practice.

2   Principles

Secondments are a way of encouraging staff development and growth, allowing staff to gain skills and knowledge that may not necessarily be available within their usual department or the organisation.

Secondments are a valued method of constructively developing staff and retaining and optimising the use of experienced or expert staff to the ICB's overall benefit. Secondments can be identified at the annual appraisal and/or as part of regular meetings between staff and their line manager.

This secondment policy will be applied to all staff equally and fairly, and opportunities will not be refused unreasonably. However, there may be service or operational requirements that could lead to a request being declined. Where a request is refused for operational or other reasons, an application can be resubmitted if the secondment opportunity is available at another time.

3   Responsibilities

Managers are responsible for:

- Ensuring that they are familiar with this policy and applying it fairly and consistently.
- Completing appropriate paperwork and submitting to HR for payroll purposes.
- Taking advice from HR as necessary.
- Identifying opportunities for secondment and making these available as per this policy.
- Ensuring that secondments are in line with organisational objectives in addition to individual development goals.
- Keeping in touch with seconded staff.

Employees are responsible for:

- Discussing with their manager at an early stage if they're considering applying for a secondment.
- Assisting the ICB in a smooth transition where secondments are agreed to ensure that the business of the ICB is not disrupted.
- Contributing to organisational learning upon their return from secondment.
- Keeping in touch with their line manager during the secondment.

HR is responsible for:

- Overseeing this policy's implementation, ensuring that legal and procedural updates are incorporated in a timely manner.
- Helping employees and managers to understand this policy and making sure they receive training where required.
- Working with managers to advise on this policy's fair and consistent implementation.
- Coordinating the secondment agreement paperwork.

4   Policy in practice

4.1 Internal secondments within the ICB

Where a manager within the ICB identifies a secondment opportunity, consideration should be given to secondment length, any training required and the skill set or specialist knowledge required of staff undertaking the secondment.

The vacancy will be advertised in line with the ICB Recruitment Policy. The principles of equal opportunity and fairness should be followed.

Once the secondment has been agreed, departments/ organisations should liaise to reach agreement on the arrangements, with the details passed to HR, which will ensure that the contractual paperwork is completed.

4.2 Secondments of ICB staff to/from external organisations

If an employee wishes to pursue a secondment opportunity with an external organisation, they should approach their manager at the earliest opportunity.

Agreement must be reached on how the secondee's salary will be paid and which body will meet any additional expenses (eg travel and subsistence allowances). An agreement should be drawn up in conjunction with HR and signed by all parties before the secondment starts. Without this signed documentation, the secondment will not be considered agreed.

During the secondment, the employee's terms and conditions will remain the same and continue to be subject to their employer's policies and procedures. Exceptions will be agreed in advance between the

external organisation, the secondee and the ICB. While on any secondment, employees will continue to accrue annual leave entitlements and be able to take annual leave to their entitlement limit, with the agreement of the host organisation.

4.3 Considering a secondment request

It's important to note that there is no right to be released for a secondment. However, the employee's current manager must seriously consider every secondment request fairly and consistently, taking into account the:

- employee's development needs
- benefits to the ICB
- benefits to the individual
- current and future service needs
- current staffing levels.

The above list is not exhaustive. Managers should not unreasonably refuse the secondment application and must be able to justify how their decision was reached and be prepared to provide a written explanation.

4.4 Funding arrangements

Before the secondment begins, the appropriate managers must liaise with the respective finance departments to agree funding and invoicing arrangements for the secondment. In line with individual agreements, an ICB Change Form will be required. Finance must agree arrangements to raise invoices before the secondment starts.

4.5 Working arrangements

Throughout the secondment, the employee must comply with the working/cover arrangements of the host department/employer. Any agreement to exceed or reduce their contractual working hours will be subject to agreement at the secondment's initiation.

4.6 Communication

Three-way communication between the secondee, host organisation and the employer should be maintained throughout a secondment. Any secondee from the ICB should be kept informed of and consulted about any organisational change that takes place during their secondment. Please see the ICB Performance Appraisal and Talent Management Policy for information about how to manage appraisals during this period.

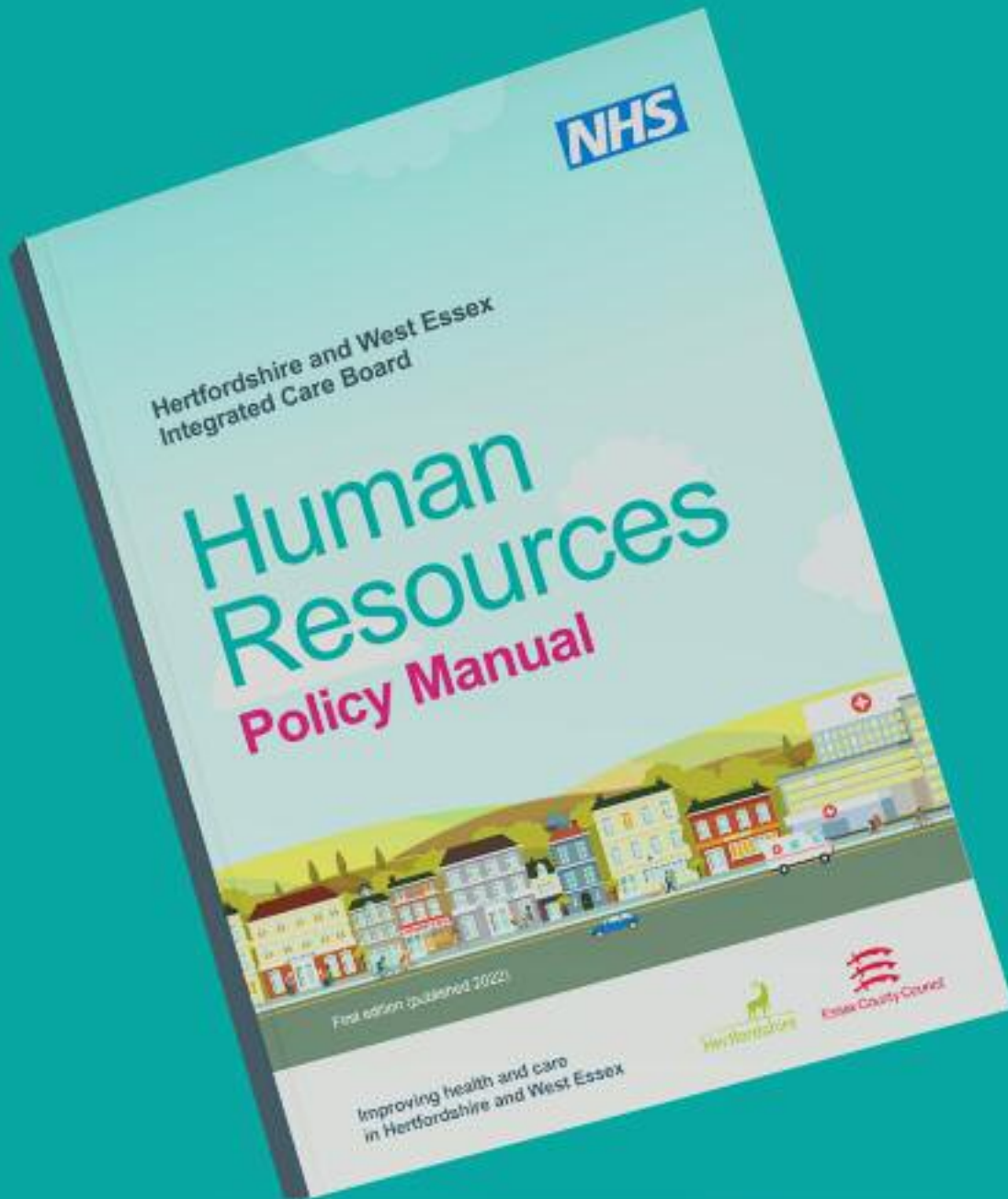### 4.7 Termination or extension of secondment

A request for an extension to an existing secondment should be considered in accordance with the needs of the employer and host organisation, and be mutually agreed by all parties and confirmed in writing. If an extension is refused, an explanation should be given to the employee. Any party can terminate the secondment in writing with the appropriate or previously agreed notice period.

5 Appeal

If a secondment is refused and the employee wishes to appeal, they should do so initially by email to the line manager of the manager who rejected their secondment request.

This should be done within five working days of receiving the letter refusing their request and they must clearly state the reasons why they believe this decision should be changed. The employee will receive a reply within five working days.

If the employee is still unhappy with this decision, they may progress to formal process under the ICB Grievance Policy.

The HR forms mentioned
in this publication are available
to download from the
ICB HR intranet

**Improving health and care
in Hertfordshire and West Essex**

Hertfordshire

Essex County Council

Shared parental leave

1 What this policy covers

Shared parental leave enables eligible parents to choose how to share the care of their child during the first year of life or adoption.

All eligible employees have a statutory right to take Shared Parental Leave (SPL). There may also be an entitlement to some Shared Parental Pay (ShPP).

This policy provides an overview of your statutory rights and explains the notification process and what your statutory ShPP entitlements are.

2 Principles

- While the ICB recognises its statutory responsibilities and supports the principle of SPL, decisions in respect of when the leave is taken will need to take account of service demands.
- Leave granted in respect of this policy must be used for caring for your child. Use for any other purpose and fraudulent claims could result in disciplinary and criminal action being taken against you.

3 Responsibilities

- The ICB aims to ensure that applications for SPL are treated appropriately in accordance with this policy and in a way that does not discriminate.
- Managers are responsible for actioning requests for SPL in accordance with this policy.
- Employees wishing to take SPL should comply with the procedures and timescales outlined in this policy.
- Human Resources can advise managers and employees about the various ICB policies and options available for childcare.

"The ICB aims to ensure that applications for SPL are treated appropriately in accordance with this policy and in a way that does not discriminate"

4 Policy in Practice

4.1 Eligibility for SPL

To qualify for SPL you must share responsibility for the child with one of the following:

- your husband, wife, civil partner or joint adopter
- the child's other parent
- Your partner (if they live with you and the child).

In addition, each of the following criteria must be met:

- you or your partner must be eligible for maternity pay or leave, adoption pay or leave or Maternity Allowance
- you must have worked continuously for the same employer for at least 26 weeks by the end of the fifteenth week before the due date (or by the date you are matched with your adopted child)

You must still be working for the ICB at the start of each period of SPL. During the 66 weeks before the week the baby's due date (or the week you are matched with your adopted child) the person with whom you wish to take your SPL with must:

- have been working for at least 26 weeks (they do not need to be continuous) and do not necessarily need to be working at the date of birth/adoption or when you start SLP or ShPP
- have earned at least £390* in total in 13 of the 66 weeks (add up the highest paying weeks, they don't need to be in a row).

*Please note that this is the 2022 rate and this may change.

Notifying the ICB
If you are entitled and intend to take SPL, you must notify your line manager of your entitlement and intention to take to SPL at least eight weeks before your intended leave. Use the Shared Parental Leave Notification form, which can be found in the Human Resources Policy Forms section on the HR intranet site. This should be sent to your line manager with a completed entitlement questionnaire (available at www.gov.uk/pay-leave-for-parents).

Requesting further evidence of eligibility
Within 14 days of the SPL entitlement notification being given, the ICB may request:

- the name and business address of your partner's employer (if the employee's partner is no longer employed or is self-employed their contact details must be given instead)
- in the case of biological parents, a copy of the child's birth certificate (or where one has not been issued, a declaration of the time and place of birth)
- in cases of adoption, documentary evidence of the name and address of the adoption agency, the date

on which they were was notified of having been matched with the child and the date on which the agency expects to place the child for adoption.

To take SPL, the employee must produce this information within 14 days of the employer's request.

4.2 Booking and taking SPL
You can only start SPL or receive ShPP once the child has been born or placed for adoption. The mother (or the person getting adoption leave or pay) must do one of the following:

- end any maternity or adoption leave by returning to work with her employer
- give the employer at least eight weeks "binding notice" (ie a decision that can't normally be changed) of the date when they plan to end any maternity or adoption leave
- end any maternity pay, Maternity Allowance or adoption pay.

The parent or adopter must give at least eight weeks' notice to the employer (for maternity or adoption pay) or to Jobcentre Plus (for Maternity Allowance) if they have not returned to work

You can start SPL or ShPP while your partner is still on maternity or adoption leave and pay as long as they have given binding notice to end it.

Two weeks compulsory maternity/adoption leave must be taken before SPL can start.

"An employee taking maternity leave cannot return to work before the end of the compulsory two weeks of maternity leave following the birth. If you are adopting, the person claiming adoption pay must take at least two weeks of adoption leave"

Example one
An employee and their partner are both eligible for SPL. The employee goes on maternity leave two weeks before their baby is born. They give notice to their employer that they will take 16 weeks of maternity leave.

Since they have given binding notice, their partner can start SPL as soon as the baby has been born (as long as their partner has given at least eight weeks' notice to their employer).

Booking blocks of leave

You can book up to three separate blocks of SPL ("discontinuous leave") instead of taking it all in one go ("continuous leave"), even if you are not sharing the leave with your partner.

If your partner is also eligible for SPL, you can take up to three blocks of leave each. You can take leave at different times or both at the same time.

You must tell your employer about your plans for leave when you apply for SPL. You can change these plans later, but you must give your employer at least eight weeks' notice before you want to begin a block of leave.

Splitting blocks of leave

If your employer agrees, you can split blocks into shorter periods of at least a week.

Example two

An employee finishes their maternity leave at the end of October and takes the rest of their leave as SPL. They share it with their partner, who is also eligible. They each take the whole of November as their first blocks of SPL. The partner then returns to work.

They also return to work in December. They give their employer notice that they'll go on leave again in February – this is their second block of SPL. Their employer agrees to a work pattern of two-weeks-on, two-weeks-off, during the block.

Cancelling decisions to end maternity or adoption leave

Changes to end maternity or adoption leave can be made if:

■ the planned end date has not passed and
■ they have not already returned to work.

One of the following must also apply:

■ you find out during the eight-week notice period that neither of you is eligible for SPL or ShPP, thereby necessitating an earlier return to work
■ the mother/parent or adopter's partner has died
■ the mother/parent tells her employer less than six weeks after the birth (and she gave notice that she was going to return before the birth)

Discussions regarding SPL

If you are considering or taking SPL, you should contact your line manager/Human Resources to arrange an informal discussion as early as possible regarding your potential entitlement and to discuss your plans.

Upon receiving a notification of entitlement to take SPL where the leave is to be continuous, the line manager/Human Resources may wish to meet with you to discuss the detailed arrangements. However, the leave will be agreed, because it is a statutory entitlement and the SPL dates will be confirmed to you in writing within 14 days of notification.

Where the request is for discontinuous leave, if this can be agreed without further discussion, a meeting may not be necessary and the SPL dates will be confirmed to you in writing within 14 days of notification. However, in some circumstances it may be necessary for a meeting to be held with Human Resources and your line manager to discuss how the leave proposal could be mutually agreed.

All requests for discontinuous leave will be carefully considered case by case, weighing up the potential benefits to you and the ICB against any adverse impact to service delivery. Agreeing to one request will not set a precedent.

If the original proposal for discontinuous leave or other options cannot be agreed, this will be confirmed in writing within 14 days after which you can request to take continuous leave.

Variations to arranged SPL
Each variation or cancellation notification made by you, including notice to return to work early, will usually count as a new notification and be counted against the three notifications to which you are entitled. However, a change as a result of a child being born early, or as a result of the ICB requesting it be changed and you agreeing, will not count as further notification and therefore will not affect your overall entitlement of three. The ICB will confirm any variation in writing.

4.3 Statutory ShPP
You will receive ShPP if you are an employee and one of the following applies:

- you are eligible for Statutory Maternity Pay (SMP) or Statutory Adoption Pay (SAP)
- you are eligible for Statutory Paternity Pay (SPP) and your partner is eligible for SMP, Maternity Allowance (MA) or SAP.

If you are eligible and you or your partner end maternity or adoption leave and pay (or MA) early, you can't take the rest of the 52 weeks of maternity or adoption leave as SPL.

You should take the rest of the 39 weeks of maternity or adoption pay (or MA) as Statutory ShPP.

How much pay you will get
ShPP is £151.97 a week or 90 per cent of your average weekly earnings, whichever is lower (please note that this is the 2022 rate and may change).

This is the same as SMP, except that during the first six weeks, SMP is paid at 90 per cent of whatever you earn (with no maximum).

5   Terms and conditions during SPL

During the period of SPL, your contract of employment continues without change and you are entitled to receive all your contractual benefits, except for salary.

Pension contributions will continue to be made during any period when you are receiving ShPP, but not during any period of unpaid SPL. Your employee contributions will be based on actual pay, while the ICB's contributions will be based on the salary that you would have received had you not been taking SPL.

5.1 Annual leave
SPL is granted in addition to your normal annual holiday entitlement. You are reminded that holiday should wherever possible be taken in the year that it is earned. Where an SPL period overlaps two leave years, you should agree with your manager how best you can take all of your annual leave entitlement .

5.2 Contact during SPL
Before your SPL begins, your manager will discuss arrangements for you to keep in touch during your leave. The ICB reserves the right to maintain reasonable contact with you from time to time during

Example three
An employee decides to start their maternity leave four weeks before the due date and gives notice that they'll start SPL 10 weeks after the birth (taking a total of 14 weeks' maternity leave). They normally earn £200 a week.

They are paid £180 (90 per cent of their average weekly earnings) as SMP for the first six weeks of maternity leave, then £151.97 a week for the next eight weeks. Once they go onto SPL, they're still paid £151.97 a week.

"Before your SPL begins, your manager will discuss arrangements for you to keep in touch during your leave. The ICB reserves the right to maintain reasonable contact with you from time to time during your SPL"

your SPL. This may be to discuss your plans to return to work, ensure you are aware of any possible promotion opportunities, talk about any special arrangements to be made or training to be given to ease your return to work or simply to update you on developments at work during your absence.

5.3 SPL In Touch days
You can agree to work at the ICB (or attend training) for up to 20 days during SPL without bringing your period of SPL to an end or impacting on your right to claim ShPP for that week. These are known as "SPL In Touch" or "SPLIT" days. Any work carried out on a day or part of a day shall constitute a day's work for these purposes.

The ICB has no right to require you to carry out any work, and is under no obligation to offer you any work during your SPL. Any work undertaken is a matter for agreement between you and the ICB. If you undertake a SPLIT day, you will receive full pay for any day worked. If a SPLIT day occurs during a week when you are receiving ShPP, this will be effectively "topped up" so that you receive full pay for the day in question. Any SPLIT days worked do not extend the period of SPL.

You may, with the agreement of ICB, use SPLIT days to work part of a week during SPL. SPLIT days may also be used to effect a gradual return-to-work towards the end of a long period of SPL or to trial a possible flexible working pattern.

5.4 Returning to work after SPL
You will have been formally advised in writing by ICB of the end date of any period of SPL. You are expected to return on the next working day after this date, unless you notify ICB otherwise. If you are unable to attend work because of sickness or injury, normal arrangements for sickness absence will apply.
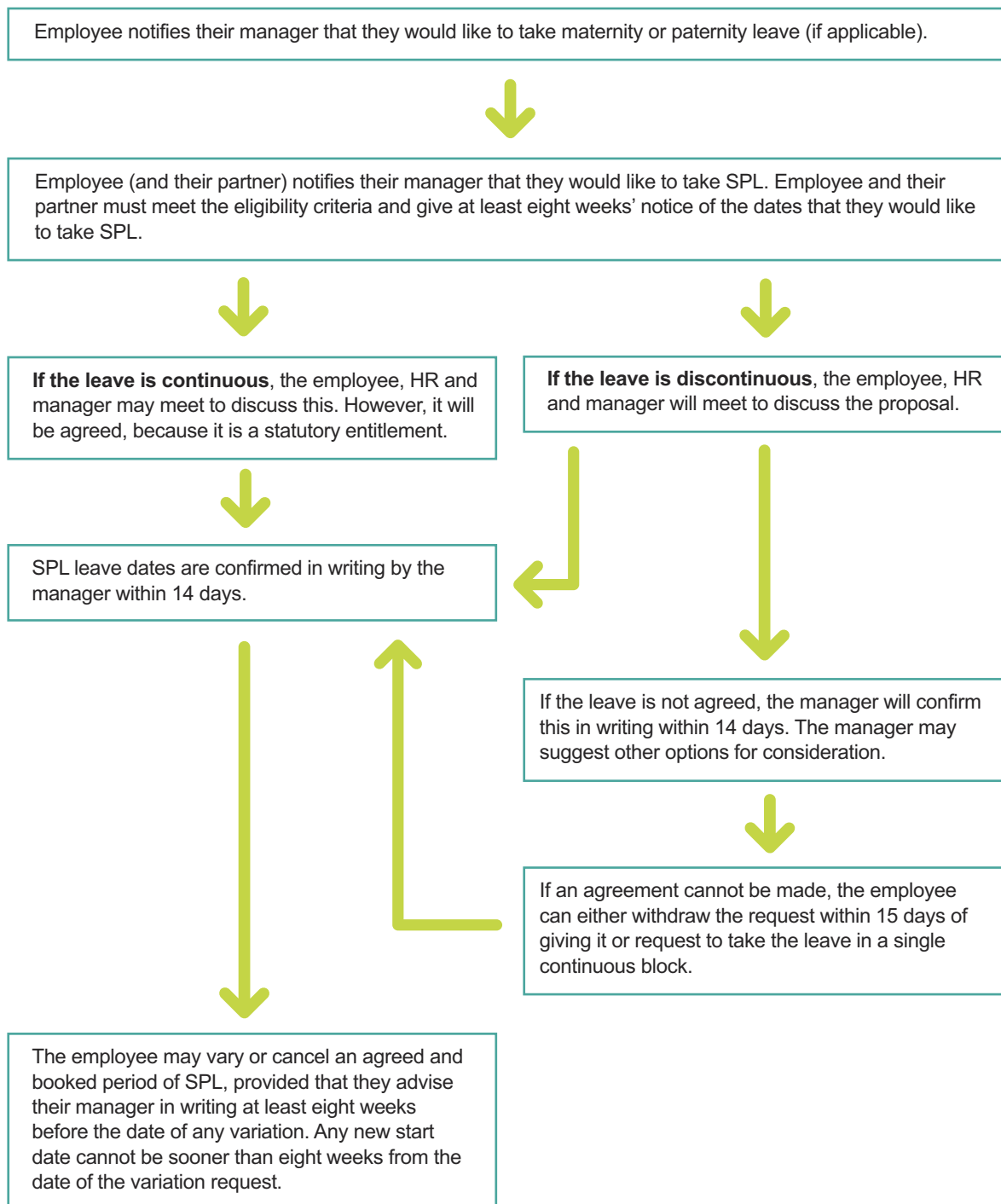
On returning to work after SPL, you are entitled to return to the same role and terms and conditions if your aggregate total statutory maternity/paternity/adoption leave and SPL amounts to 26 weeks or less. The same role is the one you performed immediately before commencing maternity/paternity/adoption leave and the most recent period of SPL.

On returning from SPL you are entitled to return to the same or similar role on no less favourable terms of employment.

In the event of organisational change, employees on shared parental leave will be managed in the same way as all other employees for the purposes of consultation and communication. They will receive written documents, letters and notifications and will be invited to attend the ICB formal meetings where appropriate. All organisational change will be managed in line with the ICB Organisational Change Policy.

Employees taking shared parental leave can access information on ICB vacancies and opportunities for promotion via the HR Intranet site, which can be accessed via most electronic devices. Any application should be made through the normal recruitment procedure. Employees will not be treated any differently in selection for such opportunities.

Requesting SPL: the process

Employee notifies their manager that they would like to take maternity or paternity leave (if applicable).

Employee (and their partner) notifies their manager that they would like to take SPL. Employee and their partner must meet the eligibility criteria and give at least eight weeks' notice of the dates that they would like to take SPL.

If the leave is continuous, the employee, HR and manager may meet to discuss this. However, it will be agreed, because it is a statutory entitlement.

If the leave is discontinuous, the employee, HR and manager will meet to discuss the proposal.

SPL leave dates are confirmed in writing by the manager within 14 days.

If the leave is not agreed, the manager will confirm this in writing within 14 days. The manager may suggest other options for consideration.

If an agreement cannot be made, the employee can either withdraw the request within 15 days of giving it or request to take the leave in a single continuous block.

The employee may vary or cancel an agreed and booked period of SPL, provided that they advise their manager in writing at least eight weeks before the date of any variation. Any new start date cannot be sooner than eight weeks from the date of the variation request.

Special leave

1 What this policy covers

The purpose of this policy is to set out the differing types of leave that may apply in addition to annual leave to support staff with specific circumstances relating to the commitments outside of work. The policy describes the types of leave available, the process to be followed to apply for special leave, provides guidance and promotes best practice.

Please see: the Education, Training and Development Policy for details on study leave; the Annual Leave Policy for details about annual leave; and the Maternity, Maternity Support (Paternity), Adoption and Fostering Leave policy for these types of leave.

Definitions
For the purposes of this policy a dependant is a:

- spouse
- civil partner
- child
- parent
- any other person who may reasonably rely on you for care or arrangements for the provision of care.

2 Principles

- The ICB is sensitive to staff family commitments and responsibilities and will try to maintain flexible working and help staff to balance their work and personal lives to optimise their work attendance.
- This policy attempts to balance the requirements of delivering a first class service with staff members' needs, to find the most effective way to support those with carer responsibilities, as part of a wider NHS commitment to improve working life quality.
- Although this policy provides for a range of paid and unpaid leave, every situation cannot be anticipated and managers should use their discretion when

assisting staff in other unforeseen circumstances. In cases of doubt or concern regarding consistency or equity of approach, seek advice from HR.

3 Responsibilities

- The ICB will aim to ensure that those needing time off to deal with an emergency are treated fairly and consistently, while minimising service-delivery impact.
- Managers will act in a way that is sensitive, caring and compassionate towards staff.
- Managers will treat all requests made by staff under this policy fairly and equally, giving due consideration to the particular circumstances of each request.
- Staff wishing to apply for special leave should follow the procedures explained within this policy, giving the maximum possible notice. You must speak to your manager as soon as possible regarding your unavailability, the reason for it and how long you expect to be away from work.
- Staff should provide sufficient, full and accurate information to enable the relevant line manager to make an appropriate decision about special leave entitlement. This may include providing evidence/ verification of their circumstance where appropriate.

4 Policy in practice

When considering requests for special leave, managers will judge each case on its own merits and consider: the urgency of problem/issue; the nature of domestic/family crisis along with the number of dependants within the family and; the impact on the staff member. The amount of annual leave remaining and the number of special leave days granted within the last 12 months will also be taken into account.

Listed below are common circumstances where special leave is requested. If your request does not fall into any

of these categories, please discuss the matter with your manager who will, if necessary, seek advice from HR. Applications for special leave should be made using the Special Leave Application form, which can be found in the HR Policy Forms section on the ICB HR intranet site. It is recognised that in some circumstances, the form may need to be completed retrospectively.

4.1 Bereavement/compassionate leave

Paid leave following the death of a close relative or dependent of up to two weeks may be given taking into account the following:

- relationship with the deceased in real terms not simply by blood ties
- whether the employee has administrative responsibilities (eg making funeral arrangements)
- availability of other relatives and friends to assist in making such arrangements
- the distance needed to travel to make arrangements or attend the funeral.

If appropriate, further unpaid compassionate leave may be granted at the manager's discretion. It is expected that further requests for leave after two weeks will be unpaid or taken as annual leave. Staff should normally exhaust all paid leave before requesting unpaid leave.

4.2 Child bereavement leave/pay

Two weeks child bereavement leave on full pay will be given if you are the biological, adoptive parents, those who are fostering to adopt or legal guardian of a child. This leave can be used in the event of the death of a child from 24 weeks of pregnancy onwards. There is no requirement for the child to be under the age of 18 . This could also include circumstances whereby you have caring responsibilities or are a child's primary carer.

This leave can be taken immediately or at another time and does not have to be taken in one continuous period. Employees should notify their manager of their intentions as soon as they are able to. Full details can be found in the NHS terms and conditions handbook.

4.3 Carer's leave

A carer is a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The ICB recognises our working carers and understands the value they add to the NHS.

The aim of carer's leave is to provide a compassionate response to immediate and unforeseen needs where normal care arrangements for a dependent breakdown at short notice, for example:

- if a dependant falls ill or has been involved in an accident or assaulted, including where the victim is hurt or distressed rather than injured physically
- to make longer-term care arrangements for a dependant who is ill or injured
- to deal with an unexpected disruption or breakdown in care arrangements for a dependant, for example, when a child-minder or nurse fails to turn up
- to deal with an unexpected incident occurring at school during school hours and requiring the parent/carer to attend or
- to accompany a dependent to hospital appointments.

A dependant is the partner, child or parent of the employee, or someone who lives with the employee as part of their family. It does not include tenants or boarders living in the family home. In cases of illness, injury or where care arrangements break down, a dependant may also be someone who reasonably relies on the member of staff for assistance. This may be where the employee is the primary carer or is the only person who can help in an emergency.

There is no qualifying period for eligibility. The initial request for leave should be made to the immediate line manager or other manager acting on their behalf as appropriate. Carer leave is essentially a short-term response to a crisis and, therefore, from a few hours up to five days paid leave per leave year may be granted (pro rata for part-time staff) in any one leave year. It is expected that further requests for leave after five days will be unpaid or taken as annual leave. Staff should exhaust all paid leave before requesting unpaid leave.

Should you need a more flexible approach to work please review the ICB Flexible Working Policy and/or discuss the matter with your manager.

4.4 Disability leave

We understand that people with a disability may have emergencies or appointments occasionally. To support them, they're entitled to five days' paid disability leave. Disability leave will be for disability-related emergencies or appointments where the disabled person would otherwise be well and able to attend work as usual.

4.5 Civic/public duties

The ICB will allow staff to take reasonable paid leave for essential civic and public duties, such as:

- serving as a Justice of the Peace
- membership of a statutory tribunal
- membership of a Board of Prison Visitors
- membership of a school governing body
- Territorial Army/reserve forces.

Staff should consider the time they're spending on such duties if they're are impacting ICB service needs. If so, managers should agree with staff how balance can best be achieved. In addition to the above, paid leave shall be made available in the following circumstances:

- Absence from duty following contact with a case of notifiable disease.
- Attendance at court as a witness.
- Training with reserve and cadet forces.
- Attendance as a witness at internal ICB hearings.

4.6 Jury and witness service

If you're summoned to attend court for jury service or as a witness, give your manager the notification document you receive from the court. You're entitled to basic pay while absent and your manager should inform Payroll. You'll receive a form from the court for any loss of earnings, which you should send to the Payroll, to ensure that this form is completed correctly.

4.7 Armed Forces: Reservists

The ICB will grant unpaid leave to staff who've entered whole-time service in the armed services of the Crown, following a notice of directions for the calling out of reserve or auxiliary services called a "Compulsory Call Out Order", or for the recall of service pensioners, or to fulfil obligations to serve as a commissioned officer.

This may include whole-time service in the armed forces by a member of the Territorial Army. The employee shall provide documentary proof of such instruction from the armed forces and arrange to meet their manager to discuss in detail. At the meeting they'll: confirm the details of their absence and duration; discuss any concerns or impact on the service/ICB; discuss their annual leave, pay and any pension implications.

The outcome of the meeting will be confirmed in writing. The ICB will only refuse to agree leave if serious harm is incurred, such as inability to provide services or conduct R&D that cannot be alleviated by the financial awards available. Reservists have the right to return to their jobs on no less favourable terms and conditions. They have the right to remain a member of the workplace pension scheme if they continue to pay contributions.

The employee must apply for re-instatement in writing to the ICB after their military service ends, no later than the third Monday after the end of that period or as soon after as possible. It's unlawful for employers to terminate a reservist's employment without their consent. Following a correct application for re-instatement, the employer must re-instate the employee in their former post, on terms no less favourable than would apply but for the military service or, if not possible, into the most favourable terms and conditions that are reasonable and practicable.

4.8 Medical and dental appointments

Employees are expected to arrange doctor or dentist appointments in their own time or at a time that limits service impact. Managers should consider the flexible use of time off in lieu. Where there is no alternative but to attend during working hours, time off with pay will normally be granted for a reasonable period, although managers should consider using time off in lieu. Dental check-ups, non-emergency dental work/doctor appointments would come within this arrangement. Emergency medical/dental treatment would normally require sickness absence to be taken.

Other special leave

Managers may, at their discretion, subject to service needs, grant other special leave, which can be paid and unpaid. If you've exhausted all other paid leave and benefits, you may wish to apply for unpaid leave, which should only be taken if all other leave has been taken. Granting unpaid leave is at your manager's discretion; they'll consider your application reasonably and fairly. There's no right to unpaid leave under this policy.

4.9 Volunteering leave

All employees can take up ten days (ideally in half day measures), paid time (or equivalent hours) per year to volunteer across health and social care. Volunteering leave provides employees with time to volunteer in health, social care and for organisations including charities who need volunteers, regularly engage

volunteers, have volunteering roles and have clear volunteering policies.

Employees can choose who they spend their volunteering time with, within the parameters outlined above, and to organise their own volunteering placements/roles and agree these with their line manager. The volunteering scheme is an opportunity to connect with patients and local communities and for that reason paid time to volunteer is limited to opportunities where the employee lives or works. Preferably, any voluntary organisation that employees volunteers should be one that operates in the area covered by the employing ICB to help build our relationships with local health, social care and voluntary sector organisations. Employees can volunteer where they live, but preferably with an organisation that operates in the area covered by the ICB.

Agreeing time to volunteer should be part of an employee's Personal Development Plan (PDP), discussed and agreed with their manager in their appraisal review. There should be joint agreement about how volunteering will benefit both the employee and the organisation in which the individual will volunteer, and how the employee will provide an account of how their time was spent while volunteering.

Time available for volunteering should be encouraged and actively supported within teams, but it should ultimately be considered within the context of business continuity, taking into account the individual's employment record. Time available to volunteer should have no detrimental impact on an individual performing their role to a high standard within the ICB.

Employees will need to provide details of the name of the sponsoring organisation, the volunteering opportunity (nature of activity), when time to volunteer is needed, and confirmation in writing from the host organisation that the volunteering opportunity is available. Confirmation of the volunteering opportunity via email is sufficient.

Employees should also ensure before taking up any volunteering activity that: the hosting/sponsoring organisation has a volunteering policy; the role and tasks are appropriate to their abilities; an appropriate risk assessment, including health and safety considerations, is in place; and they will be covered by the organisation's insurance policy. The hosting/ sponsoring organisation should be responsible for

carrying out any required employment checks (such as the Disclosure and Barring Service checks where appropriate), taking up references, etc.

Volunteering activity should not bring the ICB into disrepute. Any conflicts of interest should be recorded in line with the ICB's Conflicts of Interest Policy. For example, if the employee commissions or can influence commissioning decisions and they're volunteering with an organisation that has either been awarded or is bidding for an ICB contract – this must be declared.

The pattern of time taken for volunteering should be discussed and agreed by the employee and their line manager, and communicated to the wider team. How volunteering is going, what the individual is learning, etc, should also be discussed regularly at one-to-one meetings. Travel and subsistence costs associated with volunteering should be agreed with the organisation for which the employee is volunteering. The ICB will not reimburse expenses from any volunteering activity.

Study leave
For information on study leave entitlements please refer to the ICB Training and Education Policy.

5 Appeal

All ICB employees may use the ICB Grievance Procedure if they feel that they have been treated unfairly in relation to this policy's application. If an employee considers their treatment to amount to discrimination, victimisation, harassment or bullying, the matter should be considered under the ICB's Bullying and Harassment Policy.

Supporting relationships at work

1   What this policy covers

The ICB is fully committed to promoting a fair and harmonious working environment in which everyone is treated with respect and dignity. We all have a responsibility to create a culture of positive relationships at work that demonstrate our values.

This policy is designed to support working relationships and should be used if you think you may need help to resolve problems that have arisen with a colleague while at work or where you feel a relationship at work is breaking down.

2   Principles

Where possible, and in the first instance, problems with relationships at work can and should be dealt with informally and quickly. Most people will simply want to improve the relationship as soon as possible.

We know it's not easy to speak up about things that upset you or cause concern. However, a person may not know that their behaviour is unwelcome, therefore, if you can discuss your concerns it may help them to understand how their behaviour is affecting you and give them a chance to change it. This could prevent a situation from escalating and becoming more difficult to resolve.

You should attempt one or a combination of the methods detailed below before starting a formal process. Only in exceptional circumstances will the formal process be actioned without first exhausting the informal process.

3   Raising a concern with your colleague

If you feel able to raise the matter directly with your colleague face to face, we encourage open and honest discussions about problems as soon as possible. It is important to choose an appropriate time and place, as well as a non-confrontational approach.

Make it clear, using specific examples, what you have found challenging or what is causing you concern, and give your colleague the opportunity to respond.

We would encourage you to keep a diary of events to show how the relationship has changed over a period of time, including steps you have taken to address problems.

Stage 1 – Informal process
If discussion with your colleague has not resolved the problem, speak to your manager to get their support and advice.

To initiate this stage, outline your concerns in writing to your manager. If the concern regards your manager, raise the matter with their manager.

Give specific information about the incident(s), including where possible:

- the names(s) of the colleague(s) involved
- the nature of the problem(s)
- dates and times
- names of any witnesses
- any action already taken to improve the relationship.

After your manager has received this information, they may seek advice from an HR representative and arrange a meeting with you to better understand the issue(s) and discuss next steps, with a view to resolving the problem informally.

To fully engage with this process, you need to be honest and open about what has gone wrong and be focussed on how things can improve. As this stage is informal, HR representatives need not be present at the meeting unless specifically asked to attend.

You and your manager will agree which of the following options to take (you may choose both):

a) Discuss the concern with your colleague
If you do not feel able to raise the issue directly with your colleague, your manager will raise the matter on your behalf.

b) A supported conversation
Your manager will provide support for you to have a conversation with your colleague to start rebuilding the relationship. Your manager will provide support to you both and will take no active part in the discussion. It may be useful for either or both parties to approach HR for advice on how to conduct these discussions carefully and sensitively.

Following one or both of the Stage 1 informal options, if you feel things have not improved sufficiently, it is strongly recommended that you progress to Stage 2 – Mediation in agreement with your manager. Outcomes will be confirmed in writing to all parties.

Stage 2 – Mediation
Mediation should be used when relationships have not been improved through stage 1 of the informal process.

"The outcome of mediation is usually a written agreement or set of agreements that will be provided to your manager, so they can support this going forward"

Mediation is voluntary and offers a safe and constructive forum to solve problems and develop a realistic agreement or outcome that meets everyone's needs. Mediators are impartial and do not offer solutions, but they promote and support good conversations. What is said in mediation is confidential and cannot be disclosed or used in any subsequent procedure.

The outcome of mediation is usually a written agreement or set of agreements that will be provided to your manager, so they can support this going forward. All parties are expected to be positively involved in mediation and committed to building working relationships and reaching an agreement at this stage.

Mediation process
The HR team will arrange an appropriate mediator based on the circumstances. The mediator will be independent and impartial and must be agreed by all parties.

Once appointed, the mediator will arrange to meet individually with all parties to understand the events. Following the individual meetings, the mediator will arrange a mediation session between all parties.

If agreement cannot be reached, your manager and HR team will be informed. They will meet with you and other parties to consider the next step. A further mediated session may be recommended before considering the formal process.

If any party does not agree to mediation, your manager will seek advice from HR to support a resolution.

Stage 3 – Formal process
If the informal process did not lead to the outcome you wanted and/or you have reasonable grounds to move to the formal stage, you should outline your reasons for moving to the formal stage in writing. Provide as much detail as possible and send this to your manager. If you are uncomfortable about putting the concerns in writing, talk to your manager or HR Business Partner.

Your manager will inform the HR Business Partner, who will acknowledge receipt of your concerns and assign an appropriate independent manager to hear your concerns.

The manager will arrange a formal meeting with you and the HR Business Partner. You can bring your trade union representative or work colleague to the formal meetings to support you and help to resolve the grievance. This meeting will be arranged as soon as possible.

The meeting will fully explore your concerns by reviewing documentation provided, including outcomes of informal meetings. The manager and HR Business Partner will decide whether further fact-finding is needed or if witnesses should be interviewed, so that a decision about the most suitable outcome or resolution can be reached.

Depending on the nature and seriousness of the concerns raised, interim measures may need to be considered while the fact-finding takes place, such as a temporary change to duties or a move for parties involved.

Once all fact-finding is completed, the manager will contact you to resume the meeting, to inform you of their findings and outcome, including recommendations. After the formal meeting, the other party will also be advised of outcomes and recommendations. The

"Appeals must be outlined in writing within seven calendar days of receiving the outcome letter and sent to the Assistant Director of HR"

outcome will be confirmed in writing to all parties usually within seven calendar days of the meeting.

Outcomes may include (but are not limited to):

- further steps to improve working relationships (ie formal mediation)

- temporary or permanent redeployment of those involved
- case referred to a disciplinary hearing
- case to be considered under other relevant procedure.

We understand that these situations may be difficult and distressing, so health, wellbeing and emotional support will be provided where required.

Withdrawing your concerns

You may decide to withdraw from this process, but first your manager or HR Business Partner will seek to understand your reasons for withdrawal. Depending on their nature and substance, we may feel it appropriate to follow up on the issues raised, even if you do not wish to pursue the matter.

4 Appeal

You have the right to appeal if you have strong grounds to believe:

- the procedure has not been followed correctly
- you do not believe the decision was reached objectively/fairly
- the decision reached was not appropriate in light of the evidence presented.

Appeals must be outlined in writing within seven calendar days of receiving the outcome letter and sent to the Assistant Director of HR. Your appeal will be acknowledged on receipt of this, and an appeal hearing will be arranged.

Trade union recognition

1 What this policy covers

The policy, agreed between the ICB and formally recognised trade unions, establishes a framework for consultation, negotiation and the provision of information.

This policy is supplemented by other documents aimed at regulating the conduct of industrial relations within the ICB including:

- Local Joint Partnership groups
- the Local Medical Council.

This policy applies in respect of all matters of common interest including:

- pay and conditions of service for all staff, excluding those whose pay and conditions are not covered by national agreements
- employment policies and procedures and issues arising from their application, except those that apply solely to the ICB Directors
- working conditions, including health, safety and welfare if unresolved by the ICB's Health and Safety Committee

- working practices
- mechanisms for negotiation or consultation with the recognised trade unions.

2 Principles

To ensure maximum effectiveness and positive working relationships, the ICB and trade unions agree that they:

- have a common objective in ensuring the effective delivery of health services to the benefit of patients and users of the ICB
- recognise the importance of good industrial relations and the efficient use of resources to achieve effective health care delivery
- recognise that they must work together to foster an environment that encourages trust, communication, cooperation, high standards and appropriate levels of support for staff and reflect the ICB's values and behaviors
- acknowledge the value of up-to-date, regular information about important changes that affect employees and the need to take early account of staffs' views
- are committed to developing policies and procedures that promote equality in line with relevant legislation and best practice
- are committed to resolving disputes informally in the first instance wherever possible.

"The ICB and trade unions agree that it is in their mutual interest to adopt a negotiating process that promotes good employment relations through which issues may be resolved"

"Recognised trade unions have the right to represent their members on all matters for which recognition has been given within this and other HR policies"

interest to adopt a negotiating process that promotes good employment relations through which issues may be considered and resolved.

Within this process, matters will be negotiated at local level until agreement is reached or a "failure to agree" is recorded.

If an agreement is not reached through this process, the matter may be referred by mutual agreement to the Advisory, Conciliation and Arbitration Service (ACAS).

The "status quo" (ie the suspension of the action causing the concern) will not apply if:

- an administrative error in the application of employee terms and conditions has been detected
- it is considered that the maintenance of "status quo" might be detrimental to the health, safety and welfare of patients, staff and members of the public.

3   Responsibilities

The ICB recognises:

- its responsibility in keeping trade unions fully informed in a timely fashion about the ICB business objectives, including strategic and operational plans and the means of implementing them
- the trade unions' responsibility to represent their members' interests, and accepts its legal obligation to disclose relevant information for collective bargaining and consultative processes.

The trade unions recognise:

- management's responsibility to plan, organise and manage the activities of the ICB board to achieve the Business Plan and fulfil the objectives determined by the ICB board
- their role as staff representatives in their discussions with managers
- that the ICB has a responsibility to keep employees directly informed of its activities without removing the requirement under this Agreement to negotiate and consult through recognised processes on appropriate matters.

4   Policy in practice

4.1 Negotiation process
While this policy establishes an overall framework for consultation and negotiation and for the provision of information, for those issues requiring negotiation, the ICB and trade unions agree that it is in their mutual

4.2 Recognised trade unions
The ICB will consult and negotiate with UNISON and UNITE. The ICB may consider recognising additional trade unions in the future if appropriate.

The recognised trade unions have the right to represent their members on all matters for which recognition has been given within this and other HR policies.

The ICB recognises that, from time to time, staff representatives will have a duty to disclose confidential information to their full-time union officers.

4.3 Trade union representative appointments
The procedures for electing trade unions representatives and officials will be determined by the trade unions, in line with any relevant legislation. The trade unions will provide representatives with written union credentials and, under this agreement, will inform the Assistant Director of HR of the names of each accredited representative. The ICB acknowledges the trade unions' right to accredit any member as a representative of the

trade unions. Equally, the ICB reserves the right to request trade unions withdraw accreditation where the accredited representative's conduct is deemed by the ICB not to be conducive to good industrial relations.

Accredited representatives will abide by their current conditions of employment and will be afforded facilities as set out below.

In the event of disciplinary action against an accredited trade union representative, they will have the opportunity to be accompanied by full-time officers in connection with any disciplinary hearing.

4.4 Time off and facilities for trade union representatives

The ICB will provide trade union representatives with reasonable time off to undertake the duties of their role, including training.

Trade union representatives may be asked to undertake additional trade union duties, such as policy review meetings and job evaluation panels. The ICB will provide facilities for trade union representatives to conduct their affairs, including access to a room, computer, printer, phone and lockable cabinet. The facilities provided under this

Trade unions recognised by the ICB

For the purposes of negotiating and consulting, the ICB recognises the following representative trade unions:

- UNISON
- UNITE

agreement to any representative or official will be withdrawn if:

- the trade unions or individual representative notifies the ICB in writing that they have ceased to be a member, representative or official of the trade union
- the representative ceases to be an ICB employee.

4.5 Interpretation, variation and termination

The ICB and the trade unions party to this policy will give three months' written notice of their intention to withdraw from the agreement and the negotiation and consultation arrangements set up under its provisions. If either party seeks to vary or alter the terms of this policy, it must give the other party three months' notice and in the event of a "failure to agree", the procedure outlined in 4.1 will apply.

Training, education and development

1 What this policy covers

The ICB is committed to developing a workforce that continuously strives to improve service quality. We promote learning and development as part of our approach towards enhancing the knowledge and skills of all staff to achieve a world-class workforce. This would ensure that staff have the necessary competence to meet the current and future needs of the ICB.

Education and training are key to developing and retaining a high-quality, well-motivated workforce, ensuring that staff:

- have the skills, knowledge and competence to perform their roles safely
- are as effective as possible in their roles, reflecting latest learning and best practice
- have the opportunity to realise their potential.

This policy applies to permanent, temporary, bank, graduate placements, apprentices and volunteer staff, and seeks to support the above aims by:

- setting the strategic framework and detailing the minimum content requirements for corporate and local induction
- providing the framework arrangements for the design, planning, delivery, recording and evaluation of induction/statutory training
- outlining arrangements for monitoring attendance and following up on cases of non-attendance on induction or non-compliance with local induction
- defining the responsibilities of relevant staff groups for ensuring compliance with this policy.

2 Principles

- Staff training needs will be identified and delivered in accordance with our equal opportunities and

inclusion principles.
- All staff will be supported to help them achieve their potential within current and future roles at the ICB.
- Staff will be given protected paid time for mandatory and statutory training. Where a staff member is withdrawn from training, their manager should prioritise their attendance at the next training session.

3 Responsibilities

The ICB has a legal responsibility to provide a safe and healthy environment for staff, patients and visitors, while ensuring that staff have the necessary competence to perform their roles.

Managers are responsible for ensuring that staff are aware of and are supported when participating in the ICB's corporate induction and mandatory training programmes. They're also responsible for implementing local induction arrangements for their areas of responsibility.

4 Policy in practice

4.1 Identifying training needs.
This policy is designed to help you become the best you can by identifying and supporting your learning needs. The HR department is constantly reviewing the courses provided and how they are delivered to meet the needs of our people.

Your training and development needs may be identified from sources including:

- statutory requirements (eg health and safety legislation)
- professional regulatory body requirements (eg revalidation)
- organisational requirements (eg induction)

- skills required to undertake current role
- skills required for service delivery changes
- individual development
- skills required to meet objectives
- skills required to attain career aspirations.

4.2 Funding
Application for funding is made through the HR department and further information can be found on the ODL pages of the HR intranet. Here, you will also find the Training Request Form, funding guidance notes and the Training Approval Form.

Once the application has been completed and agreed (subject to funding availability), it must be returned or emailed to the HR team. Notifications will be sent when received and when a decision has been made.

Funding for courses, internal or external, is available to permanent employees only. Should the ICB agree to fund a course and the employee leaves the organisation, they will be required to refund a pro-rata portion of the funding, which will be deducted from their final salary. Line managers are accountable for ensuring that costs are retrieved and set against the training budget.

If a staff member cannot attend an externally funded course, they will be responsible for informing the provider and may incur any costs associated with late cancellation or non-attendance.

Books and other materials are not funded by the organisation. Travel and accommodation costs for essential external and continued professional development (CPD) courses will not be funded through the centralised budget. Staff may claim them via their line manager, as explained in the ICB Travel and Expenses Policy, if this has been agreed.

4.3 Evaluation
All training is evaluated and the results will be fed back via the ODL team.

4.4 Study leave
Employees undertaking qualifications as agreed with the organisation and line-manager are entitled to up to five days study leave per year. This request is to be discussed and agreed with their line manager. Study leave covers exams, submissions and re-sits.

5 Induction

The ICB's induction programme consists of two elements – corporate induction and local induction – and all new staff must attend the corporate induction programme as soon as practical.

5.1 Corporate induction
The programme detailing the minimum requirements for corporate induction can be found on the HR intranet. It will be held over four half days every second month.

New starters will be booked onto the induction training programme by the HR team and they will receive notification of this. If you have not been notified, please contact the HR team or your line manager to ensure that arrangements are made.

If staff fail to attend their scheduled induction date, they will be automatically booked onto the next date and notified in writing by the HR team. The HR team will also inform the manager so that they can discuss the reasons for non-attendance with their team member.

5.2 Local induction
In addition to the ICB corporate induction programme, all staff that are new in post or change to a new department must undergo a planned local induction specific to their role, team, and area of work. We expect the local induction programme to be completed within six weeks of starting a post.

The heads of department and line managers should identify the local induction requirements and complete a checklist detailing the minimum requirements for permanent staff local induction.

5.3 Local induction for temporary staff
Agency/locum staff are selected for temporary work at the ICB through registered agencies, which should ensure that individuals are competent enough to work and that their mandatory training meets the terms of their ICB service contract. All local induction information and documentation can be found on the HR intranet.

5.4 Volunteers
Volunteers must attend a specifically planned induction and mandatory training course as arranged by their line manager and the HR team.

6 Mandatory and statutory training

Staff must do their mandatory and statutory training as identified in their ESR account (please contact HR if you need help). This is a legal requirement and it is the employee's responsibility to keep themselves up to date.

It is expected that Information Governance is completed within the first 24 hours of employment. All other mandatory and statutory requirements must be completed within the first three months of employment.

Staff may undertake face-to-face training or e-learning, depending on the training required. If staff are out of date with their mandatory and statutory training, they may not progress through their payband or be entitled to CPD and funded training.

The HR team will develop a regularly reviewed training prospectus, bringing together all relevant information for staff into one document. It will also publicise the dates and timing for induction and mandatory and statutory training. ESR will remind staff when their mandatory and statutory training is due.

Agency staff and contractors hired via the NHS framework must also be fully compliant with mandatory training requirements prior to starting at the ICB.

7 Essential training

Essential training is a term we use to describe training which is essential for a role and is defined by regulatory bodies. Information regarding essential training can be found on the HR intranet.

7.1 Recording of essential training
All essential training will be recorded through ESR. External mandatory and statutory training can be recorded on ESR, providing the supplier is accredited by the NHS and is aligned with the Core Skills Training Framework (CSTF). Evidence of successful completion will be required.

7.2 Additional essential training
Our essential training is not an exhaustive list and additional mandatory and statutory training may be required as agreed by your line manager or regulatory body. Additional training can be recorded, where evidence

is provided and aligned with the NHS CSTF or agreed supplier.

8 Mentorship and coaching

The ICB will support staff by offering an opportunity to access mentoring and coaching through the East of England Leadership Academy. Staff wishing to access this should contact the academy through coaching.eoe.hee.nhs.uk.

9 Continuous professional development

The HR team provides a range of continuous professional development (CPD) opportunities for all staff, regardless of grade or job role. This includes leadership and management (internally and eternally), vocational courses and other programmes.

10 Career Advice

The ICB is totally committed to supporting staff and helping them develop in their careers and become the very best they can be. This offer is open to everyone across the ICB.

Travel and expenses

1 What this policy covers

This policy sets out the travelling and subsistence rates payable to all ICB employees, plus non-executive directors, volunteers and governors.

The ICB has adopted Agenda for Change Terms and Conditions of Service and Medical and Dental Terms and Conditions for this purpose.

This policy will help you to understand what you may and may not claim. It will also provide managers with guidance on authorising claims and minimising risk of fraudulent claims.

2 Definitions

Expenses
The costs incurred by you while on official business for the ICB, as covered by this policy. This may include, but is not limited to, travel costs, accommodation and subsistence.

Mileage
The amount you can claim for each mile travelled when using your vehicle on ICB business.

Subsistence
Expenses such as food, drink and accommodation incurred while you are away from your permanent workplace on ICB business.

Private car users
Employees are classified as a "private car user" if they are not eligible for a lease car. Under this classification you will be entitled to standard business mileage rate, which is dependent on the engine capacity and/or the total annual business miles.

3 Principles

- The ICB will reimburse reasonable costs incurred by all employees fulfilling their duties.
- Adherence to this policy will ensure you are appropriately reimbursed for expenses incurred while on ICB business.
- All claims must be authorised appropriately.
- Allegations of fraudulent claims will be reported to the Local Counter Fraud Specialist and dealt with under ICB Anti-Fraud, Bribery and Corruption Policy and the ICB Disciplinary Policy.

4 Responsibilities

Anyone who has a concern has a responsibility to inform the Counter Fraud Specialist.

Chief Finance Officer
The Chief Finance Officer has executive responsibility for this policy.

Directors
Directors are responsible for ensuring the consistent application of this policy and for ensuring appropriate managers are authorised signatories for authorising expense claim forms. They must seek guidance from the Counter Fraud Specialist where fraud is suspected.

Managers
Managers are responsible for authorising travel expenditure and must confirm that claims represent a valid business expense. When verifying and authorising expense claim forms they must ensure that claims are accurate, with appropriate supporting paperwork submitted with each claim.

Where an employee's role requires them to travel on ICB business, and the employee uses their private car to do so, the manager will verify the employee's vehicle documentation. This should be undertaken annually.

Employees

Employees should get their manager's approval for proposed travel on ICB business, including reason for travelling, date of travelling and approximate travelling expenditure. Employees should be aware of the relevant rules before incurring costs and submitting claims. Employees should ensure that any claim is made accurately and in a timely way in accordance with this policy.

Employees will alert their manager and payroll if they have received any overpayments in connection with their pay and expenses, and will make arrangements to repay. Employees who dishonestly retain overpayments may be guilty of theft.

5   Policy in practice

5.1 Claiming expenses

To claim vehicle mileage expenses under this policy you must have:

- insurance for business use for the vehicle used
- a valid MOT certificate for the vehicle used
- a valid driving licence for the type of vehicle used.

You must claim using the Selenity Expenses system (more information can be found on the HR intranet).

Receipts must be submitted with the claim within three months.The ICB reserves the right not to reimburse expenses if no receipt or proof of payment is submitted and attached to the claim. The Chief Finance Officer or a finance team member will arbitrate in cases of dispute.

You can normally only claim expenses that relate to you personally. However, in the case of meals or shared taxis, the most senior person should normally pay and obtain a receipt. The expense claim should state the names of others covered by such a claim.

Volunteers and governors wishing to claim expenses should also refer to the relevant sections overleaf.

5.2 Authorising Claims

All claims must be appropriately authorised for payment. Authorised signatories are responsible for verifying claims and should scrutinise claims prior to authorisation.

"The ICB reserves the right not to reimburse expenses if no receipt or proof of payment is submitted and attached to the claim"

5.3 Payment of claims

Approved claims should be submitted by the fifth day of the month if they are to be paid that month. Authorised claims should be submitted for payment within three calendar months following the end of the month in which they were incurred. Claims received after this time may be denied.

5.4 Excess travel

You are eligible for excess travel expenses if you are required to change your base as a result of a merger of NHS employers, organisational change or you accept another post as an alternative to redundancy.

If you travel by private car or motor cycle, this is payable for a period of up to four years at public transport/lease car mileage rates, and is subject to tax and National Insurance deductions.

Excess mileage is defined as the mileage from the employee's home to their new base and return, less the mileage from employee's home to their old base and return. Where an employee travels by public transport, the excess will be calculated using excess bus fares or standard rail fare payable.

5.5 Telephone expenses

- **Mobile phones**
  If you are issued with an ICB mobile phone you may be required to reimburse the cost of private calls.
- **Telephone calls on private phones**
  If you need to make a business call on your private phone and wish to claim, an itemised telephone bill should be submitted with the claim form.

5.6 Volunteer expenses

The cost of parking charges or public transport fares will be reimbursed to volunteers.

Travel and transport expenses

Business mileage rate
This is defined as mileage rate paid to users who use their own vehicles for official journeys (as defined by Agenda for Change Terms and Conditions and Medical and Dental Terms and Conditions). This does not apply to lease car users.

Except for Non-Executive Directors, claims for business mileage will only be reimbursed for miles travelled in the performance of the employee's duties that are in excess of the home-to-agreed-work-base return journey. Non-Executive Directors may claim mileage from home to work.

Where the journey starts at a location other than the work base (eg home), mileage will be reimbursed as set out below. In this example, the distance from the employee's home to their work base is 15 miles.

Journeys that count as business mileage for both tax and National Insurance contributions are:

- those made when undertaking the claimant's job, for example, if the claimant travels from their workplace to visit a patient or client and uses their own vehicle
- those made to or from a place the claimant has to attend to do their job, for example, if the claimant travels directly from home to attend a meeting. (However, this would not be claimed, if the journey is practically the same as their ordinary commuting journey. For example, if the meeting location is not far from their base.)

Lease cars
If you need to lease a car, this must be approved by your head of department.

Mileage for on-call duties
On-call mileage is defined as occasional travel from home to a permanent place of work unexpectedly or in an emergency. If you are eligible for on-call mileage, this is payable at standard or regular user rate and is subject to tax and National Insurance contributions. However, on-call mileage payable to emergency leads (the doctor with lead responsibility for the emergency situation) is exempt from tax and National Insurance contributions.

Outward journey	Distance	Eligible miles
Home to base	15 miles	None
Home to first call	Less than 15 miles	Eligible mileage starts after 15 miles have been travelled (therefore nil eligible miles)
Home to first call	More than 15 miles	Eligible mileage starts from home, less 15 miles

Return journey	Distance	Eligible miles
Last call to base		Eligible mileage ends at base
Last call to home	Less than 15 miles	Eligible mileage ends 15 miles from home
Last call to home	More than 15 miles	Eligible mileage ends 15 miles from home

Public transport

You should try to minimise travel costs incurred and this means taking advantage of cheap fare deals (eg budget airlines, special offers, using rail cards, non-flexible tickets, day returns or season tickets, etc) where possible.

Rail travel

You should normally use standard class travel and tickets should be booked in advance where possible to obtain maximum discount. You must supply rail travel tickets when making claims to confirm the destinations travelled to. Receipts need not be supplied if the full cost of the rail travel is shown on the tickets.

Taxis

Appropriate use of taxis is permitted. As a general guide it will be approved where:

- a reasonable distance is undertaken (eg city centre rail station to place visited)
- two or more people share a taxi, making the journey cheaper than by public transport
- personal security is an important factor (eg if late evening travel is necessary)
- where use of public transport was not practicable.

Conferences and exhibitions

This expense type is typically used for attending a training course which does not lead to an exam qualification. Before booking, ensure that you consult with HR and obtain authorisation from a director. If you are required to pay for approved conferences and exhibitions, this will be reimbursed.

Subsistence allowances

Short overnight stay in a hotel

Hotels/guest houses may be booked when:

- an employee undertakes ICB business for more than five working hours away from their home or
- when the journey time including the business to be conducted exceeds 12 hours or
- where agreed by an Executive Director.

Employees should try to minimise the cost of overnight stays and take advantage of cheap deals.

The actual receipted cost of bed and breakfast is up to a normal maximum limit of £70 per night including VAT outside Central London and £100 per night including VAT in Central London (defined as within transport zones 1 and 2), plus a meal allowance of £20 per night including VAT to cover a main evening meal and one other daytime meal (where meals are not provided). The ICB will not reimburse for personal entertainment, for example, pay-to-view TV or mini-bar bills. Reimbursement will not normally be made for alcoholic drinks purchased.

Where the maximum limit is exceeded for genuine business reasons, such as the choice of hotel was not within the employee's control or cheaper hotels were fully booked, additional assistance may be granted at the discretion of a director, or where delegated authority is given by a manager reporting to a director.

Volunteer management

1   What this policy covers

This policy applies to all people who wish to volunteer within the ICB, except patient/public volunteers who are representatives on committees and other working groups. There are separate arrangements explained in other policies, particularly the volunteer and re-imbursement policy for patient, public and carer engagement in patient and public involvement. This policy does not apply in those circumstances.

The policy sets out how the ICB will place and support volunteers during their volunteer experience to ensure that it benefits both parties. This policy does not apply to ICB employees who wish to do voluntary work outside of the ICB. They should refer to the Special Leave Policy for paid volunteering leave provisions.

2   Principles

NHS England definitions:

"Volunteers are individuals who choose to commit their time and energy to support the work of the NHS, without receiving any financial benefit beyond reimbursement of expenses. Volunteering is a choice freely made by each individual."

Volunteering for the ICB is undertaken for a wide variety of reasons involving holistic personal development, reflective learning, skills development and to influence the ICB's work. Various volunteering opportunities are available and although this is not an exhaustive list these include:

- focus groups on specific topics
- shadowing a team or individual to gain experience of their work
- active involvement in specific projects or groups.

This policy adopts four principles fundamental to volunteering as identified by the Government Code of Practice (1998), which are choice, diversity, reciprocity and recognition. The ICB recognises the important role that voluntary activity plays in complementing the organisation's work and therefore supports and encourages voluntary-sector efforts. The ICB recognises that volunteers add immense value to the services it provides and support the work of employees.

3   Responsibilities

Manager
Managers have general responsibility for volunteer placements within their department. They're also responsible for ensuring that this policy is adhered to and:

- that a role outline is provided prior to volunteering
- required clearances (eg DBS, Occupational Health, etc) are sought and gained
- mandatory/statutory training has been completed as required
- Conflicts of Interest and Information Governance have been completed
- on-job training is provided
- local induction and Induction checklists have been completed
- health and safety policies and procedures are adhered to
- a risk assessment has been carried out
- a structured training plan has been provided
- this policy has been shared with the volunteer before they start their placement
- the volunteer receives a structured induction, including elements on health and safety, fire procedures and confidentiality awareness
- an appropriate mentor is allocated who will be available through the placement and that adequate supervision is provided at all times

■ arrange and undertake regular reviews to ensure that the individual has benefited from the placement.

Managers should refer to the Volunteer Starter Pack (available on the HR intranet), which must be completed before the volunteer starts.

While there is no employment relationship with the volunteer, the manager must ensure that their health, safety and welfare at work are dealt with in the same way as for employees.

Volunteers

Volunteers are responsible for:

■ following the instructions or guidance given to them by the manager they report to
■ following the policies and procedures of the ICB, as appropriate, for their role
■ ensuring that they consider the health, safety and welfare of themselves and others as they undertake their role
■ undertaking any clearances and training as required for their role.

Human Resources

Human Resources is responsible for:

■ maintaining and updating this policy to ensure they are in line with organisational and legislative changes.
■ providing advice and support to line managers to help them apply this policy and guidance.

4 Policy in practice

Recruitment and selection of volunteers

■ All volunteers will be asked to complete a Volunteer Application form, which is available in the Volunteers Starter Pack.
■ All potential volunteers will be required to supply identity documents to confirm their identity.
■ Reasonable adjustments will be considered for potential volunteers with a disability.
■ Volunteers will be required to make an Occupational Health declaration.
■ Under the Rehabilitation of Offenders Act (1974) Exemption Order, volunteers are required to declare

all previous convictions to the Recruitment Department. This information will be confidential and will not necessarily prejudice the volunteer being accepted for voluntary work.
■ Once all necessary checks have been undertaken successfully, the volunteer will be asked to sign a Volunteer Agreement (available on the HR intranet), before undertaking any voluntary work.

Problem-solving procedure

■ Should a problem arise concerning a volunteer, it should be dealt with in line with NHS Employers Guidance on Volunteer Management. The final decision as to the suitability of a volunteer in any particular area will be that of the Assistant Director of the Department.
■ If a volunteer has a complaint or grievance they wish to raise, they should initially refer the matter to their manager. If not resolved, the issue may progress through the ICB Grievance Policy.

Liability and insurance

The ICB has insurance that covers volunteers.

Reimbursement of expenses

The reimbursement of expenses will be in line with the ICB Travel Expenses Policy and as agreed with the line manager and the ICB Finance Department.

Training of volunteers

The line manager will arrange all appropriate training for volunteers. The principles for volunteer training will be that any training available to employees will also be available to volunteers if it is appropriate to the tasks they are carrying out.

Termination of service

Volunteers who wish to terminate their involvement with the ICB should give their line manager as much notice as possible, so that alternative arrangements can be made. The ICB reserves the right, in exceptional circumstances, to ask a volunteer to withdraw their help and will be open about the reasons for this decision.

Work experience and internships

1 What this policy covers

The ICB is committed to providing work experience for people to undertake unpaid work to:

- gain practical experience
- develop workplace skills
- increase self-confidence
- increase understanding of the work within a field
- develop a greater understanding of work-life issues.

They also enable the ICB to:

- fill a skills gap or vacancy
- inject fresh ideas, knowledge and concepts
- develop the mentoring/supervisory skills of staff
- provide access to a talented and diverse workforce
- promote the organisation as an employer of choice
- demonstrate commitment to our CSR.

This policy explains how applications for work experience should be made and managed, and the responsibilities of the ICB and individuals during placements. Further guidance can be found in the Health & Safety at Work Act 1974, the Management of Health & Safety Regulations 1999, *HSE Managing Health & Safety on Work Experience: Guide for Organisers* HSG 199 and the Criminal Justice and Court Services Act (2000).

2 Principles

- Application of this policy will be made in line with the ICB's Equality and Inclusion and principles.
- The ICB aims to offer a practical and meaningful experience that meets the agreed expectations of both the individual and the organisation and to provide a supportive environment to those on placement.
- Individual employees of the ICB are not permitted to arrange personal programmes for individual students.

3 Responsibilities

The HR Department, recruitment and line managers are responsible for coordinating and advising on all work experience placements at the ICB and ensuring that:

- appropriate risk assessments are undertaken in respect of all placements
- all documentation/records are completed and kept
- where required, DBS checks are undertaken
- candidates complete the local and corporate induction programmes as required
- all placements are evaluated
- pre-employment checks are made.

These checks must be completed and deemed satisfactory by the ICB prior to a commencement date for the placement being arranged. Where the student's education institution has already conducted such checks, these may be deemed acceptable by the ICB and new checks may not need to be undertaken. In this instance, advice should be sought from Recruitment to determine whether the checks undertaken by the education institution are satisfactory.

Managers are responsible for ensuring that:

- all requests for work experience are referred to HR and recruitment
- the experience offered is meaningful and appropriate to the work experience candidate
- placements within the department do not cause undue interference with its efficient working
- an appropriate risk assessment is undertaken prior to the placement commencing and that work experience candidates are made aware of all relevant health and safety requirements.
- a structured training plan is provided
- the policy is shared with the applicant before their placement starts
- an appropriate mentor is allocated and they're

available throughout the placement to ensure that adequate supervision is provided at all times

- all mentors/supervisors of children and young people have had a recent Disclosure and Barring Service (DBS) check
- regular reviews take place to ensure that the individual has benefited from the placement.
- a supervisor's report is completed.

All staff are responsible for ensuring that:

- they're aware of the health and safety requirements relating to students on placement in their areas of work and the need for appropriate supervision
- the dignity and confidentiality of patients is preserved at all times
- any concerns are raised promptly with the manager.

Work experience candidates are responsible for ensuring that:

- they adhere to ICB policies and procedures
- they maintain the respect and confidentiality of patients at all times
- they only undertake agreed placement duties.

Those on work experience will be asked to sign an honorary contract and the volunteer will be asked to sign the volunteer agreement.

Insurance

The principle placement risks are:

- injury to students on placements
- injury to others on the premises (eg employees, visitors, patients, etc)
- damage to, or loss of employers property, and damage to, or loss of other property (eg the student's, employee's or a patient's property).

The organisation has employer's liability insurance, which covers all work experience placements, providing that individuals work within the guidelines.

4   Policy in practice

4.1 Application/eligibility
- This policy applies to areas of the organisation that

accommodate students on work experience.
- Students below the age of 17 are only eligible to undertake a rotational work experience programme within non-clinical areas of the ICB.

4.2 Duration of placements
Requests for placement will be considered case by case, to be agreed by the department, recruitment and HR and work experience candidate. As a general rule placements will:

- not exceed two weeks
- be worked on weekdays, Monday to Friday
- not exceed eight hours a day.

4.3 Areas of placement
Non-clinical
Secondary school students: participating areas will agree their schedule as part of the programme with the line manager responsible for the student. Placement opportunities are available within such departments as finance, admin and clerical, HR, IT and logistics. Additional areas can be requested via HR.

Clinical
Work experience candidates wishing to undertake a placement within a clinical environment may apply to complete a Healthcare Experience Programme. For more information refer to the Step into the NHS website.

Internships
Internships are defined as a placement during which a university or college student undertakes a role or piece of work over a set period of time for which they're remunerated. All internships will be advertised via NHS jobs, local universities and colleges. All individuals applying for an internship will be required to follow the normal recruitment and selection process and will be treated as an employee during their placement.

Work shadowing
Work shadowing is a placement during which a student or individual shadows an employee or employees going about their normal activities, unless the complexity or for safety or security reasons the activities cannot be done by the individual with supervision from a manager and/or employee. Work shadowing would not normally last longer than one day. Any requests for work shadowing lasting longer should be treated in line with work experience.

Working hours

1 What this policy covers

This policy, which applies to all staff (except medical and dental staff, who are covered by a separate national agreement), details the conditions that apply to working practices to ensure compliance with the Working Time Regulations (WTR).

It is expected that in most areas of everyday working practice, the regulations and the nationally determined agreements and guidance provide information to enable management and staff to ensure that their working practices comply with the regulations. However, some matters require local interpretation and local collective agreement, and this policy will provide appropriate local guidance to ensure comprehensive compliance with the regulations.

Further information about the Working Time Directive, Regulations and guidance can be found by visiting the following websites:
- **www.acas.org.uk**
- **www.direct.gov.uk**

Staff undertaking work in addition to their post at the ICB should also read the Secondary Employment Policy, and are reminded that under the terms of the policy they must inform their manager if they are undertaking work outside of the ICB.

2 Principles

- In accordance with the regulations and this policy, no ICB staff member will suffer through seeking to enforce their legal rights within the regulations.
- The intention of this policy is to ensure that the health and safety of employees is not compromised by the pattern or duration of hours they work.

3 Responsibilities

- The ICB is responsible for ensuring compliance with this policy and directions on interpretation of the Regulations contained within (GC) 3/98, and will also make reference to Health Service Circular 1998/204.
- The ICB will identify and seek agreement, from individuals or via collective agreement as appropriate, for the use of the available exceptions or exemptions to enable working patterns that meet the ICB's operational needs, while not compromising health and safety.
- ICB managers and heads of department are responsible for ensuring the practical application of this policy at a local level.

"All staff are required to comply with ICB reporting and record-keeping procedures relating to this policy"

- All staff are required to comply with ICB reporting and record-keeping procedures relating to this policy.

4   Policy in practice

4.1 Record-keeping
Where required by the regulations, the ICB designed methods of record keeping will monitor compliance in relation to:

- maximum weekly working time
- rest breaks
- daily rest
- weekly rest periods
- night work.

These records may be required for inspection by the Health and Safety Executive or union representatives. Information regarding the recording systems and forms used is available from Human Resources and on the HR intranet.

4.2 Max weekly working time: reference period
The maximum average working week for all staff covered by this agreement is 48 hours per week, inclusive of hours worked while on call.

The reference period over which average hours will be calculated will be 17 weeks. This agreement will be in accordance with 23(b) of the regulations.

The reference period will determine, for the purposes of the regulations, whether or not hours worked are more than those specified in the regulations. The ICB will work to ensure that staff do not work more than 48 hours on average over any period of four weeks or more.

You may choose to agree to work more than 48 hours averaged over a 17-week period. This guidance also contains an option for you to later change your decision of agreeing to work more than 48 hours.

The decision to exercise this option is an individual, voluntary one and no pressure should be placed on you to take this option. Each agreement may either relate to a specified time period or apply indefinitely and should be recorded in writing using the form, which can be found on the HR intranet.

To end any agreement you must give written notice to ICB. This can take the form of a previously specified notice period of up to three months written in any agreement or, if no notice period is specified, only seven days' notice would be required. Records of such agreements must be kept and be made available to locally recognised unions.

Working time will include time taken for training purposes, civic and public duties, health and safety and trade union duties.

4.3 Night work
The "night period" is defined as 11pm to 6am and staff who regularly work at least three hours during the "night period" are "night workers".

Night workers who deal with special hazards or whose work involves heavy mental or physical strain should not work longer than eight hours on average in any 24-hour period, calculated over a period of 17 weeks. Staff cannot opt out of this limit.

At the time of finalising this policy, no area has been identified within ICB where night workers face hazards of the type described above.

Should you or your accredited safety representative draw to the attention of the ICB working conditions within your area that may fall within the description of "special hazards or heavy physical or metal strain" during the night work period explained previously, the ICB will undertake an appropriate risk assessment.

Where the conditions found indicate action to be necessary, the ICB will consider whether arrangements can be made to reduce risk. Where this is not possible or reasonably practical, the length of each shift worked by night workers doing the work in question in that area will be limited in accordance with the regulations to no more than eight hours in any one 24-hour period

Should particular types of work be identified at national level as falling within these criteria, similar action will occur.

4.4 Breaks
Minimum rest breaks between shifts
You should normally have a rest period of not less than 11 hours in each 24-hour period.

Where full daily rest cannot be taken because a worker is changing shifts, the ICB will make arrangements to allow equivalent compensatory rest. In exceptional circumstances, where this is not practicable because of the contingencies of the service, daily rest may be less than 11 hours. In these circumstances, records should be kept by the employer, which will be available to locally recognised unions.

Local arrangements should be agreed to ensure that a period of equivalent compensatory rest is provided. Any proposed regular amendment to the minimum daily rest period must be agreed with locally recognised unions. In some emergency situations, compensatory rest may not always be possible. A standard form for the recording of rest periods can be found on the Human Resources Policy Forms section of the HR intranet.

In-work breaks
Where the working day is longer than six hours, you are entitled to take a break of at least 20 minutes. Rest breaks must be taken during the period of work and should not be taken either at the start or the end of a period of working time.

You should be able to take your rest break away from your workstation. In exceptional circumstances, and with your agreement, where your rest break cannot be taken, the unused entitlement should be claimed as a period of equivalent compensatory rest. Line managers should ensure that provision is made to allow compensatory rest to be taken.

Existing local arrangements that already provide for breaks of more than 20 minutes (eg lunch breaks) will meet the requirements of this provision and no further action will be needed.

Where work is repetitive, continuous or requiring exceptional concentration, the ICB should ensure the provision of adequate rest breaks as an integral part of its duty to protect the health and safety of its employees. In such circumstances the advice of Human Resources should be sought.

Off-duty breaks
You should receive an uninterrupted weekly rest period of 35 hours (including the eleven hours of daily rest) in each seven-day period for which you work for the ICB. Where this is not possible, you should receive equivalent rest over a 14-day period, either as one 70-hour period or two 35-hour periods.

4.5 Health assessment for night workers
Night workers are entitled to a regular and free confidential Occupational Health health assessment. The ICB has developed an appropriate system of health assessment, which can be found on the HR Policies Forms section of the HR intranet.

4.6 Holiday pay
Bank staff
The statutory paid holiday entitlement was raised from 24 days to 28 days from 1 April 2009 under the Working Time (Amendment) Regulations 2007 (SI 2007/2079), which came into force on 1 October 2007.

Staff employed by the ICB as bank staff within all occupational groups covered by this agreement will be entitled to holiday pay. Holiday pay for bank staff is calculated and paid regularly with each time sheet that is submitted.

Substantive staff
Staff employed on substantive and fixed-term contracts will be paid average contracted earnings as required by the regulations. This payment will be made regardless of the actual number of days of leave taken by the individual during the period concerned.

4.7 Employing young people
A young person is defined as someone who is above school-leaving age yet under 18. Any young person working for the ICB will therefore be 16 or 17 and special rules concerning them will apply.

A young person is entitled to take at least 30 minutes' break if their shift lasts more than 4.5 hours. Staff aged 16 and 17 will work no more than eight hours a day and 40 hours a week. A young person should have 12 hours rest between working days and two days off every week. A young person cannot opt-out of the Working Time Directive to work more than 48 hours a week.

Working in partnership with people and communities

17 May 2022

(Updated 21 March 2023)

1. Background

The Health and Care Act 2022 set Hertfordshire and west Essex's Integrated Care System (ICS) onto a statutory footing from 1 July 2022 onwards, building on the proposals for legislative change set out by NHS England and NHS Improvement in its Long Term Plan. Clinical Commissioning Groups (CCGs) ceased to exist from 30 June 2022.

The Act requires our public and voluntary sector health and care organisations to work together to improve health and wellbeing for all, in order to:

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

The Act reflects extensive discussions with NHS England, the Local Government Association and the health and care sector. It incorporates lessons learned from the COVID-19 pandemic, where the positive impact of collaborative working, information sharing and voluntary, community, faith and social enterprise (VCSFE) organisations helped to support our most vulnerable residents.

It introduces an Integrated Care Board (ICB), and an Integrated Care Partnership (ICP) that each Integrated Care Board and its partner local authorities will be required to establish. ICPs bring together health, social care, public health and wider partners to deliver joined-up care for their communities, tackling health inequalities.

Collaborating as an ICS will help health and care organisations in Hertfordshire and west Essex to tackle the complex challenges facing our 1.6m population, 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.

2. The key role of people and communities

We can only successfully tackle the health inequalities and the health and wellbeing challenges faced by our Hertfordshire and west Essex population if we actively involve and engage people and communities at the heart of our health and care system, so that they can shape and influence the development and commissioning of services.

The creation of our statutory ICS has brought fresh opportunities to strengthen the positive legacy of the area's three former Clinical Commissioning Groups. We can build on the good relationships, networks and activities which exist across the ICS's organisations and embed the positive involvement and engagement practices which have in many cases been strengthened by the COVID-19 pandemic.

3. Guiding principles for our Integrated Care System

Meaningful involvement and engagement should guide all our work, from neighbourhood and community planning to board-level decision making processes. Although the ICS will operate at a strategic level to address challenges facing the overall health and wellbeing of our residents, it will place person-centred care at the heart of a policy making.

The ICB has adopted ten principles set out by NHS England in its guidance on working with people and communities. The principles are embedded in the ICB's constitution and will be used when developing and maintaining arrangements for engaging and communities.

It is hoped that the same ten principles will guide the involvement of people and communities across our ICS area; from the ICP, to our three place-based Health and Care Partnerships, Hertfordshire's Mental Health, Learning Disability and Autism Health and Care Partnership and at neighbourhood level too, leading to a consistent, best-practice approach.

The development of this strategy has involved stakeholders and health and care professionals, patient voice members, representatives from the VCSFE Alliance and Healthwatch Hertfordshire and Healthwatch Essex representatives.

The strategy was first presented to the ICB Board for their review on 1 July 2022. At this stage, the strategy was in draft form, as it was still subject to NHS England's approval process. Since then, it has been reviewed and approved by NHS England, and updates have been made in response to the positive feedback and suggestions received. A supplementary framework document has been added (see Appendix One) which is referenced below under 'Principle One'.

Principle One

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

The ICB's constitution requires that arrangements are in place to ensure that individuals, their carers and their representatives are involved in:

- the planning of commissioning arrangements by the ICB
- the development and consideration of proposals by the ICB
- any changes in commissioning arrangements where the implementation of proposals would have an impact on the range of health services available, or the manner in which those services are delivered
- ICB decisions which would affect commissioning arrangements in a way that would have an impact on services or the way they are delivered.

The independent, non-executive members of the ICB will be supported to undertake their roles through training and development. They will be tasked with helping to ensure that the statutory duties of the ICB are met, including those relating to patient and public participation. Non-executive members will be connected with representative organisations including the new ICS-wide VCSFE Alliance, Health Care Partnership-specific citizens panels and the well-established and effective co-production groups in our area, including those run by Essex and Hertfordshire county councils.

The learning from these representative bodies will inform the Board's work and improve decision-making. There will also be an expectation that individuals' views are taken into account, with 'experts by experience' invited to share their insights during Board meetings.

Transparent decision-making supports accountability and responsiveness to communities. Both the ICB and ICP will meet in public, with information published in advance on accessible public-facing websites outlining the agenda. Meeting papers will be available in advance in a timely way, and there will be clear information on how the public can pose questions and observe meetings if they wish to do so.

Information about the membership, roles, accountability, and governance structures of both the ICB and the ICP will be made readily available via the ICS's over-arching website. The responsibilities of independent members/non-executive directors of formal governance bodies, such as providing a lay perspective or particular expertise, will be clearly outlined.

The ICB Involvement and Engagement Framework, developed in alignment with this strategy, and with the involvement of patient representatives from across Hertfordshire and west Essex, sets out:

- a structure to help people and communities see how their views, experiences and expertise can play a part in formal and informal health and care involvement and engagement

- a description of the tools available to the system to involve people, including co-production

- a description of how to resource involvement and engagement so that we can successfully deliver on working with people and communities.

The framework is included for reference as an appendix to this document.

Patient stories

Our ICB Board members hear directly from a patient as part of every Governing Body meeting in public. In September 2022, Mark Seal from Hertfordshire shared his experience of being cared for by the cardiology 'virtual hospital', run by West Hertfordshire Teaching Hospitals NHS Trust and his local community trust. Mr Seal's heart condition was able to be closely monitored by hospital consultants and community nurses using digital health monitoring technology which sent key health information to the expert team caring for him. This meant that he could be looked after from the comfort of his own home.

These patient stories are aligned with a planned 'deep dive' into a particular area of health provision. Other topics already covered include primary care and community health services. The ICB board always encourages patients featured to give full and frank feedback on the services they receive, so that this can be considered when decisions are made, and services planned.

Principle Two

 Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions

A number of approaches will be employed to ensure the involvement of people and communities in decision making at a 'formative stage' in Hertfordshire and west Essex. These will include:

- having regard to groups with 'protected characteristics' under the Equality Act, such as age, disability, race or sex, and engaging with them when planning services or service changes
- involving 'experts by experience', for example unpaid/family carers, people with long term conditions and service users and their families, including those on existing county council co-production boards. Healthwatch Essex and Healthwatch Hertfordshire will support the recruitment of people whose circumstances or health and social care needs give them valuable personal insights into services
- engaging with representative organisations who advocate on behalf of the people and communities they support
- working with patient, service user, carer and public reference groups
- liaising with clinical transformation programmes and the health and care professional senate to ensure that patients and carers play a key part in treatment pathway and patient information design work.

The ICS will use a range of appropriate and accessible communication channels to feed back the results of engagement and co-production to those involved, taking account of any accessibility requirements of those involved. A 'You said, we did' approach will help to build public confidence in the impact of involvement across our ICS.

The development of the ICB's new community diagnostic strategy is being shaped by input from those with recent experiences of diagnostic tests, as well as staff with an interest in these services.

Engagement activities have included surveys, focus group interviews and informal online feedback sessions with GPs, those facing health inequalities, carers, and learning disability social care professionals.

A comprehensive feedback report has been produced which raises issues such as the need to consider patients on low incomes, disabled patients, and digitally excluded patients when planning services. Positive feedback has been received about arranging appointments and hospital experiences, and areas of improvement such as communicating the outcomes of tests and staffing issues have been highlighted. The outcomes of the engagement process will be fed back to participants as the strategy development continues.

Principle Three

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

The ICS will use information from a range of sources, including public health surveillance information, information gleaned from the results of residents' surveys, feedback from patient experience and quality sources and input from elected and community representatives to understand the needs of our communities and to assess the impact of its policies.

In line with the requirements of the Equality Act 2010, the ICB will be required to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty.
- provide details of information that we have considered when carrying out an analysis.

- provide details of engagement (consultation / involvement) that we have undertaken with people whom we consider would have an interest in furthering the aims of the general equality duty.

In order to meet the requirements of this duty the ICB will carry out an Equality Impact Assessment process at the primary stages of planning changes, such as:

- organisational change
- considering any new or changing activity
- developing or changing service delivery
- procuring services
- developing projects
- developing a policy / procedure / guidance or changing or updating existing ones.

The Equality Impact Assessment process will be used to assess whether there may be any barriers or difficulties, harassment or exclusion as a result of a planned change, or in fact any positive impact such as the promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

Our Healthier Future strategy

In October and November 2022, the ICB led an engagement process in order to inform the Integrated Care Partnership's strategy – a 10 year plan aimed at tackling the root causes of ill-health in our area. A stakeholder engagement process, literature review, and a number of themed focus groups helped to explore the challenges to healthy living experienced by people facing health inequalities in Hertfordshire and west Essex, including those whose voices are seldom heard.

Relevant findings from this work, which helped to set the ICP's six over-arching priorities for the next 10 years, have been shared with staff developing the delivery plan for this significant policy document.

Principle Four

Build relationships with excluded groups, especially those affected by inequalities

The ICS is committed to ensuring that everybody, irrespective of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, (including nationality and ethnicity), religion or belief, sex (male/female) or sexual orientation should have equal access to services and that services should, as far as possible, be sensitive to individual needs.

An emerging area of focus during the COVID-19 pandemic response was the way in which the virus had a disproportionate impact on the health of people living in poverty, with noticeable impacts on people who are Black, Asian or from other minority ethnic groups. As a result, health and care organisations have become more closely engaged with community and faith groups, district and borough councils – and our own staff from Black, Asian and minority ethnic backgrounds - who have made it clear that they want to be more involved in shaping health services to ensure they are better tailored to meet the needs of our diverse population.

This could be around improving local services to ensure equal access for all, and the way that we help residents to hold us to account for the way that services are provided. ICS partners will take particular care to hear from people who cannot access care and support, and have poor experiences and health outcomes, to understand their needs, barriers and aspirations and opportunities for improvement. This will be either through direct engagement or through linking with representative organisations.

Population health management approaches will help us to better understand local population needs and demonstrate how these impact on future commissioning and service delivery. We will take the opportunities presented by collaboration in the ICS to mobilise the strengths and experience of all partners, build and strengthen relationships with people and communities who experience inequalities, and tackle agreed inequalities targets.

In Hatfield, the NHS, the University of Hertfordshire and Welwyn Hatfield Borough Council have worked together throughout the vaccine programme to improve the take-up of the COVID-19 jab among students and staff, in an area where vaccination rates were among the lowest in our ICS area. **Pop-up vaccination sessions and engagement events** at the university enabled joint teams to improve vaccine take-up, whilst also helping students to register with a GP practice and connecting them with the support and information available through the borough council's Healthy Hub.

Principle Five

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

Healthwatch is the independent body with statutory powers, responsible for understanding the needs, experiences and concerns of patients and the public, and to ensure people's views are put at the heart of health and social care. Funded through public monies, at a national level Healthwatch listens to what people like about services and what could be improved, and shares this insight with a range of commissioners, providers and regulators.

Our ICS is covered by two Healthwatch organisations, Healthwatch Hertfordshire and Healthwatch Essex. They have a broad remit, covering health and social care for both children and adults and provide independent sources of insight gathered outside service delivery, typically through surveys, focus groups, research papers and interaction with the public and local members.

The insight and expertise of our local Healthwatch organisations is already valued in our ICS and they will have an ongoing active involvement in the new statutory Integrated Care Board, the ICP, and our area's Health and Care Partnerships.

Building on the existing strong partnerships with the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Hertfordshire and west Essex, a new 'VCFSE Alliance' is in place. This will help to maximise the impact of the sector and its expertise in health creation across the ICS, and ensure that the sector gets the strategic support it needs to be effective. The Alliance will be open to any charitable organisation with a remit to improve health and care in Hertfordshire and west Essex.

Improving GP access

The ICB works closely with our Healthwatch Hertfordshire and Essex partners. As part of our aim to improve access to primary care services, in the summer of 2022 we commissioned both organisations to carry out targeted engagement work with parents, in order to improve satisfaction with access to GP services for young families. Recommendations drawn from this engagement work include improvements to phone lines, better information on practice websites, and improved signposting to alternative sources of help and support. These recommendations have been reported back to the ICB's primary care commissioning committee, where they have shaped improvement and investment plans.

Principle Six

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

Effective engagement and inclusive communications promote transparency and inclusivity and empower people to shape, understand and access the services and support that are available to help them to lead healthier, happier lives.

The following communications and engagement principles have been developed in recent years as best practice. Our information will:

- **Be clear and accessible:** We will work to ensure that all public-facing ICS communications are written in plain language, avoiding jargon. All acronyms will be spelt out. Complicated language will be avoided, and different formats made available where possible.

- **Be empowering:** Involving our patients, service users the public and stakeholders as joint partners in decisions made about services they use.

- **Be embedded into everyday:** It is everybody's business to 'start with people' and we want to ensure that the public views and experiences influence our ICS organisations' everyday practices. All system colleagues can assist in making this a reality by getting communications and engagement specialists involved at an early stage in conversations about decision making or service changes, for example.

- **Be timely:** Our communications will be delivered at the most effective time for voices to be heard through any engagement process. We will link closely with quality and complaints teams, as well as the newly appointed 'Patient Safety Partners', so that themes that emerge from patient, service user or stakeholder enquiries and complaints can be quickly identified and addressed.

- **Be collaborative:** We will work closely with different organisations in the statutory, voluntary, faith and community sector to ensure that we take a collaborative approach. We will seek to engage with organisations and individuals where they are, rather than expecting them to come to us. The ICP, ICB and Health and Care Partnerships will work to maintain a positive and proactive dialogue with the Hertfordshire and Essex Health 'Overview and Scrutiny Committees', and the district and borough council committees that scrutinise health and care services, to support an open and honest dialogue with elected representatives.

- **Be accurate:** All communications will deliver an accurate picture of the current landscape and all engagement will be clear and realistic in its outcome at the start.

- **Be meaningful:** Engagement with our patients, public and stakeholders will be meaningful and add value to the work of the ICB and ICP, with experience and insight being fed into the decision-making process at a formative stage of the commissioning cycle. We will be clear and honest with the public about the parameters within which policy decisions and service changes can be made.

- **Be innovative:** We will review and adapt our communications and engagement to reflect new tools and methodologies to constantly improve our approach. We will leverage the opportunities available through digital approaches such as social media, online information gathering and webinars.

- **Be representative:** We will open up more opportunities for people to give their views and feedback, to ensure better representation from the communities we serve. We will also continue with targeted work with the 'seldom heard' in our communities such as young carers and people with learning disabilities.

- **Be evidence-based:** We will evaluate the effectiveness of our engagement and communications work so that we can evidence its impact and ensure that the approaches we use are fit for purpose.

Reader Panel

An ICB **volunteer reader panel** has been established, building on best practice from Herts Valleys CCG, which includes members of the public with disabilities that affect their ability to receive information. Made up of volunteer patients, carers, community members and others, panel members review leaflets and other material and feedback on whether information is easy to understand, accessible and free from jargon.

The panel has recently reviewed booklets on winter wellness for older people and on children's minor illnesses, patient letters on changes to prescriptions and a number of leaflets. Its involvement has led to changes in content to make information more relatable for the audience, changes in language to use words that are more familiar to patients, and amendments to layout and font size to make important information clearer and changes to avoid ambiguity. Healthwatch Essex has a disability panel which can also support in sense-checking documents.

Principle Seven

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

The Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) is a key provider of services to disadvantaged, under-represented and minority ethnic communities and has an excellent understanding of the health and care issues faced by those communities in our area. VCFSE organisations are often trusted, accessible and skilled at outreach and engagement.

Our statutory ICS partners have well-established partnerships with VCFSE organisations which support the engagement of people and communities in health and care matters. In many cases, the impact of these partnerships have been strengthened during the COVID-19 response.

COVID Information Champions

As part of the pandemic response, representatives from diverse communities in Hertfordshire were recruited to take on the role of information ambassadors, working as part of a network of county-wide **'COVID Information Champions'**. Managed through the voluntary agency 'Communities 1st', these ambassadors have worked to tackle vaccine misinformation and promote the benefits of the vaccine programme in their own local communities – feeding back questions and concerns into communications and engagement planning.

COVID recovery workers

Through funds raised nationally by Captain Sir Tom Moore during the pandemic, Black, Asian and minority ethnic **'COVID recovery workers'** were employed to support digital inclusion during the pandemic, when 'real life' interactions for many people were strictly limited by lockdown requirements and shielding. The workers provided practical help, advice and equipment which has made it possible for digitally excluded people to get online and benefit from the connections this can bring for the first time.

Principle Eight

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

Co-production describes an approach through which individuals, family members, carers, organisations and commissioners work together in an equal way to design, deliver and monitor services and projects. This way of working is important because people who use social care and health services (and their families) have knowledge, experience and insight that can be used to improve services and tackle inequalities, not only for themselves but for other people who need them.

There are co-production boards at local authority level, such as the Hertfordshire All Age Autism Co-Production Board, and examples of services which have been developed through co-production, such as the Essex Local Offer for families and children with special educational needs and disabilities. Similarly West Hertfordshire Teaching Hospitals NHS Trust has implemented a robust approach to co-production and the South and West Hertfordshire Health and Care Partnership has committed to a co-production approach.

With various interpretations of coproduction and co-design, an ICS-wide shared understanding of these terms and what they mean would benefit transparency and public understanding.

Cancel Out Cancer

The **'Cancel Out Cancer'** awareness programme is an example of a co-produced health improvement programme in the Hertfordshire and West Essex ICS area. Led by networks of local GP practice patient group representatives with a passion for cancer prevention, the programme was developed with the support of cancer experts and NHS engagement professionals. Through interactive sessions, which can be run face-to-face or online, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through group activities and discussions.

To address the impact on patients and their families of long waiting lists for some non-urgent treatments, a number of supportive programmes have been put in place. The **'waiting well'** initiative contacts patients to ensure that their health is not deteriorating, and to find out whether targeted support can improve their wellbeing as they wait. A similar approach is now being adopted to supporting patients who have been discharged home from a hospital stay without care packages. Callers check that patients and their families are managing and find out whether any additional help from the voluntary sector is required.

It is important that the learning from these programmes is fed back into the design of services to ensure that they are as patient-centred and effective as they can be.

Principle Nine

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

Co-production is one of the ways in which our ICS works with people and communities to ensure that services meet the needs of the people that use them and are not designed around the convenience of the organisations meeting their needs. People with relevant lived experience can put forward ideas that clinicians and managers may not have thought of, leading to changes that better meet the needs of the local population.

As well as giving better outcomes, a co-production approach can help build better relationships. It needs to be based on genuine partnerships, with professionals being comfortable with not having the answers and with sharing resources, responsibility and power.

The ICS approach to co-production will build on the long-standing approach to co-production adopted by our two county councils. There is a commitment to co-production throughout the ICS, from the ICB, ICP, Health and Care Partnerships and Mental Health, Learning Disability and Autism Health and Care Partnership.

Co-production at Essex County Council

Essex County Council works with Collaborate Essex for some of its co-production work. In adult care, there are several steering groups for commissioning joined by people with lived experience who provide input to strategies and also work with the council on service specifications and tender evaluation. The council has also worked with the organisations 'Think Local Act Personal' and the National Co-production Advisory Group to support with the re-commissioning of services.

The council is currently discussing a **co-production strategy** to look at how the council increases the breadth of people they engage with, and how they may be recompensed for working with the council.

A successful forum of over 1,000 people with disabilities complements co-production work, raising topics of importance, gathering evidence and then discussing them with relevant professionals and senior leaders from health and social care to make improvements to services and policies.

Co-production at Hertfordshire County Council

Adult Care Services has eight subject-specific **co-production boards** which meet every three months, covering the following interests: older people, mental health, physical disability and sensory needs, drug & alcohol, learning disabilities, dementia, carers and all age autism. The boards feed into a strategic co-production board which support the Council to make decisions and design services in partnership with the people that use them or support people that use them, such as unpaid carers or friends or family. Most boards meet quarterly but use Task and Finish groups in-between. Boards are co-chaired by a 'professional' representative and someone with lived experience who is supported with training to help them in their role. Co-chairs usually serve a three year term.

The Hertfordshire and West Essex ICS will:

- visibly support and sponsor co-production through culture, behaviour and relationships, including senior leadership role modelling, such as through the ICB's Non-Executive Members

- build on the culture of co-production already in place in parts our system, and nurture, share and spread this way of working

- support organisations and an infrastructure that enables the voice of people and communities to be heard

- invest in people who use care and support, including unpaid carers, to ensure they have the knowledge, skills and confidence to contribute 'on a level playing field'

- work closely with the VCSFE Alliance and our diverse networks of community champions to assess needs in what are referred to as our 'system, places and neighbourhoods' in national guidance documents. Systems are described as covering a population of 1-2 million people, places are described as typically covering populations of 250-500,000 people and neighbourhoods as covering a population of 30-50,000 people.

Principle Ten

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

Our ICS organisations, including the Integrated Care Partnership, the Integrated Care Board, the Hertfordshire Mental Health, Learning Disability and Autism Health and Care Partnership and the three geographically based Health and Care Partnerships, are being established in a way that is designed to ensure that input is captured from a broad range of voices, representing a wide range of interests. The work of the new VCSFE Alliance, as well as that of our Health Care Partnerships, will play a key role in this. In addition, attendees with insights or lived experience will be invited to share their input on relevant agenda items in key decision-making fora. This approach will ensure that our decision-making bodies remain agile and can draw directly from relevant individual experiences, as well as hearing from representative groups.

The ICS will seek to draw from best practice across Hertfordshire and West Essex, such as the community asset mapping approach led by Healthwatch Essex, sharing and nurturing activities and insight which enable the needs and views of people and communities to be heard and understood. This involvement and insight will be particularly important during key points of the commissioning cycle, when there is the greatest opportunity for meaningful input into services commissioned.

Engagement models rooted in GP practices

GP-practice based patient involvement and participation groups, supported by the area's Clinical Commissioning Groups, have played an active role for a number of years in ensuring that registered patients are involved in decisions about the range and quality of services provided and commissioned by their practices, as well as supporting health campaigns in their local communities. These groups are most effective when they have the full support and cooperation of their GP practices. Successful practice-led campaigns have supported people with diabetes, dementia, those experiencing bereavement and people isolating due to the COVID pandemic.

With the support of the National Association for Patient Participation, an incentive scheme was introduced in the south and west of Hertfordshire in 2021, aimed at encouraging and rewarding practices for routinely asking for and acting on the views of their patients, engaging with their practice population and supporting the development of their patient group was. The scheme, developed with input from Healthwatch, GP practice representatives and patient representatives, also encouraged patient group members to engage on wider local health issues.

Practices were incentivised to encourage and reward patient group development, with additional funding available for highly developed and evidenced schemes. The success of this scheme in improving the approach to patient engagement in south and west Herts has led to it being included as part of the ICB's new Enhanced Commissioning Framework for primary care across the ICS area, working with the Patient Association to broaden the range of people involved in their patient participation group by taking a community engagement approach.

GP practice-based social prescribers support approximately 30,000 people per year to improve their health and wellbeing, linking with district and borough council-based 'healthy hubs' and wellbeing offers and signposting people to VCSFE resources in their local communities that can support and empower them.

Appendix One

NHS
Hertfordshire and West Essex
Integrated Care Board

Involvement and engagement framework

The ambition of Hertfordshire and West Essex Integrated Care System (ICS) to tackle health inequalities and improve health and care for residents will only be achieved if we place our people and communities at the heart of the decisions we take.

Developed from the ICB's *Working with People and Communities Strategy,* this involvement and engagement framework outlines how the NHS Hertfordshire and West Essex Integrated Care Board (ICB) will work with partner organisations in our integrated care system to ensure that our diverse people and communities are involved in priority-setting and decision-making forums.

This document includes:

- a structure to help people and communities see how their views, experiences and expertise can play a part in formal and informal health and care involvement and engagement
- a description of the tools available to the system to involve people, including co-production
- a description of how to resource involvement and engagement so that we can successfully deliver on working with people and communities.

Contents

Introduction and context

Involvement and engagement should guide all our work, from neighbourhood and community health and care discussions, to developing and commissioning new services and strategies at our most senior decision-making bodies.

This framework is based on the 10 principles outlined in the ICB's *Working in Partnership with People and Communities Strategy* (Appendix 2), which are set out by NHS England in national guidance to help organisations realise the benefits of working with people and communities. These principles are embedded into the ICB's constitution and have been adopted by the Hertfordshire and West Essex Integrated Care Partnership.

The principles are:

- centre decision-making and governance around the voices of people and communities
- involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
- understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- build relationships based on trust, especially with marginalise groups and those affected by health inequalities
- work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector
- provide clear and accessible public information
- use community-centred approaches that empower people and communities, making connections to what works already
- have a range of ways for people and communities to take part in health and care services
- tackle system priorities and service reconfiguration in partnership with people and communities
- learn from what works and build on the assets of all health and care partners – networks, relationships, and activity in local places.

Developing our approach to public involvement and engagement

Our approach puts what NHS England calls a 'Start With People' focus at the centre. Organisations are encouraged to take this approach across all involvement and engagement activity. This diagram shows how it can be at the centre of planning:

The development of the ICB's *Working with People and Communities Strategy* involved different stakeholders and health and care professionals, patient voice members, representatives from the VCSFE Alliance and Healthwatch Hertfordshire and Healthwatch Essex representatives.

A task and finish group of experienced patient voice volunteers have helped to develop this Involvement and Engagement Framework, taking into account:
- the legacy of the three former clinical commissioning groups and the relationships, networks and activities which exist across the ICS
- the positive involvement and engagement practices which have, in many cases, been strengthened by the COVID-19 pandemic
- health and care inequalities and barriers to community involvement
- how people listen, give feedback and share information with the ICB.

Patient voice volunteer Alan Bellinger, a member of the Healthwatch Hertfordshire Board, has supported the group's work by writing a networking model from a volunteer perspective. This document includes some principles that Alan set out. The group will continue working with the ICB's Communications and Engagement Team to support the next steps and activities described in this document.

Building this framework has also considered:
- the involvement and engagement forums established in our ICB's health and care
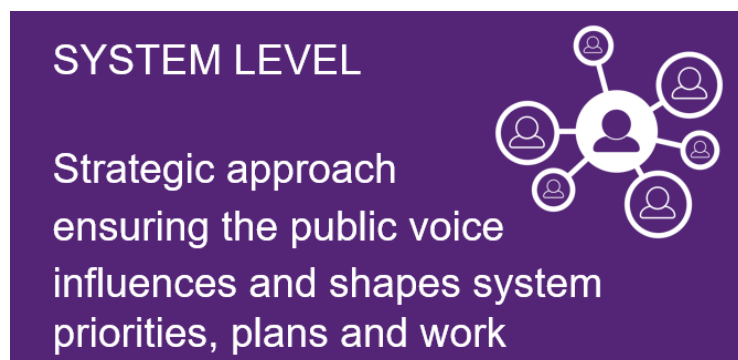
partnerships (HCPs)

- how engagement and experience staff work can work effectively with partner organisations to increase efficiency and support innovation.

Thank you to everyone who has been involved in this work before and since the transition to a statutory ICS. This framework is open to review as our integrated care system beds in during 2022/23, to ensure it is fit for purpose and is aligned with the principles of the *Working with People and Communities Strategy*.

Putting involvement and engagement into practice - assurance

- The ICB must ensure legal and mandatory guidance on working with people and communities is adhered to when it carries out its duties, and that good practice is consistent. The ICB has already adopted governance arrangements which enshrine engagement in its constitution
- an agreed approach to working in partnership with people and communities.

The NHS England 'people and communities' guidance is to use a 'System', 'Place' and 'Neighbourhood' approach to turn these commitments into action. This helps to ensure that engagement and involvement influences decision making at the most appropriate level in our ICB and supports the flow of information and learning gained through engagement around the integrated care system.

SYSTEM LEVEL

Strategic approach ensuring the public voice influences and shapes system priorities, plans and work

At System level, there are mechanisms in place to give assurance that involvement and engagement work is ongoing, effective and influences decision-making, and that organisations' responsibilities for working with people and communities are being delivered:

Joint Strategic Needs Assessments are prepared by local authorities through their Health and Wellbeing Boards with local ICBs, with the involvement of local Healthwatch, local people and district councils.

Joint local health and wellbeing strategies are prepared by local authorities, through the Health and Wellbeing Boards with local ICBs, with the involvement of

local Healthwatch and local people.

Integrated care strategies are prepared by Integrated Care Partnerships, with the involvement of local Healthwatch and local people.

Joint forward plans are prepared by ICBs and partner NHS trusts and NHS foundation trusts, with the involvement of local people and Health and Wellbeing Boards.

Based on the committee structure of the ICB, an over-arching Patient Engagement Forum is proposed as an advisory group to the Board, with public participation sub-groups supporting the Primary Care and Nursing and Quality directorates. The communications and engagement team will continue to work with a range of stakeholders and patient and public voice representatives on projects and workstreams and will support a new network of diverse patient voice partners who will feed information and knowledge around the system and encourage very local community engagement champions to link together (see Appendix 4). Former CCG patient voice members would be invited to be part of this network, many of whom have continued to work closely with the ICB since its establishment in June 2022.

The Patient Engagement Forum is an advisory and steering group directly accountable to the ICB Board. It will have:

- one ICB executive and one non-executive member
- a patient voice volunteer chair
- representatives from the ICB's Primary Care and Nursing and Quality public participation sub-groups
- relevant 'experts by experience' – invited to attend the forum on an ad-hoc basis to contribute their views when a topic they have an insight into is being discussed
- Patient and public voice partners from the Health and Care Partnerships
- ICB Equalities Lead(s)
- carer representatives
- Healthwatch representatives.

The forum will meet formally, but will involve activity between meetings (e.g. sense-checking engagement and involvement activity for projects).

The learning from this forum will inform the Board's work and improve decision-making. There will also be an expectation that relevant individual experiences are considered when decisions are made, with 'experts by experience' invited to share their insights during Board meetings.

The ICB will also:

- ensure public involvement in and engagement on projects and programmes led by clinicians and health and social care professionals continue to support an advisory 'Readers Panel' to sense-check public-facing documents and ensure that they are accessible
- run a social media-based involvement network for anyone registered with a GP to join, where continuous involvement can be demonstrated, and where ideas can be shared and opportunities shared
- continue to distribute and grow the readership of our regular e-newsletter for the public which includes updates and raises awareness of opportunities to be involved and engaged with local NHS services

- help develop an Engagement Network for ICS staff who run non-ICB patient and carer experience forums (e.g. PALs team coordinators, provider trust public engagement and experience colleagues, etc.).

Both the ICB and ICP meet in public, with information about the meetings including the agenda and papers published in advance on accessible public-facing websites. Meeting papers will be made available in a timely way, and there will be clear information on how the public can pose questions and observe meetings if they want to.

The ICB's independent, non-executive members will be supported to undertake their roles through training and development. They will be tasked with helping to ensure that the statutory duties of the ICB are met, including those relating to patient and public participation, and will be connected with representative organisations including the new ICS-wide VCSFE Alliance, Health Care Partnership-specific citizens panels and the well-established and effective co-production groups in our area, including those run by Essex and Hertfordshire County Councils.

PLACE LEVEL

Shaping place-based health and care priorities, plans and service delivery
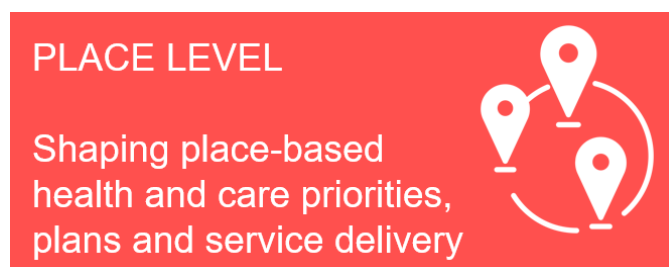
NHS England guidance describes the areas formerly served by Clinical Commissioning Groups as 'Places'. Places typically have populations of between 250,000 - 500,000 residents. We have three in our ICS, these are: south and west Hertfordshire, west Essex and east and north Hertfordshire. Each of these geographies is served by an acute trust – the West Herts Teaching Hospitals Trust in south and west Hertfordshire, Princess Alexandra Hospital in west Essex and the Lister Hospital in east and north Hertfordshire.

Health and care, public sector and voluntary and community organisations should engage with the communities in the places where they provide services, so that they can learn from those communities and start to tackle the health inequalities that affect residents together. These include challenges relating to housing, the built and natural environment, transport, economic opportunities and access to health and care services.

Each of our 'Places' has an established health and care partnerships (HCP), and there is an additional health and care partnership which serves people with mental health needs, learning disabilities and autism living in Hertfordshire.

Three health and care partnerships have involvement groups already in place. Each area has a different name for their main engagement and involvement forum (East and North Hertfordshire HCP has a Community Assembly, West Essex HCP has a Community Voices Group and South West Hertfordshire HCP has a Co-Production Board) and they operate differently in each place. Below are some examples of some of the progress already achieved by the involvement groups:

West Essex HCP Community Voices Group

An extensive engagement exercise in the pandemic built deeper connections with faith and ethnic minority groups to tackle misinformation about the COVID jabs, and regular information was cascaded to the communities around other issues and opportunities, such as flu vaccinations and health inequalities.

Much of this was done collaboratively with volunteer and community groups, councils and the Citizens Advice Bureau and by raising the profile of health initiatives by attending events run by partner organisations.

South west Hertfordshire HCP co-production

SWHHCP's interim co-production board meetings began in September 2022, with the full board due to launch in April 2023.

The board has been reviewing transformation projects the HCP has already been working on, such as the virtual hospital, well-leg service, MSK transformation etc. Project leads outline their work and engagement and coproduction then received feedback from the board about engagement/coproduction to-date and recommendations.

In preparation for April 2023, when the board will be fully launched, elements being considered include appropriate public voice representation. At the moment, there are two patient reps on the interim coproduction board, in addition to representatives from several organisations.

East and North Hertfordshire Community Assembly

The Assembly was launched in 2021 and is an online meeting held four times a year.

It is a forum for patients, carers, groups and members of the public from across the area who want to be informed and engaged and help shape and improve their local health and care services.

The Assembly wants to understand the challenges, needs, and views of residents, enable them to play a crucial role in the development of health and care services in the area, and act as a 'one stop shop' to enable the community to help the partnership achieve their objectives.

Representation from the community includes patient representatives mainly drawn from primary care networks, as well as VCSFE colleagues. Colleagues from ICS organisations also attend, and in 2022 the attendance invite was extended to the general public meaning anyone is able to join an Assembly meeting online.

Over time, these different models are expected to learn from each other and share best practice, developing and evolving.

Each provider organisation which is a member of an HCP (HPFT, HCT, GP practices, Hertfordshire or Essex County Council, CLCH etc.) also has their own established, long-running patient and/or public engagement forums.

Involvement and engagement should be joined up, not duplicated. There will be a representative from each place-based forum and the mental health, learning disability and autism HCP on the System level Patient Engagement Forum, ensuring a link between Place

and System.

The ICB's communications and engagement team will work closely with health and care partnerships and Place leads as part of their roles in the newly developed team structure.

Neighbourhood level
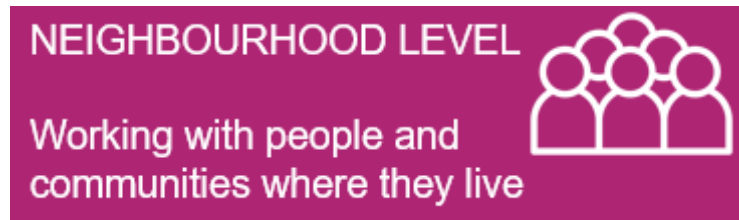
Neighbourhoods are smaller areas that make up a Place, with populations between 30,000-50,000 residents. They operate at Primary Care Network level. Primary Care Networks are groups of GP practices which work with other providers and neighbourhood teams to address the health needs in an area.

A great example of how Neighbourhood-driven forums can lead to positive change is the 'hub' run by the community organisation Rainbow Services in Harlow. The hub works in partnership with Mind in West Essex, Harlow Foodbank, Citizens Advice and the Volunteer Centre Harlow. People affected by crisis situations can access a food bank at the hub, as well as information on community and physical activities, access to volunteering and a school uniform service. Staff from the Hub support patients registered with GP practices from the North Harlow Primary Care Network, Citizens Advice staff base themselves in local GP surgeries, and there are regular pop-up sessions throughout the town.

The ICB's communications and engagement team will work to support Neighbourhood-based grass roots activities, such as community events and meetings, in order to hear from local people about their experiences of health and care services, encourage more people onto our forums and groups, and to share information. Examples could include supporting health awareness days run by a GP surgery or community, attending Freshers Fairs and careers events or supporting refugees with settling into the local area.

Neighbourhoods will not be linked directly with the ICB's Patient Engagement Forum. Instead, the work happening in Neighbourhoods will support public engagement with the health service and enable the ICB to reach into communities which might not actively engage with the NHS in more formal settings.

Engagement within Integrated Care Partnerships (ICPs)

Integrated care partnerships are a statutory element of an integrated care system. They are jointly run by the integrated care board - the NHS element - and local authorities.

The Hertfordshire and West Essex ICP is transparent and accountable to our communities, meeting in public with minutes and papers available online.

Healthwatch Hertfordshire and Healthwatch Essex are members of the ICP and bring independent insight, expertise in engagement, and constructive challenge to the partnership.

There is an expectation placed on all ICPs to fully involve people and communities in every system in all aspects of the development of the ICP integrated care strategy. ICPs must say how they have involved, engaged and listened to local people and explain how they have acted in response to these views. Our Hertfordshire and West Essex ICP has adopted the the same approach to involvement and engagement as the ICB.

Developing successful Patient Participation Groups (PPGs) and PCN patient groups

PPGs are an invaluable community of patient advocates and GP surgery ambassadors. Many have enjoyed close relationships with the area's three former CCGs. Some have faced difficulties with their development and effectiveness, particularly during the COVID-19 pandemic.

In 2022, the ICB and the representative group the Patient's Association have run a project supporting practices and PPGs to establish, grow, diversify their membership and develop. The work has been led by a steering group of patient voice members from PPGs, GP practice managers, Engagement and Primary Care leads and Healthwatch representatives.

By encouraging grassroots involvement in these very local groups, the ICB can nurture a more representative generation of patient ambassadors.

Meanwhile, some primary care networks are developing ways to get patient representation to cover a whole network, with examples including setting up a kind of PCN PPG, or at the very least having one person representing the group's PPGs at meetings and within network-focused discussions. There are different approaches being taken, and the ICB communications and Primary Care colleagues are supporting on these when requested to do so. The PPG development work complements the evolution of PCN and Neighbourhood-level representation furthermore.

Resourcing and working with patient and public voice volunteers

Communications and engagement professionals from the ICB and ICP member organisations will support the new involvement and engagement framework, with most of the joint activity at Neighbourhood and Place and Health and Care Partnership level. Some partnership working of this sort happens already, but this is an area of development for our system. By working together on a range of projects as System, Place and Neighbourhood level, involvement and engagement activity can be more effectively coordinated.

ICB communications and engagement leads will oversee the System-level work, meaning they have oversight of the Patient Engagement Forum, and work with Patient Experience and Governance leads.

The ICB's communications and engagement team has restructured with more emphasis on engagement work, which will help ensure that involvement and engagement principles continue to be embedded through workstreams and projects.

Learning from people and communities who don't usually get involved in decision making

Increasing the number of different people who are able, or willing, to be engaged in health and care matters which are important to them is an ongoing challenge.

Those representing patients, carers and communities are often white, literate people with access to the internet, people who have more free time to engage and be involved, people who can drive to meetings or join them online, or people who have a professional background in health and care.

Young people, people with caring responsibilities, people experiencing poverty, those not online, people facing language and communication barriers, refugees seeking asylum and people with physical and learning disabilities are just some groups whose views are under-represented.

The ICB needs to offer options to actively involve and engage them, and be flexible to their needs. It can do this by committing to:

- offering online forums that mirror a group who meet in person and / or arranging more than one meeting about the same topic to increase opportunities for participation.
- tapping into existing networks, such as established community listening events, social groups, or forums run by member organisations of our Integrated Care Partnership, such as community policing priority forums or district council engagement events
- running events at places where there is a bus route, free or cheap parking, hearing loop equipment and so on
- running events at places where people go (e.g. a place of faith, a health and wellness hub, day centre etc.)

Stakeholder groups connected to the system represent different communities, which is evident at Neighbourhood level (with some communities described in more detail in Appendix 3).

Training and development

Equipping people and communities

Taking part in regular involvement and engagement as a patient or service user will require ongoing development so they feel confident to execute their role effectively. To support this, we will:
- provide opportunities for peer-to-peer support between those with experience in involvement and engagement and those who are newer to it
- provide and share training and development opportunities and tools e.g. webinars, workshop days, and courses.

We will also:
- ensure we're meeting the needs of individuals and follow up any challenges for them when they are involved in a piece of work (for example, we will ask people if they sensory and accessibility needs, what pronouns people use, whether we need access to mental health first aiders, safeguarding etc.)
- reimburse out-of-pocket costs in line with policies
- regularly thank people for their time and commitment through celebration events, formal letters, and putting them forward for award schemes to help highlight their

contribution.

Equipping people working in the system

Making engagement relevant, real and meaningful is very important - the ICB needs to be resident-focused, initiating conversations on topics that are important to people and communities and that they will want to join in.

People and communities often appreciate the opportunity to hear directly from experts in their field, such as clinical leads and so that means involvement and engagement activities involve a range of colleagues. We will support other colleagues to help deliver presentations, take part in events, and proactively look for engagement opportunities.

The toolkit for involvement and engagement

There are tried and test involvement and engagement tools which the ICB and ICS already uses widely. We will also use digital and non-digital feedback mechanisms, and ensure we ask people what tools and methods suit their needs.

When designing services and to ensure we 'start with people' to start the engagement process, there needs to be co-production approach wherever possible. Co-production gives the opportunity for people to come together with staff at organisations and commissioners to work in an equal way to design, deliver and monitor services and projects.

There are co-production boards at local authority level, such as the Hertfordshire All Age Autism Co-Production Board and examples of services developed through co-production at place include the Essex Local Offer for families and children with special educational needs and disabilities. Similarly West Herts Hospital Trust has implemented a robust approach to co-production and the South and West Hertfordshire Health and Care Partnership has committed to a co-production approach.

To build on the culture of co-production already in parts our system, and to nurture, share and spread this way of working, we will explore co-production training for all colleagues and people and communities who have not done it before.

Examples of feedback tools:
- Surveys conducted by the ICB and our wider partner organisations, such as Healthwatch and county and district councils
- Health Matters webinars to help get more people interested in health and care topics, learn, and give feedback
- Reader Panel (to review and help develop engagement and communications to ensure they are accessible and inclusive)
- Focus groups
- Events bringing together a range of people
- Informal drop-ins into existing services
- Online 'listening in' to conversations already happening in local areas, such as neighbourhood-specific social media groups
- Online for a such as patient experience groups on Facebook and user reviews on google and trip advisor

- Feedback from annual patient surveys, PALS teams in provider organisations and from the ICB's own patient quality team.

Social media and digital networking will be two fundamental tools. Setting up carefully administered private and open forums on channels such as Facebook can help draw in engagement in different ways – for instance, a Cancel Out Cancer Facebook group helps participants of the campaign sessions keep in touch, and share news they find about cancer.

Using insight and data

The system should use insight from trusted sources to help create a bank so we can what the data is telling us about people and communities using health and care services, with the stories and feedback from those people.

This will rely heavily on regular input from Population Health Management and Public Health data, data held by councils from the engagement they have, national and local survey results, Office of National Statistics data and reports, and more.

A data and insight bank should not duplicate anything already in place but act as one data and insight bank for Hertfordshire and West Essex to inform the activity for involvement and engagement.

The ICB also benefits from roles such as social prescribers, link workers, community champions, carers leads and Macmillan nurses who connect with PCNs. They are gathering data and insight about how people are accessing services.

Next steps

Some of these steps are already happening (such as PCN engagement support), and some will need to take place concurrently with others (such as determining roles and remits of public and patient members at System level and the groups they will be in):
- Establish Key Performance Indicators and an evaluation framework, supported by the Task and Finish group
- Determine the role and remit of the Patient Engagement Forum, with ToRs, and engage exec and non-exec lead for this Forum
- Determine the role and remit of other groups at the System level

- Write a 'how to' for decision makers for service change process (including a Patient and Public Involvement Assessment and Planning Form). Examples from Joined Up Care Derbyshire   https://joinedupcarederbyshire.co.uk/involving-people-communities/guide-to-working-with-people-communities/
- Work with Place and HCP directors to explore the scope of HCP-led public forums and joint principles
- Connect with PCNs to develop their PPG representation per network (ongoing PPG development at practice level)
- Launch the Forum and establish connection / role with potentially new patient voice partners by in early 2023 (e.g. those linked into HCP, experts by experience)

- Establish a mechanism for gathering insight within the system from different sources including scoping the resource needed to analyse, interpret, and present insight which informs decision making

- Set up a social media-based involvement network for anyone registered with a GP to join
- Continue to advertise the regular e-newsletter to stakeholders
- Formalise an Engagement Network within the ICS, for colleagues who run patient and carer experience forums (e.g. PALs team coordinators, provider trust public engagement and experience colleagues, etc.).

Appendix 1 Our legal duties

National Health Service Act 2006

Under section 14Z59 of the Act, NHS England assesses the performance of ICBs on various duties, including those under section 14Z45 for public involvement.

This will be included in the new System Oversight Framework, building on the approach that happened for CCGs. The ICB will need to provide evidence that it meets the 10 principles in this guidance of Working with People and Communities and the difference it has made. It will look for evidence of meaningful involvement taking place consistently across the ICB's places and neighbourhoods.

Our involvement of local people and communities should be an ongoing approach that ensures we provide opportunities for people to raise the issues and ideas that matter to them and make decisions with them about their health and care services.

There are also specific legal duties for commissioners and providers of health and care services. Our approach will ensure we meet these.

This sets out the main duties on NHS bodies to make arrangements to involve the public under sections 13Q and 14Z44 (for NHS England and Integrated Care Boards) and section 242 (for NHS trusts and NHS foundation trusts).

Health and Care Act 2022
This makes it a legal requirement for community involvement to include the involvement of carers and representatives (if any), as well as patients and services users themselves.

The Gunning Principles
These four principles relate to formal public consultation and guide what constitutes a fair consultation exercise.

The triple aim duty
NHS England, integrated care boards, and trusts are subject to the new 'triple aim' duty in Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A). This requires us to have regard to the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

The Equality Act 2010
This prohibits unlawful discrimination in the provision of services on the grounds of protected characteristics – age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation.

The Act requires public sector organisations to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not.

In line with the requirements of the Equality Act 2010, the ICB is required to:

- evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty
- provide information that we have considered when carrying out an analysis
- provide details of engagement (consultation / involvement) with people whom we consider would have an interest in furthering the aims of the general equality duty.

To meet the requirements of this duty, the ICB will carry out an Equality Impact Assessment process at the primary stages of planning changes, such as:

- organisational change
- considering any new or changing activity
- developing or changing service delivery
- procuring services
- developing projects
- developing a policy / procedure / guidance or changing or updating existing ones.

The Equality Impact Assessment process will be used to assess whether there may be any barriers or difficulties, harassment or exclusion as a result of a planned change, or in fact any positive impact such as the promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement as experienced by service users, patients, carers, relatives, staff, the general public and key stakeholders.

Health inequalities
NHS England and Integrated Care Boards are also under a separate statutory duty to have regard to the need to reduce health inequalities of access to health services and the outcomes achieved (sections 13G and 14T of the NHS Act 2006).

Public Services (Social Value) Act 2012
There are several benefits to local communities in embedding social value in commissioning, including improved service delivery, health creation and an increase in the resilience of communities. This Act requires commissioners to think about how they secure wider social, economic and environmental benefits.

Appendix 2

Draft ICB Working with People and Communities (May 2022 submission)

https://hertsandwestessex.icb.nhs.uk/downloads/file/4/working-in-partnership-with-people-and-communities-pending-approval-by-nhs-england-and-nhs-improvement-

NHS England Working with People and Communities Guidance (updated July 2022)

https://www.england.nhs.uk/publication/working-in-partnership-with-people-and-communities-statutory-guidance/

Appendix 3 Terminology

The term 'involvement and engagement' describes the different ways we connect people and communities.

Engagement is ongoing participation and working together on a regular basis. It helps relationships flourish, helps people have an awareness of what is happening with health and care, and means we are always open to feedback.

Involvement is short- to medium-term participation that might look at service changes or design. It might only need to involve one or two communities or patient cohorts such as parents and maternity, those with long term conditions, or a GP practice's registered patient base.

'Community' is everyone of all ages, their representatives, relatives, and unpaid carers whether or not they access health and care services and support. 'Communities' are groups or networks of people not just in the geographical sense, but also by how they identify or share interests.

'Hard to reach' is an out-moded term for people and communities being hard to reach, Instead, because someone in a marginalised or challenged position might find our system difficult to navigate and engage with, it us in fact which are 'hard to reach'.. Some communities have a distrust of working with health and care professionals and it can take time to build up that trust, but it is not impossible to find the opinions and feedback.

Therefore, the ICB and ICS should use 'seldom heard', 'underrepresented', or 'facing health inequalities' which is more accurate.

'Inclusivity' describes having the Equalities Act 2010 protected characteristics always at the forefront of planning involvement and engagement activity, as well as considering carers, those in poverty, and those who are digital excluded, so they are not overlooked. 'Inclusion health groups' is also a term used to described those who experience the worst health inequalities either because they're at risk of, or living within extremely poor health caused by poverty, marginalisation, multi-morbidity and social exclusion.

A person's experience can be further impacted on by discrimination and stigmatisation, and not being accounted for in electronic records (such as healthcare databases). These can overlap with protected characteristic groups.

These are any socially excluded population including, but not limited to:
- Gypsies, Roma, Travellers, Showmen and Liveaboard Boaters
- people experiencing homelessness
- people experiencing alcohol and/or drug dependence
- sex workers
- vulnerable migrants and refugees
- young carers
- victims of modern slavery ·
- people in contact with the criminal justice system.

There are other groups that experience barriers to accessing services, like people with a learning disability and autistic people, and people with severe mental illness. They can also belong to inclusion health groups.
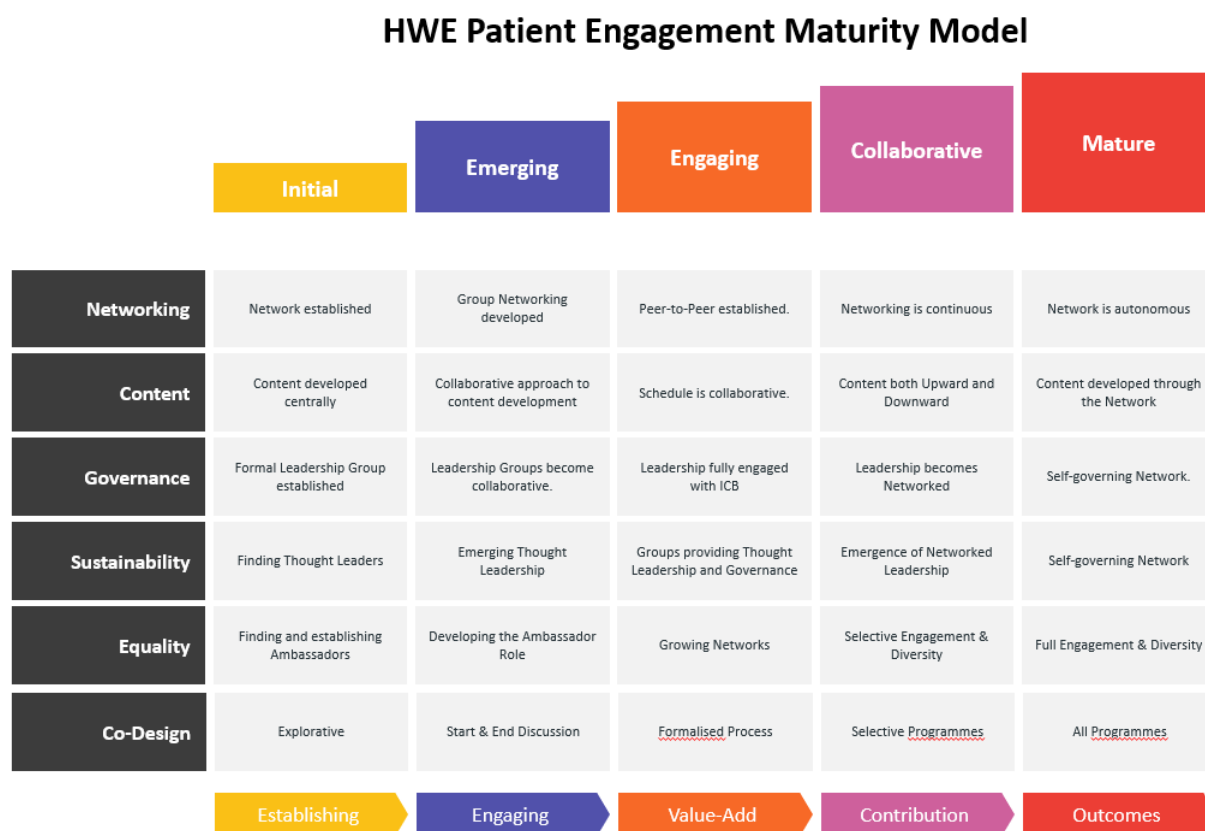
Appendix 4

The task and finish group involved in the development of involvement and engagement activity are patient voice volunteers in the local health and care systems. The group members, as well as supporting the delivery of the ambitions in this document, are keen to also focus on:
- what good looks like
- a self-assessment tool to review progress of patient engagement
- how we can develop KPIs.

Current patient voice volunteers have built up a network of people and flow of information and knowledge. This can be built on as the system working matures and to help them explore this further, patient voice champion Alan Bellinger has devised a 'Maturity Model'. It highlights aspects such as:
- the effectiveness of a network which facilitates the flow of information and knowledge
- the origin and scope of the content that flows through the network (such as different health and care topics covered through hosting webinars)
- the extent to which patient voice volunteers are engaged within the governance part of involvement and engagement.

This table shows how factors such as networking and running awareness events with a structure 'content' approach evolves and matures over time:

HWE Patient Engagement Maturity Model

	Initial	Emerging	Engaging	Collaborative	Mature
Networking	Network established	Group Networking developed	Peer-to-Peer established.	Networking is continuous	Network is autonomous
Content	Content developed centrally	Collaborative approach to content development	Schedule is collaborative.	Content both Upward and Downward	Content developed through the Network
Governance	Formal Leadership Group established	Leadership Groups become collaborative.	Leadership fully engaged with ICB	Leadership becomes Networked	Self-governing Network.
Sustainability	Finding Thought Leaders	Emerging Thought Leadership	Groups providing Thought Leadership and Governance	Emergence of Networked Leadership	Self-governing Network
Equality	Finding and establishing Ambassadors	Developing the Ambassador Role	Growing Networks	Selective Engagement & Diversity	Full Engagement & Diversity
Co-Design	Explorative	Start & End Discussion	Formalised Process	Selective Programmes	All Programmes
	Establishing	Engaging	Value-Add	Contribution	Outcomes

Appendix two

Building on our positive legacy

Alison Gardner
Lay Member for Public and Patient Involvement
Herts Valleys Clinical Commissioning Group and
East and North Hertfordshire Clinical Commissioning Group

"In my years working across the two Hertfordshire CCGs, I have been delighted to provide assurance to both governing bodies about the range, breadth and impact of patient involvement activity taking place. Both CCGs have much to be proud of in the way they have fulfilled their public and patient participation obligations in a meaningful way.

Each CCG has developed its own approach to patient and public involvement and engagement, with these functions embedded in their organisations in different ways. However, where opportunities for collaboration have afforded themselves, the two sides of the county have worked together for consistent and unified information sharing. For example, we have brought together both CCGs' patient engagement networks for webinars about Hertfordshire-wide services and topics, such as updates on the COVID-19 pandemic and the vaccination programme.

East and North Hertfordshire CCG has well-established patient participation groups which are linked together in locality-based networks. There is strong patient attendance at board meetings and committees. There have also been some effective targeted communication and consultation activities which have had strong patient involvement. For example, the public engagement around the opening hours of the Urgent Care Centre at the New QEII Hospital in Welwyn Garden City involved senior clinicians in face-to-face conversations with patients and the public in high streets and shopping centres across the patch. In combination with public meetings, online, paper and social media methods, this engagement process reached a wide cross-section of residents who were able to find out more about urgent and emergency care and put their views to the Governing Body.

The 'Cancel Out Cancer' awareness programme was co-produced by East and North Hertfordshire patient volunteers with the support of cancer experts. Through interactive sessions, which were adapted to be held online during the pandemic, the programme leads people towards a greater understanding of cancer signs, symptoms and screening programmes through activities and discussions.

Herts Valleys CCG facilitated a programme to the support the community with a series of virtual events. 'Let's get connected' brings together members of GP practice patient groups with a range of community support groups. Sessions provide an opportunity for patient practice group members to be aware of and link into the diverse community support networks that are available locally. Topics covered include coping with bereavement, a memory event and working with the voluntary and community sector.

The Patient and Public Involvement (PPI) Committee provides assurance to the Herts Valleys board that there is meaningful participation in the business of the organisation from patients, carers, families and members of the public. Its role also includes the review of strategies and proposals to offer views from a patient or public perspective. Recently the PPI committee has had the opportunity to offer views on restoring services after COVID disruption and winter planning, among other areas.

I feel very strongly that there are a great deal of well tested approaches that will leave the NHS in Hertfordshire with a major resource to draw on when building the future arrangements for patient and public involvement and engagement. The ICB will be able to start from a position of strength to develop strategies for involving our public, patients and communities in improved and sometimes new ways.

Finally, as I move from this role and observe the work of the ICB going forward, I am looking forward to seeing strong integration with social care, a commitment to reducing health inequalities and tackling the social determinants of good health, and a focus on the role of personal responsibility in staying well – all with the meaningful participation of, and contributions from the people of Hertfordshire and west Essex."

Bobbie Graham
Lay Member for Patient and Public Involvement
West Essex Clinical Commissioning Group

"As the Lay Member for Patient and Public Involvement at West Essex CCG, I have been in the privileged position of being able to see the real difference engagement has made to the way patients experience the services they need.

West Essex is incredibly diverse and includes some of the most affluent areas of Essex to among the most deprived. Health inequalities were laid bare during the pandemic in a way we have never seen before, showcasing a stark need for support and engagement in areas including digital access and mental health. I am pleased to say we have risen to that challenge by working in partnership and collaboration across county borders in multi-disciplinary teams to address immediate and longer-term issues.

Looking back, engagement has played a large and constant role in developing mental health services in particular. Our award-winning Adult Mental Health Family Group Conference gave individuals receiving secondary mental health care a space in which to collaborate with service providers to plan and make decisions relating to their own care and wellbeing. Drawing on best practice, this approach brings in the individual's extended family, friends, neighbours, community members and professionals to support decision making where difficulties extend beyond the individual alone.

This collaborative approach with the individual's wider support network enables individuals to maintain their recovery through their support network. By working on their terms, involving those most important to them, the individual is no longer stressed and isolated. By the end of the process they have come up with a unique and flexible care plan to follow.

The Integrated Adult Mental Health Transformation Services is another scheme which continues its coproduction on services including dementia and is currently working with a service user living with dementia to coproduce the West Essex Dementia Plan.

We recognise that putting the voices of people who have first-hand experience of our services is vital to their effectiveness. Our 18-25 mental health transformation work involves the local population in the design of inclusive services and delivery models that are accessible to wider groups, including people from diverse ethnic backgrounds and those within the LGBTQ+ communities.

District councils have been key to supporting our engagement, along with local businesses, including Stansted Airport.

Reaching younger people has always been more challenging so a highlight of the CCG's work was with Sixth Form students at St John's School in Epping, who joined our Health Ambassadors Programme within the school to raise awareness of mental health and wellbeing and reduce the stigma of mental health concerns among students and teachers.

With support from the CCG, North East London NHS Foundation Trust (NELFT) and direction from the 'Time to Change' initiative, the CCG guided students on their presentation, offering suggestions for service signposting and ways to get help and advice. A psychologist from NELFT collaborated with the students on the presentation, which was delivered by the students to their peers and teachers.

In more recent years the CCG's engagement with patients and the public has grown and supported the excellent work of the COVID vaccination programme to reach those most vulnerable and in need. Working in partnership with ICS colleagues, local authorities, neighbouring CCGs in Essex, Healthwatch, and voluntary sector colleagues, the CCG was able to reach and engage and build trust with people, sharing correct information to enable more to be protected from COVID.

I am particularly proud to say our engagement doesn't stop end at the end of a programme or project. We want to continue developing relationships and are increasingly inviting public and patients involved in various pieces of work to get involved in wider CCG and ICS-wide engagement programmes. Our dedicated Medicine Champions – including patients from different practices – have been working with us for many years to keep patients informed about the correct use of medication, checking prescriptions and advising against stockpiling. Members were invited to join patients from across the ICS area on a wider engagement network which continues to evolve as the ICB transition draws closer.