

A meeting of the NHS Norfolk and Suffolk Integrated Care Board

Wednesday 1 April 2026 10.00am

Virtual meeting via Microsoft teams

Chair: Will Pope

Item	Time	Agenda Item	Purpose	Lead
1.	10.00	Welcome, introductions and apologies	N/A	Chair
2.	10.00	Declarations of interest To declare any interests that board members may have specific to agenda items that could influence the decisions they make. Declarations made by members of the ICB Board are listed in the ICB's Register of Interests.	N/A	Chair
3.	10.05	Approval of key documents a) Adoption of ICB Constitution b) Governance Handbook c) Policy Approvals and Transfer	Approval	Amanda Lyes - Executive Director of People, Governance and Corporate Services
	10.30	Any Other Business	N/A	Chair

Date, time and venue of future Public Board Meetings:

- Wednesday 20 May 2026 – 1.30pm Main Hall, Hellesdon Hospital, Drayton High Road, NR6 5BE
- Wednesday 15 July 2026 – 10.30am Thurston New Green Centre (Main Hall), IP31 3TG
- Wednesday 23 September 2026– 10.00am Great Yarmouth Borough Council, NR30 2QF
- Wednesday 25 November 2026 – 10.00 am Venue tbc Ipswich
- Wednesday 27 January 2027 – 10.00 am Diss Business Hub, Diss, IP22 4GT
- Wednesday 24 March 2027 – 10.00am King's Lynn Town Hall, Saturday Market Place, PE30 5DQ

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests	Is the interest direct or indirect?	Nature of Interest	From	To	Action taken to mitigate risk
Kirsten Alderson	VCFSE Partner member – Chair of VCFSE Assembly	Suffolk Family Carers	X			Direct	CEO of Suffolk Family Carers, a local charity that is commissioned by SNEE ICB.		Present	To be declared when necessary
Madie Baker-Woods	Executive Director Primary Care and Neighbourhoods, Suffolk	Suffolk Art Link			X	Indirect	Trustee, Suffolk Art Link (Charity dedicated to supporting the health and wellbeing of the residents of Suffolk through the arts. The ICB holds a fixed term contract with Suffolk Art Link	*2021	Present	To be declared when necessary
Mark Burgis	Executive Director of Primary Care and Neighbourhood Health (Norfolk and Waveney)	Lakenham Practice				Indirect	Wife is Nurse Prescriber who is currently undertaking locum work at Lakenham Practice in Norwich. Wife receives an income from the practice when undertaking shifts at the practice	02/08/2021	Present	To be declared when necessary
Mark Burgis	Executive Director of Primary Care and Neighbourhood Health (Norfolk and Waveney)	Drayton Medical Practice			X		Patient at a Norfolk and Waveney GP Practice	Ongoing		To be declared when necessary
Ewen Cameron	Provider Partner – Community, WSFT - West Suffolk NHS Foundation Trust	Nothing to Declare				Not applicable	N/A			N/A
Caroline Donovan	Chief Executive, NSFT	CQC	X			Direct	CQC Executive Reviewer	Sep-24	Present	To be declared when necessary
Caroline Donovan	Chief Executive, NSFT	NSFT	X			Direct	Chief Executive - NSFT	Oct-23	Present	No further action required
Tim Gardiner	Chair of the Norfolk and Waveney VCSE Assembly	Lloyds Bank Foundation		X		Direct	Lloyds Bank Foundation - Great Yarmouth Homeless Alliance. Chair alliance of stakeholders to tackle issues of homelessness in Great Yarmouth.	01/04/2025	Present	To be declared when necessary
Tim Gardiner	Chair of the Norfolk and Waveney VCSE Assembly	Spowston Youth Engagement Project		x		Direct	Spowston Youth Engagement Project - Trustee. Trustee of organisation delivering youth services within areas of Norwich	01/03/2025	Present	To be declared when necessary
Tim Gardiner	Chair of the Norfolk and Waveney VCSE Assembly	Kirkley Mill Surgery			X	Direct	Patient at a Norfolk and Waveney GP Practice		Ongoing	To be declared when necessary
Ed Garratt	Chief Executive	University of Suffolk		X		Direct	Visiting Professor of Integrated Care – University of Suffolk	Apr-21	Present	To be declared when necessary

NS ICB Register of Interests – April 2026

Ed Garratt	Chief Executive	Suffolk		X		Direct	Deputy Lieutenant for Suffolk	Sep-23	Present	To be declared when necessary
Ed Garratt	Chief Executive	Public Health and Wellbeing University of Essex		X		Direct	Honorary Professor - Institute of Public Health and Wellbeing University of Essex	Feb-24	Present	To be declared when necessary
David Holt	Non Executive Member	Ministry of Defence	X			Direct	Non Executive Director - Department ARAC	Jan-22	Present	To be declared when necessary
David Holt	Non Executive Member	Sole Bay Health Centre, Southwold			X		Patient at a Norfolk and Waveney GP Practice	Ongoing		To be declared when necessary
Stuart Keeble	Executive Director of Public Health and Communities, Suffolk County Council	Suffolk County Council		X		Direct	Executive Director of Public Health and Communities, Suffolk County Council		Present	To be declared when necessary
Amanda Lyes	Executive Director of People, Governance & Corporate Services	Suffolk and North East Essex ICB	X			Direct	Executive Director of Workforce & People : Suffolk and North East Essex ICB	Jul-22	Present	No further action
Amanda Lyes	Executive Director of People, Governance & Corporate Services	Norfolk and Suffolk ICB	X			Direct	Designate Executive Director of People, Governance & Corporate Affairs : Norfolk and Suffolk ICB	Oct-25	Present	No further action
Amanda Lyes	Executive Director of People, Governance & Corporate Services	University of Suffolk			X	Direct	Visiting Senior Fellow in Integrated Care, University of Suffolk	Jan-23	Present	To be declared when necessary
Amanda Lyes	Executive Director of People, Governance & Corporate Services	University of Essex			X	Direct	Honorary Professor, School of Health & Social Care, University of Essex	Jan-24	Present	To be declared when necessary
Adrian Marr	Interim Chief Executive, East Suffolk and North Essex NHS Foundation Trust	East Suffolk District Council			x	Indirect	My Daughter, Amy Marr, works for East Suffolk District Council as a Health promotion manager. She has links with ESNEFT and the SNEE ICB as part of this role.	31/12/2021	01/12/2026	To be declared when necessary
Howard Martin	Executive Director of Finance	Gurney Surgery (Castle Partnerships)			X		Patient at a Norfolk and Waveney GP Practice	Ongoing		To be declared when necessary
Phanuel Mutumbari	Non Executive Member	Ipswich and Suffolk Council		X		Direct	Director for Ipswich and Suffolk Council for Racial Equality (ISCRE)		Present	To be declared when necessary
Phanuel Mutumbari	Non Executive Member	Asset Education Trust			X	Direct	Trustee at Asset Education Trust		Present	No further action required
Phanuel Mutumbari	Non Executive Member	Gecko Theatre			X	Direct	Trustee at Gecko Theatre		Present	No further action required
Phanuel Mutumbari	Non Executive Member	Selltic Consultancy Limited			X	Direct	Director – Selltic Consultancy Limited		Present	No further action required
Lisa Nobes	Executive Director of Nursing	Ipswich Borough Council			X	Direct	Husband employed by Ipswich Borough Council	2018	Present	To be declared when necessary
Elaine Noske	Non-Executive Member	Nothing to Declare				Not applicable	N/A			N/A
William Pope	Chair	University of Suffolk		X		Direct	Professor at the University of Suffolk	Jan-20	2020	To be declared when necessary

NS ICB Register of Interests – April 2026

William Pope	Chair	SNEE Integrated Care Partnership Board	X			Direct	Joint Chair SNEE Integrated Care Partnership Board	Jul-22	Present	To be declared when necessary
William Pope	Chair	Norfolk & Waveney ICB	X			Direct	Interim Chair – Norfolk & Waveney ICB	May-25	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	Norfolk and Norwich University Hospital		X		Direct	I hold an honorary contract and work as a consultant endocrinologist / physician approximately one day per week at NNUH	01/07/2022	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	University of East Anglia		X		Direct	I hold an honorary Professor appointment with UEA	01/10/2024	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	Private mental health counselling	X			Indirect	My husband works as a counsellor and undertakes sessions for Better Help and in private practice.	01/01/2023	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	Long Stratton Medical Centre			X		Patient at a Norfolk and Waveney GP Practice	Ongoing		To be declared when necessary
Dr Frankie Swords	Executive Medical Director	British Medical Association	X			Indirect	Member of the British Medical Association	1999	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	Norse Group	X			Indirect	Daughter is employed by Norse Group	2026	Present	To be declared when necessary
Dr Frankie Swords	Executive Medical Director	Multiple Charities			X	Direct	Ad hoc Clinical Advisor for multiple patient charities - Addison Self Help Group - Pituitary Patient Support Group - Turner syndrome Society	2008	Present	To be declared when necessary
Richard Watson	Executive Director of Strategy, Digital and Commissioning	Hadleigh Group Practice	X			Indirect	Husband is employee of Hadleigh Group Practice	Oct-19	Present	To be declared when necessary
Richard Watson	Executive Director of Strategy, Digital and Commissioning	Integrated Care, University of Suffolk			X	Direct	Senior Research Fellow for Integrated Care, University of Suffolk	Jan-23	Ongoing	To be declared when necessary
Richard Watson	Executive Director of Strategy, Digital and Commissioning	Hadleigh Community Primary School			X	Direct	Parent Governor Hadleigh Community Primary School	Sep-24	Ongoing	To be declared when necessary

NS ICB Register of Interests – April 2026

Richard Watson	Executive Director of Strategy, Digital and Commissioning	Strategic Commissioning NHS England			X	Direct	National Programme Director, Strategic Commissioning NHS England	Jan-25	Ongoing	To be declared when necessary
Janet Wood	Non Executive Member	Chelmsford Learning Partnership			X	Direct	Member of Chelmsford Learning Partnership Chair of Governors The Boswells School Chelmsford Committee member Essex School Governance Association		Present	To be declared when necessary
Janet Wood	Non Executive Member	HFMA and MSE Foundation Trust			X	Direct	Spouse part time senior policy manager HFMA Son Physiotherapist MSE Foundation Trust		Present	To be declared when necessary

NHS Norfolk and Suffolk Integrated Care Board

Agenda Item number: 3

Date: 1 April 2026

Title: Constitution, Governance Handbook, and Policies

Lead Director: Amanda Lyes - Executive Director of People, Governance and Corporate Services

Author: Heidi Davey, Head of Corporate Governance and Tom McColgan, Corporate Governance Manager.

Purpose: For approval.

Recommendation: The Board are asked to:

1. Adopt the NHS Norfolk and Suffolk Integrated Care Board Constitution as approved by NHS England.
2. Approve an amendment to the Constitution to update the name of the Norfolk Community Health and Care NHS Trust to East of England Community Health and Care NHS Trust, and amend 3.13.2 a) to read 'hold a suitably senior role at one of the VCSE organisations' within the ICB area.
3. Approve the Governance Handbook comprising the following elements as required by the Constitution:
 - a Functions and Decisions Map
 - b Scheme of Reservations and Delegations
 - c Standing Financial Instructions
 - d Terms of Reference for all Committees of the Board that exercise ICB functions.
 - e an up-to-date list of eligible providers of primary medical services.
 - f standards of business conduct policy
 - g conflicts of interest policy and procedures
 - h policy for public involvement and engagement
4. The Board is asked to note that the ICB is not seeking to establish any joint committees or delegate any ICB functions in accordance with section 65Z5 of the NHS Act 2006.

5. Approve the following Chair appointments for the Committees of the Board:
 - a Integrated Care Partnership Committee: Will Pope, Cllr Steve Wiles, Cllr Fran Whymark
 - b Executive Committee: Ed Garratt
 - c Strategic Commissioning Committee: Phaniel Mutumburi
 - d Quality Committee: Elaine Noske
 - e Finance, Performance, and Workforce Committee: Janet Wood
 - f Audit and Risk Committee: David Holt
 - g Remuneration and HR Committee: Janet Wood
 - h Primary Care Commissioning Group: Phaniel Mutumburi
 6. Delegate to the Chair responsibility for appointing a Chair to the Norfolk and Waveney Neighbourhood and Primary Care Committee & the Suffolk Neighbourhood and Primary Care Committee.
 7. Approve the following policies for adoption by NHS Norfolk and Suffolk ICB:
 - a The Individual Funding Requests Policy and Experimental and Unproven Treatments Policy.
 - b The Complaints Policy.
 - c The Emergency Preparedness and Resilience Policy
 - d The Freedom of Information Policy
 8. Approve the transfer of all other existing NHS Norfolk and Waveney ICB and NHS Suffolk and North-East Essex ICB policies to NHS Norfolk and Suffolk ICB noting that these are expected to be reviewed, consolidated and approved by the relevant Committee within 3 months.
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1. Background

- 1.1. On 1 April 2026, NHS Norfolk and Suffolk Integrated Care Board will be established. N&S ICB will take on all the planning and commissioning functions previously held by its two predecessor organisations, NHS Suffolk and North East Essex ICB and NHS Norfolk and Waveney ICB, which will be abolished on 1 April 2026.
- 1.2. The same responsibilities for the Colchester and Tendring areas of Essex will transfer to NHS Essex ICB, which will also become operational and legally established from 1 April 2026.
- 1.3. The N&S ICB geographical area covers the entirety of the counties of Norfolk and Suffolk with a population of approximately 1.7 million.

2. NHS Norfolk and Suffolk ICB Constitution

- 2.1. The Constitution sets out at a high level how the ICB will function including the make up of the Board. The NSICB Constitution closely follows the NHS England Model Constitution for ICBs and the attached draft has been approved for adoption

by NHS England. The ICB can only amend the Constitution with approval of NHS England.

- 2.2. Upon adopting the Constitution, the Board is also asked to approve an amendment to reflect the formation of East of England Community Health and Care NHS Trust on 1 April 2026. An amendment to 3.13.2 is also recommended to bring the additional requirement for those members who bring the perspective of the VCSE Sector to Board in line with the other Partner Members from which a 'suitably senior' nominee is requested.

3. Governance Handbook

- 3.1. The Governance Handbook supports the Constitution by providing a more detailed overview of the operation of the ICB including committee structure, the functions delegated by Board, and the standing financial instructions. The Governance Handbook will remain a living document and will continue to evolve with the ICB.

4. Policies

- 4.1. NWICB and SNEEICB each hold a very large number of policies all of which will need to be brought into NSICB. This is a time consuming process which has already begun and will continue during the first quarter of 2026/27. Attached to this report are the 'day one' policies which NSICB must have in place in order to operate safely as a statutory NHS commissioning body. The policies presented attached to the report have been recommended for approval following review through the appropriate governance route in both SNEE and NWICB.
- 4.2. 'Day one' HR policies will be approved by a meeting of the Remuneration and HR Committee following the Board meeting.

Appendices:

1. NHS Norfolk and Suffolk ICB Constitution
2. Governance Handbook
 - A. Functions and Decisions Map
 - B. Scheme of Reservations and Delegations
 - C. Standing Financial Instructions
 - (1) Overpayments Policy
 - (2) Special Payments and Losses Policy
 - D. Committee Terms of Reference
 - (1) Audit and Risk Committee
 - (2) Remuneration and HR Committee
 - (3) Executive Committee
 - (4) Finance, Performance, and Workforce Committee
 - (5) Strategic Commissioning Committee
 - (6) Quality Committee
 - (7) Norfolk and Waveney Neighbourhood and Primary Care Committee (*to follow*)
 - (8) Suffolk Neighbourhood and Primary Care Committee (*to follow*)
 - (9) Primary Care Commissioning Group
 - (10) Integrated Care Partnership Committee
 - E. Primary Care Partner Member – Eligible Nominating Practices
 - F. Standards of Business Conduct Policy

- G. Conflicts of Interest Policy
- H. Public Involvement and Engagement
- 3. Individual Funding Requests Policy and Experimental and Unproven Treatments Policy
- 4. Complaints and Enquiries Handling Policy and Procedure
- 5. Freedom of Information Policy
- 6. Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Policy

NHS Norfolk and Suffolk Integrated Care Board

CONSTITUTION

Version	Date approved by the ICB	Effective date
v1.0	n/a	1 April 2026

Contents

1. Introduction	5
1.1 Background/foreword.....	5
1.2 Name	5
1.3 Area covered by the ICB.....	5
1.4 Statutory framework.....	5
1.5 Status of this Constitution	7
1.6 Variation of this Constitution	7
1.7 Related documents.....	8
2. Composition of the board of the ICB	10
2.1 Background	10
2.2 Board membership	11
2.3 Regular participants and observers at board meetings	12
3. Appointments process for the board	14
3.1 Eligibility criteria for board membership.....	14
3.2 Disqualification criteria for board membership.....	14
3.3 Chair	16
3.4 Deputy Chair and Senior Non-executive Member	16
3.5 Chief Executive.....	16
3.6 Partner Member(s) – NHS trusts and foundation trusts.....	17
3.7 Partner Member(s) – providers of primary medical services.....	19
3.8 Partner Member(s) – local authorities.....	20
3.9 Executive Medical Director	21
3.10 Executive Director of Nursing	22
3.11 Executive Finance & Contract Director.....	22
3.12 Four Non-executive Members	23
3.13 Other Board Members	23
3.14 Board Members: Removal from Office.....	24
3.15 Terms of appointment of Board Members	25
4. Arrangements for the exercise of our functions	27
4.1 Good governance	27
4.2 General.....	27
4.3 Authority to act.....	27

4.4	Scheme of Reservation and Delegation (SoRD)	28
4.5	Functions and Decision Map	28
4.6	Committees and sub-committees	29
4.7	Delegations made under section 65Z5 of the 2006 Act	30
5.	Procedures for making decisions	31
5.1	Standing orders	31
5.2	Standing Financial Instructions	31
6.	Arrangements for conflict of interest management and standards of business conduct	32
6.1	Conflicts of interest	32
6.2	Principles	33
6.3	Declaring and registering interests	33
6.4	Standards of business conduct	34
7.	Arrangements for ensuring accountability and transparency	35
7.2	Meetings and publications	35
7.3	Scrutiny and decision-making	36
7.4	Annual Report	37
8.	Arrangements for determining the terms and conditions of employees	38
9.	Arrangements for public involvement	39
	Appendix 1: Definitions of terms used in this Constitution	41
	Appendix 2: Standing Orders	43
1.	Introduction	43
2.	Amendment and review	43
3.	Interpretation, application and compliance	43
4.	Meetings of the Integrated Care Board	44
5.	Suspension of Standing Orders	48

1. Introduction

1.1 Background/foreword

1.1.1 NHS England has set out the following as the 4 core purposes of integrated care systems (ICSs):

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

1.1.2 The integrated care board (ICB) will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

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

1.2 Name

1.2.1 The name of this integrated care board is NHS Norfolk and Suffolk Integrated Care Board ('the ICB').

1.3 Area covered by the ICB

1.3.1 The area covered by the ICB is conterminous with Norfolk County Council and Suffolk County Council.

1.4 Statutory framework

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

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

1.4.3 The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented

by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

- 1.4.4 In accordance with section 14Z25(5) of, and paragraph 1 of Schedule 1B to, the 2006 Act, the ICB must have a constitution, which must comply with the requirements set out in that Schedule. The ICB is required to publish its Constitution (section 14Z29). This Constitution is published at <http://www.norfolkandsuffolk.icb.nhs.uk/>.
- 1.4.5 The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. Examples include, but are not limited to, the Equality Act 2010 and the Children Acts. Some of the statutory functions that apply to ICBs take the form of general statutory duties, which the ICB must comply with when exercising its functions. These duties include but are not limited to:
- a) having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 2009 and section 14Z32 of the 2006 Act)
 - b) exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act)
 - c) duties in relation children including safeguarding, promoting welfare, etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)
 - d) adult safeguarding and carers (the Care Act 2014)
 - e) equality, including the public sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35)
 - f) information law (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000).
 - g) provisions of the Civil Contingencies Act 2004
- 1.4.6 The ICB is subject to an annual assessment of its performance by NHS England, which is also required to publish a report containing a summary of the results of its assessment.
- 1.4.7 The performance assessment will assess how well the ICB has discharged its functions during that year and will include an assessment of how well it has discharged its duties under:
- a) section 14Z34 (improvement in quality of services)

- b) section 14Z35 (reducing inequalities)
- c) section 14Z38 (obtaining appropriate advice)
- d) section 14Z40 (duty in respect of research)
- e) section 14Z43 (duty to have regard to effect of decisions)
- f) section 14Z45 (public involvement and consultation)
- g) sections 223GB to 223N (financial duties)
- h) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies)

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

1.5 Status of this Constitution

1.5.1 The ICB was established on 1 April 2026 by The Integrated Care Boards (Establishment and Abolition) Order 2026, which made provision for its Constitution by reference to this document.

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

1.6 Variation of this Constitution

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

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

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

- a) The Chief Executive may periodically propose amendments to the Constitution which shall be considered and approved by the ICB prior to making an application to vary the Constitution to NHS England.
- b) proposed amendments to this Constitution will not be implemented until an application to NHS England for variation has been approved

1.7 Related documents

- 1.7.1 This Constitution is also supported by several documents that provide further details on how governance arrangements in the ICB will operate.
- 1.7.2 The following are appended to the Constitution and form part of it for the purpose of clause 1.6 and the ICB's legal duty to have a constitution:
- a) **Standing orders** – which set out the arrangements and procedures to be used for meetings and the processes to appoint the ICB committees.
- 1.7.3 The following do not form part of the Constitution but are required to be published:
- a) **Scheme of reservation and delegation (SoRD)** – sets out those decisions that are reserved to the board of the ICB and those decisions that have been delegated in accordance with the powers of the ICB and which must be agreed in accordance with and be consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated to.
 - b) **Functions and decision map** – a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The functions and decision map also includes decision-making responsibilities that are delegated to the ICB (for example, from NHS England).
 - c) **Standing financial instructions** – which set out the arrangements for managing the ICB's financial affairs.
 - d) **The ICB Governance Handbook** – this brings together all the ICB's governance documents, so it is easy for interested people to navigate. It includes:
 - the above documents a) – c)
 - terms of reference for all committees and sub-committees of the board that exercise ICB functions
 - delegation arrangements for all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act
 - terms of reference of any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act

- the up-to-date list of eligible providers of primary medical services under clause 3.7.2
- e) **Key policy documents**, which should also be included in the governance handbook or linked to it – including:
- standards of business conduct policy
 - conflicts of interest policy and procedures
 - policy for public involvement and engagement

2. Composition of the board of the ICB

2.1 Background

- 2.1.1 This part of the Constitution describes the membership of the ICB. Further information about the criteria for the roles and how they are appointed is in Section 3.
- 2.1.2 Further information about the individuals who fulfil these roles can be found on our website <http://www.norfolkandsuffolk.icb.nhs.uk/>.
- 2.1.3 In accordance with paragraph 3 of Schedule 1B to the 2006 Act, the membership of the ICB (referred to in this Constitution as ‘the board’ and members of the ICB are referred to as ‘board members’) consists of:
- a) a Chair
 - b) a Chief Executive
 - c) at least three Ordinary Members.
- 2.1.4 The membership of the ICB (the board) shall meet as a unitary board and shall be collectively accountable for the performance of the ICB’s functions.
- 2.1.5 NHS England Policy requires the ICB to appoint the following additional Ordinary Members:
- a) three Executive Members, namely:
 - Executive Finance and Contracts Director
 - Executive Medical Director
 - Executive Director of Nursing
 - b) At least two non-executive members.
- 2.1.6 The ordinary members include at least three members who will bring knowledge and a perspective from their sectors. These members (known as partner members) are nominated by the following, and appointed in accordance with the procedures set out in Section 3 below:
- NHS trusts and foundation trusts that provide services within the ICB’s area and are of a prescribed description
 - the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description
 - the local authorities that are responsible for providing social care and whose area coincides with or includes the whole or any part of the ICB’s area.

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

2.2 Board membership

2.2.1 The ICB has eight partner members:

- a) Four Members who bring the perspective of the NHS trusts and foundation trusts that provide services within the ICB's area
- b) Two Members who bring the perspective of the primary medical services (general practice) providers within the area of the ICB
- c) Two Members who bring the perspective of the local authorities that are responsible for providing social care and whose area coincides with or includes the whole or any part of the ICB's area.

2.2.2 The ICB has also appointed the following further ordinary members to the board:

- a) Two Members who bring the perspective of the Voluntary, Community, Social & Faith Enterprise sector.
- b) Two Non-Executive Members.
- c) Executive Director of People, Governance, and Corporate Services.

2.2.3 The board is therefore composed of the following members:

- a) Chair
- b) Chief Executive
- c) Four Partner Members who bring the perspective of the NHS trusts and foundation trusts.
- d) Two Partner Members who bring the perspective of the primary medical services
- e) Two Partner Members who bring the perspective of local authorities
- f) Four Non-Executive Members (one of whom, but not the Audit Committee Chair, will be appointed Deputy Chair; and one of whom, who may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-Executive Member)
- g) Executive Finance and Contracts Director
- h) Executive Medical Director

- i) Executive Director of Nursing
- j) Two VCSE Members
- k) Executive Director of People, Governance, and Corporate Services

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

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

2.2.6 A member of the Board has been identified as the Accountable Emergency Officer for the ICB as defined by Section 252A in the NHS Act 2006 (as amended) as required by the NHS Emergency Preparedness Resilience and Response Framework. Please refer to the ICB's Scheme of Reservation and Delegation published on the ICB website as part of the Governance Handbook for further detail.

2.3 Regular participants and observers at board meetings

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

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

2.3.3 The board will regularly invite the following individuals to attend any or all of its meetings as regular participants:

- a) Any member of the Norfolk and Suffolk ICB Executive Team not otherwise appointed to the Board
- b) The Co-Chairs of the Norfolk and Suffolk Integrated Care Partnership Committee and the Chairs of the Suffolk Health and Wellbeing Board and the Norfolk Health and Wellbeing Board.
- c) A suitably senior officer of any Foundation Trust or Trust that provide services for the purposes of the health service within the ICB's area and that are not otherwise represented on the Board.

d) A suitably senior officer of East Coast Community Healthcare CIC if they are not otherwise represented on the Board.

2.3.4 Participants may be asked to leave the meeting by the chair in the event that the board passes a resolution to exclude the public as per the standing orders.

3. Appointments process for the board

3.1 Eligibility criteria for board membership

3.1.1 Each member of the ICB must:

- a) comply with the criteria of the 'fit and proper person test'
- b) be committed to upholding the Seven Principles of Public Life (known as the Nolan Principles)
- c) fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification

3.2 Disqualification criteria for board membership

3.2.1 A Member of Parliament.

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

3.2.3 A person who, within the period of 5 years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the UK of any offence, or
- b) outside the UK of an offence which, if committed in any part of the UK, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016, or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

3.2.5 A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any health service body.

3.2.6 A person whose term of appointment as the Chair, a Member, a Director or a Governor of a health service body has been terminated on the grounds:

- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office

- b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings
- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
- d) of misbehaviour, misconduct or failure to carry out the person's duties.

3.2.7 A healthcare professional, meaning an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002, or other professional person who has at any time been subject to an investigation or proceedings, by any body that regulates or licenses the profession concerned ('the regulatory body'), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:

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

3.2.8 A person who is subject to:

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

3.2.9 A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the

administration of the charity for which the person was responsible, to which the person was privy, or to which the person by their conduct contributed to or facilitated.

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

3.3 Chair

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

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

- a) the Chair will be independent

3.3.3 Individuals will not be eligible if:

- a) they hold a role in another health and care organisation within the ICB area
- b) any of the disqualification criteria set out in 3.2 apply

3.3.4 The term of office for the Chair will be a maximum of three years and the total number of terms a chair may serve is three terms.

3.4 Deputy Chair and Senior Non-executive Member

3.4.1 The Deputy Chair is to be appointed from amongst the non-executive members by the board subject to the approval of the Chair.

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

3.4.3 The Senior Non-executive Member is to be appointed from among the non-executive members by the board subject to the approval of the Chair.

3.5 Chief Executive

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

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

3.5.3 The Chief Executive must fulfil the following additional eligibility criteria:

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

3.5.4 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply

3.6 Partner Member(s) – NHS trusts and foundation trusts

3.6.1 These Partner Members are jointly nominated by the NHS trusts and/or foundation trusts that provide services for the purposes of the health service within the ICB's area and meet the Forward Plan Condition or (if the Forward Plan Condition is not met) the Level of Services Provided Condition:

- a) East of England Ambulance Service NHS Trust
- b) East Suffolk and North Essex NHS Foundation Trust
- c) James Paget University Hospitals NHS Foundation Trust
- d) Norfolk Community Health and Care NHS Trust
- e) Norfolk and Norwich University Hospitals NHS Foundation Trust
- f) Norfolk and Suffolk NHS Foundation Trust
- g) Queen Elizabeth King's Lynn NHS Foundation Trust
- h) West Suffolk NHS Foundation Trust

3.6.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) be a suitably senior officer of one of the NHS trusts, or foundation trusts within the ICB's area or a suitably senior officer of East Coast Community Healthcare CIC.
- b) Meet any other criteria set out in NHS England guidance or supporting legislation
- c) One member shall have specific knowledge, skills and experience of the provision of mental health services.
- d) One member shall have specific knowledge, skills and experience of the provision of acute health services.

- e) One member shall have specific knowledge, skills and experience of the provision of community health services.

3.6.3 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any other disqualification criteria prescribed through NHS England guidance or supporting legislation apply

3.6.4 These members will be appointed by a Panel subject to the approval of the Chair.

3.6.5 The appointment process will be as follows:

a) Joint nomination:

- when a vacancy arises, each eligible organisation listed at 3.6.1. will be invited to make two nominations
- the nomination of an individual must be seconded by one other eligible organisation
- eligible organisations may nominate individuals from their own organisation or another organisation
- all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within five working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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

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

c) Chair's approval:

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

3.6.6 The term of office for these partner members will be three years and the total number of terms they may serve is three terms. One term may be extended up to one year subject to approval by the Chair.

3.7 Partner Member(s) – providers of primary medical services

3.7.1 These Partner Members are jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.7.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this constitution.

3.7.3 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

- a) Any criteria set out by NHS England's guidance.
- b) One member shall have specific knowledge, skills and experience of the provision of primary medical services in Ipswich and East Suffolk Alliance and West Suffolk Alliance.
- c) One member shall have specific knowledge, skills and experience of the provision of primary medical services in West Norfolk Alliance, Central Norfolk Alliance and Great Yarmouth and Waveney Alliance.

3.7.4 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any criteria set out in NHS England guidance.

3.7.5 This member will be appointed by a Panel subject to the approval of the Chair

3.7.6 The appointment process will be as follows:

- a) Joint Nomination:
 - when a vacancy arises, each eligible organisation described at 3.7.1 and listed in the Governance Handbook will be invited to make one nomination
 - the nomination of an individual must be seconded by three other eligible organisations
 - eligible organisations may nominate individuals from their own organisation or another organisation
 - all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to

confirm within ten working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward

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

- the full list of nominees will be considered by a panel convened by the chief executive
- the panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.3 and 3.7.4
- if there is more than one suitable nominee, the panel will select the most suitable for appointment

c) Chair's approval:

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

3.7.7 The term of office for this partner member will be three years and the total number of terms they may service is three terms. One term may be extended up to one year subject to approval by the Chair.

3.8 Partner Member(s) – local authorities

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

- a) Norfolk County Council
- b) Suffolk County Council

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

- a) be the Chief Executive or hold a suitably senior role of one of the bodies listed at 3.8.1
- b) Any criteria set out in NHS England guidance.

3.8.3 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any disqualifications set out in NHS England guidance apply.

3.8.4 These members will be appointed by a Panel subject to the approval of the Chair.

3.8.5 The appointment process will be as follows:

a) Joint nomination:

- when a vacancy arises, each eligible organisation listed at 3.8.1. will be invited to make 1 nomination
- eligible organisations may nominate individuals from their own organisation or another organisation
- all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they don't, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

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

- the full list of nominees will be considered by a panel convened by the chief executive
- the panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.8.2 and 3.8.3
- if there is more than one suitable nominee, the panel will select the most suitable for appointment

c) Chair's approval:

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

3.8.6 The term of office for these partner members will be 3 years and the total number of terms they may service is 3 terms. One term may be extended up to one year subject to approval by the Chair.

3.9 Executive Medical Director

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

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

- b) be a registered medical practitioner
- c) Any other criteria set out by NHS England's guidance

3.9.2 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any criteria set out in NHS England guidance.

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

3.10 Executive Director of Nursing

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

- a) be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
- b) be a registered nurse
- c) Any other criteria set out by NHS England's guidance

3.10.2 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any criteria set out in NHS England guidance

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

3.11 Executive Finance & Contract Director

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

- a) be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
- b) Any other criteria set out by NHS England's guidance

3.11.2 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) Any criteria set out in NHS England guidance

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

3.12 Four Non-executive Members

3.12.1 The ICB will appoint four Non-executive Members.

3.12.2 These members will be appointed by a panel subject to the approval of the Chair.

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

- a) not be an employee of the ICB or a person seconded to the ICB
- b) not hold a role in another health and care organisation in the ICS area
- c) one shall have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Audit Committee
- d) another should have specific knowledge, skills and experience that makes them suitable for appointment to the Chair of the Remuneration Committee
- e) Any other criteria set out by NHS England's guidance

3.12.4 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) they hold a role in another health and care organisation within the ICB area
- c) Any criteria set out in NHS England guidance

3.12.5 The term of office for a Non-executive Member will be three years and the total number of terms an individual may serve is three terms, after which they will no longer be eligible for re-appointment. One term may be extended up to one year subject to approval by the Chair as long as this does not exceed the maximum term of nine years in total.

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

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

3.13 Other Board Members

Members for Voluntary, Community and Social Enterprise (VCSE)

3.13.1 These members represent the Norfolk and Waveney and Suffolk VCSE Assemblies.

- 3.13.2 These members must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:
- a) Be the Chief Executive Officer or another Executive Director/Officer of one of the VCSE organisations within the ICBs area.
- 3.13.3 Individuals will not be eligible if any of the disqualification criteria set out in 3.2 apply.
- 3.13.4 The appointment process will be as follows:
- a) Each VCSFE Assembly will make a single nomination to the Board to serve as a representative for the relevant area i.e. East and West Suffolk or Norfolk and Waveney. An Assembly cannot nominate more than one representative even if the other Assembly has made no nomination giving rise to a vacancy.
- 3.13.5 These members will be appointed by the Chair.
- 3.13.6 The term of office for these Members will be three years and the total number of terms they may serve is three terms. One term may be extended up to one year subject to approval by the Chair.

Executive Director of People, Governance, and Corporate Services

- 3.13.7 This member will fulfil the eligibility criteria set out at 3.1 and the following additional eligibility criteria:
- a) be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act
 - b) Any other criteria set out by NHS England's guidance
- 3.13.8 Individuals will not be eligible if:
- a) any of the disqualification criteria set out in 3.2 apply
 - b) Any criteria set out in NHS England guidance.
- 3.13.9 This member will be appointed by the Chief Executive subject to the approval of the Chair.

3.14 Board Members: Removal from Office

- 3.14.1 Arrangements for the removal from office of board members is subject to the term of appointment, and application of the relevant ICB policies and procedures.
- 3.14.2 With the exception of the Chair, board members shall be removed from office if any of the following occur:

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

3.14.3 Members may be suspended pending the outcome of an investigation into whether any of the matters in 3.14.2 apply.

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

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

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

- a) terminate the appointment of the ICB's Chief Executive, and
- b) direct the Chair of the ICB as to which individual to appoint as a replacement and on what terms.

3.15 Terms of appointment of Board Members

3.15.1 With the exception of the Chair and Non-executive Members, arrangements for remuneration and any allowances will be agreed by the Remuneration Committee in line with the ICB remuneration policy and any other relevant policies published at <http://www.norfolkandsuffolk.icb.nhs.uk/> and any guidance issued by NHS England or other relevant body. Remuneration for Chairs will be set by NHS England. Remuneration for Non-executive Members will be set by the Chair, in consultation with Executive and Partner Members of the Board.

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

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

4. Arrangements for the exercise of our functions

4.1 Good governance

- 4.1.1 The ICB will, at all times, observe generally accepted principles of good governance. This includes the Seven Principles of Public Life (the Nolan Principles) and any governance guidance issued by NHS England.
- 4.1.2 The ICB has agreed a Code of Conduct and Behaviours, which sets out the expected behaviours that members of the board and its committees will uphold while undertaking ICB business. It also includes a set of principles that will guide decision-making in the ICB. The ICB Code of Conduct and Behaviours is published in the Governance Handbook.

4.2 General

- 4.2.1 The ICB will:
- a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations
 - b) comply with directions issued by the Secretary of State for Health and Social Care
 - c) comply with directions issued by NHS England
 - d) have regard to statutory guidance including that issued by NHS England
 - e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England
 - f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area.
- 4.2.2 The ICB will develop and implement the necessary systems and processes to comply with a) to f) above, documenting them as necessary in this Constitution, its Governance Handbook and other relevant policies and procedures as appropriate.

4.3 Authority to act

- 4.3.1 The ICB is accountable for exercising its statutory functions and may grant authority to act on its behalf to:
- a) any of its members or employees
 - b) a committee or sub-committee of the ICB.
- 4.3.2 Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be

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

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

4.4 Scheme of Reservation and Delegation (SoRD)

- 4.4.1 The ICB has agreed a SoRD, which is published in full at <http://www.norfolkandsuffolk.icb.nhs.uk/>.
- 4.4.2 Only the board may agree the SoRD and amendments to the SoRD may only be approved by the board.
- 4.4.3 The SoRD sets out:
- a) those functions that are reserved to the board
 - b) those functions that have been delegated to an individual or to committees and sub-committees
 - c) those functions delegated to another body or to be exercised jointly with another body, under section 65Z5 and 65Z6 of the 2006 Act.
- 4.4.4 The ICB remains accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to the board for the exercise of their delegated functions.

4.5 Functions and Decision Map

- 4.5.1 The ICB has prepared a functions and decision map that sets out at a high level its key functions and how it exercises them in accordance with the SoRD.
- 4.5.2 The functions and decision map is published at <http://www.norfolkandsuffolk.icb.nhs.uk/>.
- 4.5.3 The map includes:
- a) key functions reserved to the board of the ICB
 - b) commissioning functions delegated to committees and individuals

- c) commissioning functions delegated under section 65Z5 and 65Z6 of the 2006 Act to be exercised by, or with, another ICB, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body
- d) functions delegated to the ICB (for example, from NHS England).

4.6 Committees and sub-committees

- 4.6.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees.
- 4.6.2 All committees and sub-committees are listed in the SoRD.
- 4.6.3 Each committee and sub-committee established by the ICB operates under terms of reference agreed by the board. All terms of reference are published in the Governance Handbook.
- 4.6.4 The board remains accountable for all functions, including those that it has delegated to committees and sub-committees and, therefore, appropriate reporting and assurance arrangements are in place and documented in the terms of reference. All committees and sub-committees that fulfil delegated functions of the ICB, will be required to:
 - a) Provide highlight reports to Board meetings and escalate risks, issues, and decisions as necessary.
- 4.6.5 Any committee or sub-committee established in accordance with clause 4.6 may consist of or include persons who are not ICB members or employees.
- 4.6.6 All members of committees and sub-committees that exercise the ICB commissioning functions will be approved by the Chair. The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.
- 4.6.7 All members of committees and sub-committees are required to act in accordance with this constitution, including the Standing Orders as well as the Standing Financial Instructions and any other relevant ICB policy.
- 4.6.8 The following committees will be maintained:
 - a) **Audit Committee:** This committee is accountable to the board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

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

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

The Remuneration Committee will be Chaired by a Non-executive Member other than the Chair or the Chair of Audit Committee.

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

4.7 Delegations made under section 65Z5 of the 2006 Act

- 4.7.1 As per 4.3.2 the ICB may arrange for any functions exercisable by it to be exercised by or jointly with any one or more other relevant bodies (another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body).
- 4.7.2 All delegations made under these arrangements are set out in the ICB SoRD and included in the functions and decision map.
- 4.7.3 Each delegation made under section 65Z5 of the Act will be set out in a delegation arrangement that sets out the terms of the delegation. This may, for joint arrangements, include establishing and maintaining a pooled fund. The power to approve delegation arrangements made under this provision will be reserved to the board.
- 4.7.4 The board remains accountable for all the ICB's functions, including those that it has delegated and, therefore, appropriate reporting and assurance mechanisms are in place as part of agreeing terms of a delegation and these are detailed in the delegation arrangements, summaries of which will be published in the Governance Handbook.
- 4.7.5 In addition to any formal joint working mechanisms, the ICB may enter into strategic or other transformation discussions with its partner organisations on an informal basis.

5. Procedures for making decisions

5.1 Standing orders

- 5.1.1 The ICB has agreed a set of standing orders which describe the processes that are employed to undertake its business. They include procedures for:
- conducting the business of the ICB
 - the procedures to be followed during meetings
 - the process to delegate functions.
- 5.1.2 The standing orders apply to all committees and sub-committees of the ICB unless specified otherwise in the terms of reference that have been agreed by the board.
- 5.1.3 A full copy of the standing orders is included in appendix 2 and forms part of this Constitution.

5.2 Standing Financial Instructions

- 5.2.1 The ICB has agreed a set of Standing Financial Instructions (SFIs), which include the delegated limits of financial authority set out in the SoRD.
- 5.2.2 A copy of the SFIs is published in the Governance Handbook.

6. Arrangements for conflict of interest management and standards of business conduct

6.1 Conflicts of interest

- 6.1.1 As required by section 14Z30 of the 2006 Act, the ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of the ICB's decision-making processes.
- 6.1.2 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the website.
- 6.1.3 All board, committee and sub-committee members, and employees of the ICB, will comply with the ICB policy on conflicts of interest in line with their terms of office and/or employment. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.
- 6.1.4 All delegation arrangements made by the ICB under section 65Z5 of the 2006 Act will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with those of the ICB.
- 6.1.5 Where an individual, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest that could lead to a conflict of interests in the event of the ICB considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Constitution, the Conflicts of Interest Policy and the Standards of Business Conduct Policy.
- 6.1.6 The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:
- a) act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest
 - b) be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest
 - c) support the rigorous application of conflict of interest principles and policies
 - d) provide independent advice and judgement to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation

- e) provide advice on minimising the risks of conflicts of interest.

6.2 Principles

- 6.2.1 In discharging its functions the ICB will abide by the following principles:
 - a) acting in good faith and in the interests of the public
 - b) following the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles)
 - c) comply with the ICB's Standards of Business Conduct and Conflicts of Interest Policy, including the requirements set out in the policy for managing conflicts of interest, which is available on the ICB's website and will be made available on request

6.3 Declaring and registering interests

- 6.3.1 The ICB maintains registers of the interests of:
 - a) members of the ICB
 - b) members of the board's committees and sub-committees
 - c) its employees
- 6.3.2 In accordance with section 14Z30(2) of the 2006 Act, registers of interest are published on the ICB website.
- 6.3.3 All relevant persons as per 6.1.3 and 6.1.5 must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of the ICB's commissioning functions.
- 6.3.4 Declarations should be made as soon as reasonably practicable after the person becomes aware of the conflict or potential conflict and in any event within 28 days. This could include interests an individual is pursuing. Interests will also be declared on appointment and during relevant discussion in meetings.
- 6.3.5 All declarations will be entered in the registers as per 6.3.1
- 6.3.6 The ICB will ensure that, as a matter of course, declarations of interest are made and confirmed, or updated at least annually.
- 6.3.7 Interests (including gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months. In addition, the ICB will retain a record of historical interests and offers/receipt of gifts and hospitality for a minimum of 6 years after the date on which it expired. The ICB's published register of interests states that historical interests are retained by the ICB for the specified timeframe and details who to contact to submit a request for this information.

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

6.4 Standards of business conduct

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

- a) act in good faith and in the interests of the ICB
- b) follow the Seven Principles of Public Life; set out by the Committee on Standards in Public Life (the Nolan Principles)
- c) comply with the ICB's Standards of Business Conduct Policy, and any requirements set out in the policy for managing conflicts of interest.

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

7. Arrangements for ensuring accountability and transparency

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

7.2 Meetings and publications

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

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

7.2.3 Annual accounts will be externally audited and published.

7.2.4 A clear complaints process will be published.

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

7.2.6 Information will be provided to NHS England as required.

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

- Conflicts of Interest Policy and procedures
- registers of interests
- Five-Year Norfolk and Suffolk Population Health and Commissioning Strategy

7.2.8 The ICB will publish, with its partner NHS trusts and NHS foundation trusts, a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years (the 'Joint Forward Plan'). The plan will:

- a) describe the health services for which the ICB proposes to make arrangements in the exercise of its functions
- b) explain how the ICB proposes to discharge its duties under sections 14Z34 to 14Z45 (general duties of integrated care boards) and sections 223GB and 223N (financial duties)
- c) set out any steps that the ICB proposes to take to implement the two joint local health and wellbeing strategies
- d) set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25

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

7.3 Scrutiny and decision-making

- 7.3.1 At least three Non-executive Members will be appointed to the board, including the Chair; and all the board and committee members will comply with the Seven Principles of Public Life (the Nolan Principles) and meet the criteria described in the fit and proper person test.
- 7.3.2 Healthcare services will be arranged in a transparent way, and decisions around who provides services will be made in the best interests of patients, taxpayers and the population, in line with the rules set out in the NHS Provider Selection Regime. The ICB will comply with the requirements of the Provider Selection Regime Regulations.
- 7.3.3 The ICB will comply with the requirements of the NHS Provider Selection Regime including:
- a) evidencing that it has properly exercised the responsibilities conferred on it by the regime, once this is published, by:
 - publishing the intended selection approach in advance.
 - publishing the outcome of decisions made and the details of contracts awarded.
 - keeping a record of decisions made under the regime, including evidence that all relevant issues and criteria have been considered and that the reasons for any decision are clearly justified.
 - recording how conflicts of interest were managed.
 - b) monitoring compliance with this regime via an annual internal audit process, the results of which will be published.
 - c) including in the annual report a summary of contracting activity as specified by the regime.
 - d) ensuring that appropriate internal governance mechanisms are in place to deal with representations made against provider selection decisions and that any such representations are considered fairly and impartially within the timescales prescribed.
- 7.3.4 The ICB will comply with local authority health overview and scrutiny requirements.

7.4 Annual Report

- 7.4.1 The ICB will publish an Annual Report in accordance with any guidance published by NHS England; and that sets out how it has discharged its functions and fulfilled its duties in the previous financial year. An annual report must in particular:
- a) explain how the ICB has discharged its duties under section 14Z34 to 14Z45 and 14Z49 (general duties of integrated care boards)
 - b) review the extent to which the ICB has exercised its functions in accordance with the plans published under section 14Z52 (forward plan) and section 14Z56 (capital resource use plan)
 - c) review the extent to which the ICB has exercised its functions consistently with NHS England's views set out in the latest statement published under section 13SA(1) (views about how functions relating to inequalities information should be exercised), and
 - d) review any steps that the ICB has taken to implement any joint local health and wellbeing strategy to which it was required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.

8. Arrangements for determining the terms and conditions of employees

- 8.1.1 The ICB may appoint employees, pay them remuneration and allowances as it determines, and appoint staff on such terms and conditions as it determines.
- 8.1.2 The board has established a Remuneration Committee, which is Chaired by a Non-executive Member other than the Chair or Audit Chair.
- 8.1.3 The membership of the Remuneration Committee is determined by the board. No employees may be a member of the Remuneration Committee, but the board ensures that the Remuneration Committee has access to appropriate advice by:
 - a) The Chair may invite to any meeting relevant staff to advise in accordance with the business of the Committee.
- 8.1.4 The board may appoint independent members or advisers to the remuneration committee who are not members of the board.
- 8.1.5 The main purpose of the Remuneration Committee is to exercise the functions of the ICB regarding remuneration included in paragraphs 18 to 20 of Schedule 1B to the 2006 Act. The terms of reference agreed by the board are published in the Governance Handbook.
- 8.1.6 The duties of the Remuneration Committee are set out in its terms of reference.
- 8.1.7 The ICB may make arrangements for a person to be seconded to serve as a member of the ICB's staff.

9. Arrangements for public involvement

- 9.1.1 In line with section 14Z45(2) of the 2006 Act, the ICB has made arrangements to secure that individuals to whom services that are, or are to be, provided pursuant to arrangements made by the ICB in the exercise of its functions, and their carers and representatives, are involved (whether by being consulted or provided with information or in other ways) in:
- a) the planning of the commissioning arrangements by the ICB
 - b) the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point when the service is received by them), or the range of health services available to them
 - c) decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.
- 9.1.2 In line with section 14Z54 of the 2006 Act, the ICB has made arrangements to consult the local population on its system plan, following best practice for the conduct of public consultations published by HM Government.
- 9.1.3 The ICB has adopted the ten principles set out by NHS England for working with people and communities:
- a) put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS
 - b) start engagement early when developing plans, and feed back to people and communities how it has influenced activities and decisions
 - c) understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
 - d) build relationships with excluded groups – especially those affected by inequalities
 - e) work with Healthwatch and the voluntary, community and social enterprise sector (VCSE) as key partners
 - f) provide clear and accessible public information about vision, plans and progress to build understanding and trust
 - g) use community development approaches that empower people and communities, making connections to social action

- h) use co-production, insight and engagement to achieve accountable health and care services
- i) co-produce and redesign services and tackle system priorities in partnership with people and communities
- j) learn from what works and build on the assets of all partners in the ICS – networks, relationships, activity in local places.

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

Appendix 1: Definitions of terms used in this Constitution

2006 Act	National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022.
ICB board	Members of the ICB.
Health Service Body	Health Service Body as defined by (a) section 9(4) of the NHS Act 2006 or (b) NHS foundation trusts.
Area	The geographical area that the ICB has responsibility for, as defined in clause 1.3 of this Constitution.
Committee	A committee created and appointed by the ICB board.
Sub-committee	A committee created and appointed by and reporting to a committee.
Forward Plan Condition	The 'Forward Plan Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Level of Services Provided Condition	The 'Level of Services Provided Condition' as described in the Integrated Care Boards (Nomination of Ordinary Members) Regulations 2022 and any associated statutory guidance.
Integrated Care Partnership (ICP)	The joint committee for the ICB's area established by the ICB and each responsible local authority whose area coincides with or falls wholly or partly within the ICB's area.
Place-based partnership	<p>Place-based partnerships are collaborative arrangements responsible for arranging and delivering health and care services in a locality or community.</p> <p>They involve the ICB, local government, and providers of health and care services, including the VCSE sector, people and communities, as well as primary care provider leadership, represented by primary care network clinical directors or other relevant primary care leaders.</p>
Ordinary Member	The board of the ICB will have a Chair and a chief executive plus other members. All other members of the board are referred to as ordinary members.

Partner Members	<p>Some of the ordinary members will also be partner members. Partner members bring knowledge and a perspective from their sectors and are appointed in accordance with the procedures set out in section 3 having been nominated by the following:</p> <ul style="list-style-type: none">• NHS trusts and foundation trusts that provide services within the ICB's area and are of a prescribed description• the primary medical services (general practice) providers within the area of the ICB and are of a prescribed description• the local authorities that are responsible for providing social care and whose areas coincide with or include the whole or any part of the ICB's area.
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Appendix 2: Standing Orders

1. Introduction

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

2. Amendment and review

- 2.1 The standing orders are effective from 1 April 2026.
- 2.2 Standing orders will be reviewed on an annual basis or sooner if required.
- 2.3 Amendments to these standing orders will be made as per clause 1.6.
- 2.4 All changes to these Standing Orders will require an application to NHS England for variation to the ICB Constitution and will not be implemented until the Constitution has been approved.

3. Interpretation, application and compliance

- 3.1 Except as otherwise provided, words and expressions used in these standing orders shall have the same meaning as those in the main body of the ICB Constitution and as per the definitions in Appendix 1.
- 3.2 These standing orders apply to all meetings of the board, including its committees and sub-committees unless otherwise stated. All references to board are inclusive of committees and sub-committees unless otherwise stated.
- 3.3 All members of the board, members of committees and sub-committees and all employees, should be aware of the standing orders and comply with them. Failure to comply may be regarded as a disciplinary matter.
- 3.4 In the case of conflicting interpretation of the standing orders, the Chair, supported with advice from the Executive Director of People, Governance, and Corporate Services, will provide a settled view, which shall be final.
- 3.5 All members of the board, its committees and sub-committees and all employees have a duty to disclose any non-compliance with these standing orders to the chief executive as soon as possible.
- 3.6 If, for any reason, these standing orders are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around

the non-compliance shall be reported to the next formal meeting of the board for action or ratification and the Audit Committee for review.

4. Meetings of the Integrated Care Board

4.1 Calling board meetings

- 4.1.1 Meetings of the board of the ICB shall be held at regular intervals at such times and places as the ICB may determine.
- 4.1.2 In normal circumstances, each member of the board will be given not less than one month's notice in writing of any meeting to be held. However:
 - a) The Chair may call a meeting at any time by giving not less than seven calendar days' notice in writing.
- 4.1.3 One-third of the members of the board may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the board members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the board specifying the matters to be considered at the meeting.
 - b) In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.
- 4.1.4 A public notice of the time and place of meetings to be held in public and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.
- 4.1.5 The agenda and papers for meetings to be held in public will be published electronically in advance of the meeting, excluding, if thought fit, any item likely to be addressed in part of a meeting that is not likely to be open to the public.

4.2 Chair of a meeting

- 4.2.1 The Chair of the ICB shall preside over meetings of the board.
- 4.2.2 If the Chair is absent or is disqualified from participating by a conflict of interest, the Deputy Chair shall preside over meetings in the Chair's stead.
- 4.2.3 If both the Chair and Deputy Chair are absent or disqualified from participating by a conflict of interest then a member of the Board shall be chosen by the members present, or by a majority of them, and shall preside.

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

4.3 Agenda, supporting papers and business to be transacted

- 4.3.1 The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.
- 4.3.2 Except where the emergency provisions apply, the agenda and supporting papers will be circulated to all members of the board at least five calendar days before the meeting.
- 4.3.3 Agendas and papers for meetings open to the public, including details about meeting dates, times and venues, will be published on the ICB's website at <http://www.norfolkandsuffolk.icb.nhs.uk/>.

4.4 Petitions

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

4.5 Nominated deputies

- 4.5.1 With the permission of the person presiding over the meeting, the Executive Directors and the Partner Members of the board may nominate a deputy to attend a meeting of the board that they are unable to attend. The deputy may speak and vote on their behalf.
- 4.5.2 The decision of the person presiding over the meeting regarding authorisation of nominated deputies is final.

4.6 Virtual attendance at meetings

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

4.7 Quorum

- 4.7.1 The quorum for meetings of the board will be 50% of members, including:
- a) either the Chief Executive or the Executive Finance and Contract Director
 - b) either the Executive Medical Director or the Executive Director of Nursing
 - c) at least one independent member (that is, the Chair or a Non-executive Member)

4.7.2 For the sake of clarity:

- a) no person can act in more than one capacity when determining the quorum
- b) an individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest shall no longer count towards the quorum.
- c) A nominated deputy permitted in accordance with standing order 4.5 will count towards quorum for meetings of the board.

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

4.8 Vacancies and defects in appointments

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

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

- Vacant roles will not be included in the total number.

4.9 Decision-making

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

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

- a) All members of the board who are present at the meeting will be eligible to cast one vote each.
- b) In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.
- c) For the sake of clarity, any additional participants and observers will not have voting rights.
- d) A resolution will be passed if more votes are cast for the resolution than against it.

- e) If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
- f) Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Disputes

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

Urgent decisions

- 4.9.4 In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the board to meet virtually. Where this is not possible the following will apply:
- 4.9.5 The powers that are reserved or delegated to the board may for an urgent decision be exercised by the Chair and Chief Executive (or relevant lead director in the case of committees), subject to every effort having been made to consult with as many members as possible in the given circumstances.
- 4.9.6 The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the audit committee for oversight.

4.10 Minutes

- 4.10.1 The names and roles of all members present, and the time and place of the meeting shall be recorded in the minutes of the meetings.
- 4.10.2 The minutes must also record any items of business considered by the meeting, any motions proposed, and any resolutions passed.
- 4.10.3 The minutes of a meeting shall be drawn up and submitted for agreement at the next ordinary meeting where they shall be signed by the person presiding at it.
- 4.10.4 No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate.
- 4.10.5 Where providing a record of a meeting held in public, the minutes shall be made available to the public.

4.11 Admission of the public and press

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

- 4.11.2 The board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 4.11.3 The person presiding over the meeting shall give such directions as they think fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the governing body's business shall be conducted without interruption and disruption.
- 4.11.4 As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 (as amended from time to time), the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.
- 4.11.5 Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the board.

5. Suspension of Standing Orders

- 5.1 In exceptional circumstances, except where it would contravene any statutory provision or any direction made by the Secretary of State for Health and Social Care or NHS England, any part of the standing orders may be suspended by the Chair in discussion with at least two other members.
- 5.2 A decision to suspend the standing orders together with the reasons for doing so shall be recorded in the minutes of the meeting.
- 5.3 A separate record of matters discussed during the suspension shall be kept. These records shall be made available to the audit committee for review of the reasonableness of the decision to suspend the standing orders.

Local Authorities

NHS Norfolk & Suffolk Integrated Care Board

Executive Committee
Responsible for the day to day operation of the ICB including approving significant financial decisions on behalf of the Board.

Audit and Risk Committee

Remuneration and HR Committee

Suffolk Health and Wellbeing Board & Norfolk Health and Wellbeing Board
Statutory Committee of the Local Authority established under the Health and Social Care Act 2012 (as amended)

Integrated Care Partnership Committee
Will bring together organisations from across the health and care system in an equal partnership and approve the Integrated Care Strategy.

Strategic Commissioning Committee
Responsible for the ICB's approach to developing strategies, commissioning intentions, and market management. Leads on Reviews of service provisions and decided priorities.

Quality Committee
Responsible for evaluating the services commissioned by the ICB to ensure that they are delivering safe, effective, and delivering intended the patient outcomes.

Finance, Performance, and Workforce Committee
Responsible for evaluating the services commissioned by the ICB to ensure that they are delivering the activity levels within agreed budgets. The Committee also monitors the ICBs own financial performance.

Norfolk Neighbourhood and Primary Care Committee and Suffolk Neighbourhood and Primary Care Committee
Responsible for commissioning of Primary Medical Care Services, Community Services, and End of Life Care.

Groups accountable to Strategic Commissioning Committee
Responsible for detailed consideration of the functions delegated to the committee including procurement strategies, impact assessments, patient engagement, VCSFE engagement

Groups accountable to Quality Committee
The System Quality Governance framework responsible for quality surveillance, monitoring, improvement, and escalation of risks and issues to Quality Committee

Groups accountable to Finance, Performance and Workforce Committee
Responsible for oversight of specific service areas/ pathways i.e. Planned Care Group, UEC Group, Mental Health Collaborative etc.

Alliance and Primary Care Commissioning Governance
The five alliances across Norfolk and Suffolk are responsible for developing Place level governance for areas delegated by the Committees e.g. INT work, grants etc. The Committees jointly establish a primary care commissioning group to over see primary care commissioning across NSICB.

NHS NORFOLK AND SUFFOLK ICB - SCHEME OF DELEGATION

Contents

NHS NORFOLK AND SUFFOLK ICB - SCHEME OF DELEGATION.....	1
1 Introduction	2
Ability to Delegate Delegated Functions	2
2 Decisions and functions reserved to the Board	2
Decisions and functions delegated to the Chair of the Board	4
3 Decisions and Functions delegated to committees of the Board	4
Audit Committee	5
Executive Committee	5
Finance, Performance, and Workforce Committee	5
Quality and Patient Safety Committee	6
Remuneration Committee	6
Strategic Commissioning Committee	7
Suffolk Health and Wellbeing Board and Norfolk Health and Wellbeing Board	7
Place Based Partnerships – Suffolk Neighbourhood and Primary Care Committee & Norfolk and Waveney Neighbourhood and Primary Care Committee.	8
Primary Care Commissioning Group.....	8
Place Leadership	10
Community Health Care Commissioning	10
Health Improvement and Wider Determinates of Health	10
4 Decisions and functions delegated to individual ICB staff.	11
Chief Executive Officer	11
Delegation to all Executive Directors	11
Delegation to all Directors.....	12
Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning.	12
Executive Director of Finance and Contracts.....	12
Executive Director of Nursing.	14
Executive Medical Director	15
Executive Director of People, Governance and Corporate Services.....	15
Executive Primary Care and Neighbourhood Director (Norfolk) & Executive Primary Care and Neighbourhood Director (Suffolk)	17
Expenditure delegations relating to individual patient care.	18

Summary of Financial Delegations (Programme Revenue Resource Only)	20
Delegated expenditure limits for non-pay running cost expenditure	21
Special Payments & Losses	22
Capital	22

1 Introduction

- 1.1 This document sets out the arrangements made by the NHS Norfolk and Suffolk Integrated Care Board for the exercise of its functions. In particular, the delegation of functions of the ICB to committees and to employees, and the matters which are reserved to the Board.
- 1.2 Any functions of the ICB not specifically delegated under this Scheme may be delegated by the Board by separate Board resolution.
- 1.3 In addition to this Scheme, the ICB Standing Financial Instructions provide for the reservation and delegation of various functions and decisions of the respective bodies relating to financial matters.
- 1.4 This Scheme will be kept under regular review and may be amended by the Board to ensure that the ICB is able to function effectively and efficiently.
- 1.5 Any expenditure limits in this Scheme refer to ICB controlled budgets. For joint projects, the expenditure limit applies to the ICB's contribution only, not the total budget of a project.

Ability to Delegate Delegated Functions

- 1.6 The sub-committees and employees to which a function has been delegated may not further delegate that function, unless specifically authorised to do so under this Scheme or as part of the delegation of that function.
- 1.7 The Chief Executive Officer and the Chair of the ICB Board (or their nominated deputies) may in so far as it is reasonable and appropriate in an emergency delegate the authority to make urgent decisions to alternative individuals or committees to those identified in this Scheme. Such alternative delegated authority shall continue for the period considered reasonable by the Chief Executive and Chair in the relevant emergency context. The making of such arrangements by the Chief Executive and the Chair will be reported to the next formal meeting of the Board for formal ratification.

2 Decisions and functions reserved to the Board

- 2.1 The ICB Board will be responsible for taking decisions relating to the following matters:

- i. Applications to NHSE on any matter concerning changes to the ICB Constitution, name of the ICB, to merge, federate or amalgamate, or to re-organise boundaries or organisational structures of the ICB.
- ii. The arrangements set out in the Governance Handbook including committees, membership of committees, the overarching scheme of delegations, arrangements for taking urgent decisions, standing orders, and standing financial instructions.
- iii. The arrangements for identifying and appointing the ICB's proposed Executive Members, Non-Executive Members, and proposed Partner Board Members including ensuring that robust arrangements are in place to assess whether Members meet the Fit and Proper Person criteria.
- iv. The arrangements for the reporting of conflicts of interest and the declaration process
- v. To approve the vision, values and overall strategic direction of the ICB in delivery of the ICP Integrated Care Strategy.
- vi. To approve the ICB's operational structure, commissioning plans, and corporate budgets that meet the financial duties as set out in the Constitution.
 - a. To approve variations to the approved budget where variation would have significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic aims
- vii. Approval of the ICB's annual report and annual accounts.
- viii. Approval of arrangements for discharging the ICB's statutory financial duties.
- ix. Responsibility for agreeing the arrangements for the Auditor Panel in the selection and appointment of internal and external auditors.
- x. Responsibility to secure quality and value for money services through procedures which are transparent, proportionate, fair and non-discriminatory.
- xi. Approve the ICB's arrangements for business continuity and emergency planning.
- xii. Approve the ICB's arrangements for handling complaints.
- xiii. Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice, public engagement and consultation, and co-

ordinating the commissioning of services with Alliances and/ or with local authority(ies), where appropriate.

- xiv. Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions for non-clinical services, including but not limited to probity in the procurement process and assurance of value for money.
- xv. Approve arrangements for risk sharing and or risk pooling with other organisations under section 75 of the NHS Act 2006.
- xvi. Any other ICB decision or function not delegated in this Scheme or by Board resolution.

Decisions and functions delegated to the Chair of the Board

2.2 The following decisions and functions are delegated to the Chair of the ICB Board:

- i. Approve arrangements for identifying and appointing the ICB's proposed Chief Executive Officer.
- ii. Confirm the appointment of Executive Members, Non-Executive Board Members, Partner Board Members, and Other Board Members.
- iii. To approve the remuneration of Non-Executive Board Members in consultation with the Executive Director of People, Governance, and Corporate Services.

3 Decisions and Functions delegated to committees of the Board

3.1 The Board has established sub-committees which have been delegated authority to take decisions or receive assurance on behalf of the Board on matters that fall within their remit. All sub-committees have detailed terms of reference that are regularly reviewed and published as part of the Governance Handbook. In general, all Committees can:

- i. Request the ICB Executive Directors produce reports and attend meetings to explain aspects of the ICB's functions that are within the Committee's remit.
- ii. Receive assurance on behalf of the Board that the functions of the ICB and its partners are being performed in accordance with agreed strategies, policies, procedures, and are achieving agreed objectives.
- iii. Escalate areas of concern or significant risk to the Board.
- iv. Form sub-groups to focus on specific areas of work. These sub-groups may be time-limited and be made up of members from the Committee, other ICB staff, and partner organisations.
- v. Approval of ICB policies that relate to their terms of reference.

3.2 The Board has delegated the following specific decisions and functions.

Audit Committee

3.3 The following decisions and functions are delegated to the Audit Committee:

- i. Approve the ICB's counter fraud and security management arrangements.
- ii. Approve the ICB's arrangements for ensuring adequate Internal and External Audit function that meets relevant standards. The Committee shall act as the Audit Panel to approve the appointment of the ICB's auditors.
- iii. Ensuring appropriate mechanisms for year end financial reporting and preparation and approval of the ICB's Annual Report and Accounts.
- iv. Approval of the ICB's risk management arrangements.
- v. Approval of a comprehensive system of internal controls, including budgetary control that underpins the effective, efficient and economic operation of the ICB.
- vi. Make recommendations to Board on the ICB's arrangements for business continuity and emergency planning.
- vii. Responsibility for providing oversight and challenge to ensure procurement policy and process is delivered appropriately.

Executive Committee

3.4 The following decisions and functions are delegated to the Executive Committee:

- i. Responsibility for day-to-day management of the ICB as the ICB's principal operational forum.
- ii. Executive oversight of delivery of all ICB functions.
- iii. Approval of expenditure within Board approved budgets of up to £30million.
- iv. Approval expenditure outside of Board approved budgets of up to £5million.

Finance, Performance, and Workforce Committee

3.5 The following decisions and functions related to oversight and scrutiny of financial performance are delegated to the Finance, Performance, and Workforce Committee:

- i. Oversight of performance across all ICB functions and commissioned services to provide insight by triangulating financial performance, activity level, and workforce metrics.

- ii. The current and forecast in year financial position receiving detailed reports including progress towards meeting targets agreed within the ICB and system financial plan.
- iii. Approval and oversight of in-year savings, investments and/or transformation schemes and receiving updates on both the financial and performance activity for each.
- iv. Oversight of achievement of any ICB incentive schemes and receiving reports of the actual and forecast performance for each.
- v. Reviewing the ICB and system medium term financial plans.
- vi. Receiving and reviewing departmental financial delivery plans.
- vii. Measuring and analysing workforce data supported by agreed metrics.

Quality Committee

- 3.6 The following decisions and functions are delegated to the Quality Committee:
- i. Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
 - ii. Gain assurance on behalf of the ICB that effective arrangements are in place for discharging the ICB's responsibilities in relation to assessment of the ICS by the CQC.
 - iii. Gain assurance on behalf of the ICB that it is delivering its functions in a way which secures continuous improvement in the quality of services against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2022.
 - iv. Gain assurance on behalf of the ICB regarding the implementation of all statutory duties in relation to the safeguarding of adults and children.
 - v. Monitoring and management of Safeguarding arrangements.
 - vi. Responsibility for monitoring the continuous improvement in the quality of primary care services.

Remuneration Committee

- 3.7 The following decisions and functions are delegated to the Remuneration and Human Resources Committee:
- i. Approve the terms and conditions, remuneration and allowances for Board members, other than Non-Executive Members, and Very Senior Managers (VSM), including pensions.
 - ii. Oversight of terms and conditions of employment for all employees of the ICB including pensions, remuneration, fees and travelling or other

allowances payable to the employees and to other persons providing services to the ICB.

- iii. Approve disciplinary arrangements for employees, including the Chief Executive and for other persons working on behalf of the ICB.
- iv. Recommend for approval the arrangements for discharging the ICB's statutory duties as an employer.
- v. Approval of application of redundancy processes.
- vi. Oversight of Freedom to Speak Up Arrangements.

Strategic Commissioning Committee

3.8 The following decisions and functions are delegated to the Strategic Commissioning Committee:

- i. Development, implementation, and review of all ICB strategies to ensure that the ICB's approach to commissioning is aligned with the Integrated Care Strategy.
- ii. Oversight of commissioning arrangements for all ICB services.
- iii. Performing the ICB self-assessment against NHS England Improvement and Assessment Framework, the Strategic Commissioning Framework and reviewing the development of the ICB.
- iv. Ensure that patient and public involvement has a meaningful influence over quality and commissioning processes, decision making, planning and prioritising.
- v. Ensure effective estates utilisation through the development and maintenance of estates data set and monitor system wide estates metrics.
- vi. Provide strategic leadership, including prioritisation for the ICB Digital Agenda.
- vii. Approval of expenditure within Board approved budgets of up to £20million.

Suffolk Health and Wellbeing Board and Norfolk Health and Wellbeing Board

3.9 The two Health and Wellbeing Boards have delegated responsibility to take decisions on the use of the Better Care Fund as described in the Section 75 Better Care Fund agreements in place between NSICB and Suffolk County Council and Norfolk County Council respectively.

Norfolk and Suffolk Integrated Care Partnership Committee

- 3.10 The ICP Committee will approve the Norfolk and Suffolk Integrated Care Strategy ensuring that the Strategy complies with the criteria set out in the Health and Care Act 2022.

Place Based Partnerships – Suffolk Neighbourhood and Primary Care Committee & Norfolk and Waveney Neighbourhood and Primary Care Committee.

- 3.11 The Board has established two Committees to enable the development of neighbourhood working at 'Alliance' level: Great Yarmouth & Waveney, Ipswich and East Suffolk, Norfolk Central, West Norfolk, and West Suffolk. The following decisions and functions are delegated to the committees for the place they cover as set out in the terms of reference for the Committees:
- i. To maintain overall responsibility and oversight and assurance of Community Services, Primary Care, End of Life Care, and the development of Neighbourhood working.
 - ii. To ratify any funding decisions taken by the relevant Alliances and to enable and support collaboration across Alliances.
 - iii. To monitor the performance of all commissioned community services, primary care, and end of life care providers.
 - iv. Approve expenditure within Board approved budgets of up to: £12million for the Norfolk & Waveney Committee; £7m for the Suffolk Committee, on matters within the Committee's terms of reference and which relate to services which will be delivered entirely within the identified committee area.
 - v. Review or extend arrangements for risk sharing and/or risk pooling with other organisations to services within the committees delegated area under section 75 of the NHS Act 2006.

Primary Care Commissioning Group

- 3.12 The Norfolk & Waveney Primary Care and Neighbourhood Committee and East & West Suffolk Primary Care and Neighbourhood Committee have jointly established a Primary Care Commissioning Structure through which the Committees will discharge delegated functions relating to primary medical care, primary, community and secondary dental care, pharmaceutical services, and optometry. The following decisions and functions are delegated to the Primary Care Commissioning Group for the whole of the ICB population:
- i. Oversight of the Medium Term Plan as it relates to primary care services
 - ii. Development and oversight of primary care strategy

- iii. The review, planning and procurement of primary medical care services, primary, community and secondary dental care services, ophthalmic and community pharmacy services for the population of Norfolk and Suffolk.
 - iv. Management of and quality of primary ophthalmic services and review, planning and commissioning of local primary care ophthalmic services. Contract management of General Ophthalmic Services are hosted by East Central ICB on behalf of the ICB.
 - v. Approve proposals for primary medical care development, proposed GMS Local Development Schemes, locally commissioned services and local enhanced services, proposed practice incentive schemes, Suffolk PMS Development Framework and proposed new changes in existing GMS or PMS infrastructure.
 - vi. Decisions in relation to the commissioning, management and quality of dental services (primary and community) and oversight of secondary dental care services. Oversight and delivery of contract reform.
 - vii. Direct commissioning, management and quality of local enhanced pharmaceutical services and advanced services such as Pharmacy First services. Review of pharmaceutical needs assessments with local authorities. Management of Pharmaceutical Services matters are hosted by Central East ICB including management of the Pharmaceutical Services Regulations Committee (point 3.14 below refers)
 - viii. The review and planning of the seasonal COVID-19, flu vaccination programmes, and other vaccinations delivered by Community Pharmacy
 - ix. Responsibility for monitoring the continuous improvement in the quality of primary care services.
 - x. Responsibility for monitoring and managing primary care risks
 - xi. Oversight and delivery of workforce transformation strategy and plans and overview of training and education plans delivered by the Training Hub
 - xii. Review of all primary care related expenditure including primary care estate and IT/digital investment
 - xiii. Approval of expenditure relevant to the Group's terms of reference of up to £(this value will either be the same as the Committee's delegation if they have the same delegation or a separate specific Primary Care delegation (i.e. £10-12m) if the Committees have different delegations).
 - xiv. Review of spend and budget relating to medicines management.
- 3.13 A Dentistry and Optometry Delivery Group is accountable to the Primary Care Commissioning Group and will manage day to day dental commissioning and

contractual matters, and local ophthalmic services within agreed budgets and plans including the approval of expenditure of up to £1m.

- 3.14 A Primary Medical Care and Community Pharmacy Delivery Group is accountable to the Primary Care Commissioning Group and will manage day to day medical and community pharmacy commissioning and contractual matters within agreed budgets and plans including the approval of expenditure up to £1m.
- 3.15 A Pharmaceutical Services Regulations Committee hosted by Central East ICB is accountable to the ICB Primary Care Commissioning Group for decisions in relation to matters under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Place Leadership

- 3.16 The ICB has established five place partnerships known as Alliances; these are Great Yarmouth & Waveney Alliance, Ipswich & East Suffolk Alliance, Norfolk Central Alliance, West Norfolk Alliance, and West Suffolk Alliance. Each Alliance has delegated responsibility for its place (as defined in its terms of reference) for the following functions and decisions:
- i. To lead an Alliance of Integrated Care System partners at Place, bringing together the ICB, NHS healthcare providers, primary care, local councils, blue light services, patient representatives, and Community, Voluntary, Social Enterprise, and Faith Organisations to work collectively together to deliver the shared ambition of the principles set out in the Population Health Improvement Plan.
 - ii. To work with teams across the organisation to enable delivery of ICB plans and commissioned services at place and to be accountable to the ICB for execution of such plans and services.
 - iii. To enable Integrated Neighbourhood Teams to deliver the three shifts in healthcare services as set out the NHS 10 Year Plan and the Population Health Improvement Plan.

Community Health Care Commissioning

- iv. Commissioning and oversight of Adult Community Health Services*.
- v. Commissioning and oversight of end of life care*.

Health Improvement and Wider Determinates of Health

- vi. Commission those health improvement services which are delivered at place and relevant to the wider remit of the committee*.

*Functions delivered in partnership with the relevant Primary Care and Neighbourhood Committee.

4 Decisions and functions delegated to individual ICB staff.

Chief Executive Officer

- 4.1 The following decisions and functions are delegated to the Chief Executive Officer:
- i. Exercise or delegation of those functions of the Board which have not been retained as reserved by the Board, delegated to the Board, delegated to a committee or sub-committee of the Board or to one of its Members or employees.
 - ii. Prepare the ICB's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICB.
 - iii. Ensure that Registers of Interests are maintained and published on the ICB's website.
 - iv. Determining and approving arrangements for handling Freedom of Information requests.
 - v. Approve proposals for action on litigation against or on behalf of the ICB.
 - vi. The ability to execute a deed on behalf of the organisation
 - vii. Approve expenditure within ICB approved budgets of up to £500,000.
 - viii. Approve expenditure outside of ICB approved budgets of up to £100,000.
 - ix. In conjunction with the Executive Director of Finance and Contracts, approve expenditure of £1m within ICB approved budgets.
 - x. In conjunction with the Executive Director of Finance and Contracts, approve expenditure of £1m outside of ICB approved budgets.

Delegation to all Executive Directors

- 4.2 All Executive Directors have responsibility are authorised to make arrangements for the proper administration of the functions falling within their responsibility. An executive director may authorise a director or head of service, to act as their deputy with power to exercise any of the powers of the authorising executive director, for the avoidance of doubt this does not include financial delegation. Such departmental schemes of delegation must be kept in writing and up-to-date. An executive director may exercise any of the functions delegated to directors or heads of service within their directorate.
- 4.3 All Executive Directors have delegated financial responsibility to approve £200,000 within approved budgets.
- 4.4 All Executive Directors can approve expenditure of up to £300,000 in conjunction with the Chief Executive Officer or Executive Finance and Contracting Director.

Delegation to all Directors

- 4.5 All Directors (those on Band 9 and 8D) have delegated financial responsibility to approve £100,000 within approved budgets.

Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning.

- 4.6 The following decisions and functions are delegated to the deputy Chief Executive Director of Strategy, Digital and Commissioning:
- i. To deputise for the Chief Executive.
 - ii. Represent the ICB on the Specialised Services Joint Commissioning Consortium to exercise commissioning responsibility for delegated specialised services as set out in the Specialised Services Delegation and Collaboration agreements.
 - iii. The Portfolio of the Executive Director of Strategy, Digital and Commissioning includes:
 - a. Healthcare Intelligence (including BI, PHM, Strategic Analytics and Evaluation)
 - b. PHM Delivery (Shared with Medical portfolio)
 - c. Strategy
 - d. Strategic Planning
 - e. Strategic Partnerships (local govt, provider collabs, ICP etc)
 - f. Health Overview and Scrutiny Committee (HOSC)
 - g. UEC commissioning
 - h. Planned Care (including long term conditions) commissioning
 - i. Mental health commissioning
 - j. Cancer commissioning
 - k. Specialised commissioning
 - l. Strategic Change/Transformation including PMO
 - m. System Resilience including winter planning and SOC
 - n. Digital and technology leadership and transformation
 - o. Digital Operations inc. system architecture (Shared Care Records), corporate IT, and IT services to Primary Care.
 - p. any other operational function delegated by the Chief Executive.

Executive Director of Finance and Contracts

- 4.7 The following decisions and functions are delegated to the Executive Director of Finance and Contracting:
- i. Prepare standing financial instructions & detailed financial policies that underpin the ICBs prime financial priorities.
 - ii. Approve the form in which financial records are kept.

- iii. To arrange for the preparation of the ICB's annual accounts on behalf of the Chief Executive and to ensure that there are effective financial systems and policies in place as detailed in the standing financial instructions.
- iv. To ensure that the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year, in line with the DHSC Group Accounting Manual Requirements and statute.
- v. To ensure the promotion of long term financial health for the NHS system.
- vi. To ensure that budget holders have the appropriate level of financial training and expertise.
- vii. To ensure that 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.
- viii. To ensure that the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.
- ix. To ensure that 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.
- x. The ability to execute a deed on behalf of the organisation
- xi. In conjunction with the Chief Executive, approve expenditure of £1m within ICB approved budgets.
- xii. In conjunction with the Chief Executive, approve expenditure of £1m outside of ICB approved budgets.
- xiii. Executive Finance and Contracts Director portfolio includes:
 - a. Operational Finance (internal and system facing)
 - b. Internal audit
 - c. External audit
 - d. Capital planning
 - e. Productivity
 - f. Fulfilling legal requirements including counter fraud

- g. Contracting (all sectors including VCSE, Acute, Community, Mental Health, Primary Care, Corporate and CSU)
- h. Ambulance Services Contract (on behalf of East of England)
- i. Payment mechanisms (linked to contracting and outcomes)
- j. Resource allocation - linked to contract budgets & activity plans (working with finance)
- k. Oversee Provider Performance particularly UEC and Elective
- l. Procurement
- m. Market Shaping & Management
- n. Together with any other operational function delegated by the Chief Executive.

Executive Director of Nursing.

4.8 The following decisions and functions are delegated to the Executive Director of Nursing:

- i. Approve arrangements for discharging the ICB's responsibilities in relation to inspection and review of the ICS by the CQC.
- ii. Provide assurance to the ICB that it is delivering its functions in a way which secures continuous improvement in the quality of services against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021.
- iii. Provide assurance regarding the implementation of all statutory duties in relation to the safeguarding of adults and children.
- iv. Monitoring and management of Safeguarding arrangements.
- v. Approve arrangements for managing exceptional funding requests.
- vi. Approve continuing health care expenditure.
- vii. The Executive Director of Nursing portfolio includes:
 - a. Commissioning of clinical risk management and intervention programmes
 - b. Learning Disabilities & Autism commissioning
 - c. Children and Young People commissioning
 - d. Quality (and patient safety) Management and Assurance

- e. Clinical Governance (shared with medical)
- f. Infection Prevention & Control
- g. Safeguarding (All Age including Looked After Children)
- h. Special Educational Needs and Disabilities (SEND)
- i. Down Syndrome (all age)
- j. NHS Continuing Healthcare
- k. Clinical leadership (working closely with medical)
- l. Quality Assurance (working closely with medical)
- m. Local Maternity & Neonatal System (LMNS)
- n. Personalisation and health budgets
- o. Complex Care including S117, IPT/IPP
- p. together with any other operational function delegated by the Chief Executive.

Executive Medical Director

4.9 The following decisions and functions are delegated to the Executive Medical Director:

- i. To act as the ICB's suitably qualified Clinical Safety Officer.
- ii. To act as the ICB's Caldicott Guardian.
- iii. The Executive Medical Director portfolio includes:
 - a. PHM Delivery (shared with strategy and commissioning portfolio)
 - b. Clinical Governance (shared with nursing)
 - c. Clinical policy and effectiveness
 - d. Clinical policy implementation
 - e. Research development and innovation
 - f. Medicines optimisation
 - g. Health Inequalities leadership (shared with Primary Care & Place on delivery)

- h. Clinical leadership (working closely with nursing) and LMC / GP relationship management (working closely with Place & Neighbourhood functions)
- i. Quality Assurance (supporting nursing)
- j. Local funding decisions (IFR)
- k. End of Life (supporting Place and Neighbourhood Directors)
- l. together with any other operational function delegated by the Chief Executive.

Executive Director of People, Governance and Corporate Services

4.10 Executive Director of People, Governance and Corporate Services portfolio includes the:

- a. Senior Information Risk Owner (SIRO)
- b. Board governance
- c. Corporate governance (including DPO, IG and legal)
- d. Core organisational operations (complaints, PALS)
- e. Estates & Infrastructure Strategy
- f. Arrangements for responding to Freedom of Information Act Requests
- g. Risk Management
- h. Maintaining business continuity and emergency planning/EPRR
- i. Strategic workforce development, planning and transformation
- j. Local workforce development and education and training including recruitment and retention (Primary Care Training Hub)
- k. Legal requirement to operate Freedom to Speak Up
- l. Communications
- m. User Involvement / Engagement / Patient Experience
- n. Organisational HR
- o. Organisational development
- p. Equality, Diversity and Inclusion

- q. Environmental sustainability / Green Plan
- r. together with any other operational function delegated by the Chief Executive.

4.11 The Executive Director of People, Governance and Corporate Services also has delegated responsibility for securing the provision of suitable estate to meet primary medical care need.

4.12 The Executive Director of People, Governance and Corporate Services is the Accountable Emergency Officer for the purposes of the NHS Act 2006 with responsibility for ensuring that the ICB complies with legal and policy requirements. The Accountable Emergency Officer will provide assurance to the board that strategies, systems, training, policies and procedures are in place to ensure that the ICB responds appropriately in the event of an incident.

Executive Primary Care and Neighbourhood Director (Norfolk) & Executive Primary Care and Neighbourhood Director (Suffolk)

4.13 Executive Primary Care and Neighbourhood Director portfolio includes:

- a. Primary care commissioning
- b. Community care commissioning including End of Life
- c. Primary care operations and transformation including primary care, medicines optimisation, estates and workforce support
- d. Commissioning and transformation of POD services
- e. Vaccinations & Screening
- f. Developing high performing Alliances
- g. Developing neighbourhood health provision
- h. Health Inequalities delivery (shared with medical)
- i. Transfer of care / discharge to assess
- j. together with any other operational function delegated by the Chief Executive.

Expenditure delegations relating to individual patient care.

4.14 The following delegated expenditure limits applies to Continuing Healthcare (CYP & Adult) and commissioning of healthcare related Spot Purchases undertaken by the ICB (e.g. Individual Funding Requests, Section 117 Placements):

Area / Threshold	Children's Commissioning (Incl. CHC)	Adults CHC	LD, Autism and S117 Placements	Non-Tariff Devices	Other Healthcare Spot Purchasing Commissioning
<£1,500/ Week	Children and Young Peoples Clinical Quality Lead	CHC Professional Lead	Professional Lead	High-Cost Drugs Pharmacist	Band 8A or above
<£2,500/ Week	Children and Young Peoples Clinical Quality Lead	Deputy Head of CHC or Clinical Lead, Safeguarding and Complex Cases	Director of Clinical Services	High-Cost Drugs Pharmacist	Band 8B or above
<£6,000/ Week	Deputy Director of Nursing	Head of CHC	Director of Clinical Services	Director of Meds Optimisation and Pharmacy	Band 8C or above
<£10,000/ Week	Deputy Director of Nursing	Deputy Director of Nursing Clinical Services CHC	Director of Clinical Services	Director of Meds Optimisation and Pharmacy	Band 8D or above
>£10,000/ Week	Executive Director of Nursing and Deputy Director of Nursing	Director of Clinical Services	Director of Clinical Services	Executive MD and Director of Meds Optimisation & Pharmacy	Executive Director and/or Band 9

4.15 The weekly thresholds used in the table also apply to one-off equipment purchases.

4.16 The Deputy Director of Nursing can only approve spend that falls within their portfolio.

- 4.17 Each placement or item of equipment will be screened and approved at a relevant panel/forum (or have an applicable process applied) with the relevant authority to approve in line with these delegations.
- 5 IFRs and Exceptions & Prior Approvals – The lay-chair of the ICB panel has the ability to approve up to £50,000 per case after approval from the panel. Anything in excess of this requires sign-off by the CEO or DOF following a recommendation from the panel for approval plus subsequent approval by the Executive Medical Director or their deputy.
- 6 The below situations when commissioned within Adult CHC are not required to follow the above procedures (see ToR for full details):
- Care home placements with providers who have a contract with the ICB at an agreed standard rate (Suffolk) or Tier 1 rate (Norfolk)
 - Home care packages of up to 4 x a day double up, with a provider who has an agreed contracted rate with the ICB (locality framework for Suffolk or Tier 1 agreed rate for Norfolk)

Anything that would be considered an exception to the equity and choice policy must be approved in line with these limits regardless of cost or volume.

Summary of Financial Delegations (Programme Revenue Resource Only)

Total Expenditure*	Within approved budgets
Above £30million	Decisions must be taken by the Board.
£30 million	Decisions can be taken by Executive Committee.
£20 million	Strategic Commissioning Committee of the Board have delegated authority to authorise expenditure within their terms of reference.
£12 million	Decisions can be taken by Norfolk & Waveney Committee (for decisions relating to that sole place only). Expenditure relating to Primary Medical Care Commissioning has been delegated to the Primary Care Commissioning Group as set out in paragraph 3.12 – 3.14.
£7 million	Decisions can be taken by Suffolk Committee (for decisions relating to that sole place only). Expenditure relating to Primary Medical Care Commissioning has been delegated to the Primary Care Commissioning Group as set out in paragraph 3.12 – 3.14.
£1million	Decisions can be taken by the CEO & DOF together.
£500,000	Decisions can be taken by either the CEO or DOF.
£300,000	Expenditure can be approved by an executive director and either the CEO or DOF
£200,000	Expenditure can be approved by the relevant Executive Director.

The relevant Executive Director is able to delegate expenditure sign-off rights (within approved budgets) to a nominated deputy based on the below:

Grade	Limit	Grade
Band 8D or 9	£100,000	8D or 9

Total Expenditure*	Outside of approved budgets
Above £5million	Decisions must be taken by the Board
£5 million	Decisions can be taken by Executive Committee
£1 million	Decisions can be taken by the CEO & DOF together
£100,000	Decisions can be taken by either the CEO or DOF

The ICB is required to reimburse GP Practices for the rent of the buildings they occupy in respect of delivering healthcare services related to their GMS, PMS & APMS contracts. The below table outlines the delegations applicable:

Rental Increase (%)	Within Approved Budgets and In line with the district valuer's assessment
<5%	Head of Estates & Sustainability
<15%	Deputy Director of Primary Care or Associate Director of Primary Care
<30%	Executive Director of Suffolk / Norfolk Neighbourhood
>30%	PCCG

Please refer to the terms of reference of each Committee of the Board to find a complete list of relevant groups. If a group is not recognised in the terms of reference of a Committee of the Board, it cannot make recommendations on expenditure.

All new expenditure, expenditure outside of approved budgets or expenditure approved outside committees should be accompanied by a business case (either Short Form for less than £1m, or the Full form if greater than £1m). Finance should be informed of any expenditure undertaken to confirm affordability. Any expenditure proposals without affordability confirmation, whether inside or outside of approved budgets, will be rejected. All expenditure requests to the relevant committee, group or board must be accompanied by a completed summary front sheet.

Delegated expenditure limits for non-pay running cost expenditure

Total Expenditure*	Inside approved budgets
Above £100,000	Decisions can be taken by Executive Committee
£100,000	Decisions can be taken by the CEO or DOF
£50,000	Decisions can be taken by Executive Director
£5,000	Decisions can be taken by a Delegated Deputy (Band 8D or 9)

Total Expenditure*	Outside approved budgets
Above £25,000	Decisions can be taken by Executive Committee
£25,000	Decisions can be taken by the DOF or CEO

*Total expenditure only includes funding from the ICB. When the ICB is contributing to a joint project, only the ICB's contribution should be considered, not the total project value. Total expenditure includes the full value of the contract, for example if

the spend spans multiple years (including any extensions) or the service is recurrent. If the request is for recurrent investment, the minimum contract term should be assumed to be 3 years i.e. if the cost is £500,000 per annum this would equate to £1.5m over a 3-year term.

Engagement of solicitors must be notified to the corporate governance team in all instances, with spend levels going through the relevant delegations detailed above.

Credit Card expenditure requires initial authorisation from the cardholder prior to use. Expenditure will then be required to follow the above rules. All expenditure should be recorded on the credit card transaction log. The use of credit cards should be considered a last resort.

A financial system sign-off limit does not constitute an individual's ability to commit the ICB to expend. All approvals must be sought using the instructions as outlined in this document and only then should any invoice or payment be processed. It is the responsibility of the relevant executive director or budget holder to ensure that the necessary approvals have been confirmed.

Special Payments & Losses

The ICB has set authorisation limits that apply to all Losses written off and Special Payments made by its officers. The power to write off Losses and make Special Payments is exercised by one or more nominated senior officer, acting solely or jointly, and working in line with the DDFL of the ICB.

Those senior officers are:

- Chief Executive
- Executive Director of Finance and Contracts
- Director of Operational Finance (Personal Debt up to £200)
- ICB Chair

Please refer to the special payments and losses for full guidance.

Capital

The primary care capital plan requires approval at the Primary Care Commissioning Group at the outset of the financial year. Any variation to that plan requires subsequent approval. Final approval will be required by the Executive Director of Finance and Contracts.

All corporate capital requires approval at the Executive Committee.



NHS Norfolk & Suffolk Integrated Care Board

Standing Financial Instructions

Document Owner:
Document Author:
Version:
Authorised By:
Date of Authorisation:
Date of Next Review:

Change History

Version	Date	Name	Revision Description
0.0	01/26		Initial Preparation
0.1	04/26		Finalisation and Approval by ICB Board

Contents

1. Purpose and statutory framework.....	4
2. Scope	6
3. Roles and Responsibilities.....	7
3.1 Staff	7
3.2 Accountable Officer.....	7
3.3 Audit and risk assurance committee	9
4. Management accounting and business management	10
5. Income, banking arrangements and debt recovery.....	12
5.1 Income	12
5.2 Banking.....	12
5.3 Debt management	13
6. Financial systems and processes.....	14
6.1 Provision of finance systems.....	14
7. Procurement and purchasing.....	16
7.1 Principles	16
8. Staff costs and staff related non pay expenditure	18
8.1 Executive Director of People, Governance & Corporate Services	18
9. Annual reporting and Accounts.....	20
9.1 ICB Annual Report and Accounts Process	20
9.2 Internal audit.....	21
9.3 External Audit.....	21
10. Losses and special payments.....	23
11. Fraud, bribery and corruption (Economic crime).....	25
12. Capital Investments & security of assets and Grants.....	26
12.1 ICB Capital Expendiure.....	26
12.2 Grants	27
13. Legal and insurance	28
14. Appendix A – Procurement Appendix	29

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 Executive Director of Finance and Contracts must be sought before acting.

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

2. Scope

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

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

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

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

3. Roles and Responsibilities

3.1 Staff

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

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

3.2 Accountable Officer

3.2.1 The ICB constitution provides for the appointment of the Chief Executive by the ICB Chair. The Chief Executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.

3.2.2 The Chief Executive Officer has overall responsibility for the organisation's systems of internal control. The Chief Executive Officer is also responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Operational Plan and ensuring that information relating to the ICB's accounts, its income or expenditure, or its use of resources is provided to NHS England as requested.

3.2.3 The Chief Executive will delegate to the Executive Director of Finance and Contracts 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;
- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 6)
- meeting the financial targets set by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance statement and annual accounts & reports are signed;
- ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;
- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and

- the Executive Director of Finance and Contracts 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.
- ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function (see section 9)
- ensuring adherence to the latest procurement regulations including those outlined in the Provider Selection Regime and the 2023 Procurement Act.

3.3 Audit and risk assurance committee

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

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

4. Management accounting and business management

4.1.1 The Executive Director of Finance and Contracts is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.1.2 The Executive Director of Finance and Contracts will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The Executive Director of Finance and Contracts will ensure:

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

4.1.4 In addition, the Executive Director of Finance and Contracts should have financial leadership responsibility for the following statutory duties:

- the duty of the ICB to perform its functions as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and
- the duty of the ICB, to seek to achieve any financial objectives set by NHS England for the ICB.

4.1.5 The Executive Director of Finance and Contracts 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.

Budgetary Delegation

The Executive Director of Finance and Contracts may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- a) the amount of the budget;
- b) the purpose(s) of each Budget heading;
- c) individual and group responsibilities;
- d) authority to exercise virement;
- e) achievement of planned levels of service; and
- f) the provision of regular reports.

The Executive Director of Finance and Contracts and delegated budget holders must not exceed the budgetary total or virement limits set by the ICB Board.

Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Executive Director of Finance and Contracts, subject to any authorised use of virement.

Non-recurring Budgets should not be used to finance recurring expenditure without the authority in writing of the Executive Director of Finance and Contracts.

Capital Expenditure

The general rules applying to delegation and reporting shall also apply to capital expenditure (see section 12).

5. Income, banking arrangements and debt recovery

5.1 Income

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

5.1.2 The Executive Director of Finance and Contracts is responsible for:

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

5.2 Banking

5.2.1 The Executive Director of Finance and Contracts 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 Executive Director of Finance and Contracts 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.

In order to prevent Money Laundering, under no circumstances will the ICB accept cash payments in excess of £12,500 (approximately €15,000), in respect of any single transaction. Any attempts by an individual to effect payment above this amount should be notified immediately to the Executive Director of Finance and Contracts.

5.3 Debt management

5.3.1 The Executive Director of Finance and Contracts is responsible for the ICB debt management strategy.

5.3.2 This includes:

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

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The Executive Director of Finance and Contracts 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 Executive Director of Finance and Contracts 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 Executive Director of Finance and Contracts shall periodically seek assurances that adequate controls are in operation.
- ensure that data held for purposes of complying with these policies is held in compliance with the ICB's Data Protection policies.

7. Procurement and purchasing

7.1 Principles

7.1.1 The ICB Board will approve the level of non-pay expenditure on an annual basis, and the Chief Executive Officer will determine the level of delegation to Budget holders and set out the list of managers who are authorised to place requisitions/enter into contracts for the supply of goods and services.

7.1.2 The Executive Director of Finance and Contracts 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.

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

7.1.4 The ICB must ensure that procurement activity is in accordance with the latest statutory requirements as noted in the ICB Procurement Policy and associated statutory requirements whilst securing value for money and sustainability. The Procurement Policy sets out all of the legislative requirements, including any requirements such as use of the standard NHS contract.

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 relevant legislation and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be encouraged. Any such retrospective breaches require approval from any committee responsible for approvals. Such breaches must be reported to the audit and risk assurance committee.

8. Staff costs and staff related non pay expenditure

8.1 Executive Director of People, Governance & Corporate Services

8.1.1 The Executive Director of People, Governance & Corporate Services will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the Executive Director of People, Governance & Corporate Services 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.
- The Executive Director of People, Governance & Corporate Services will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.
- Where a third-party payroll provider is engaged, the Executive Director of People, Governance & Corporate Services shall closely manage this supplier through effective contract management with the Executive Director of Finance and Contracts.
- The Executive Director of People, Governance & Corporate Services is responsible for management and governance frameworks that support the ICB employees' life cycle.

8.1.3 Appropriately nominated managers have delegated responsibility for: completing and submitting time records, staff change forms under their leadership, completing and approving expense forms, and other notifications in accordance with agreed instructions and timetables; and submitting termination forms in the prescribed form immediately upon knowing the effective date of an officer's resignation, termination or retirement.

8.1.4 Nominated Senior Officers may engage, re-engage, or re-grade employees, either on a permanent or temporary basis, or hire agency staff. Such engagement, re- engagement or re-grade must be in accordance with establishment control mechanisms, within available budgetary limits and approved in writing by senior members of both the HR and finance teams.

8.1.5 In the case of agency staff, engagement should be through NHS procurement framework approved agencies where possible.

8.1.6 In the case of independent contractors, engagement should be on the basis of an independent contract agreement; in accordance with policy guidance approved by the Remuneration & HR Committee and in accordance with guidance approved by the Audit Committee to ensure IR35 compliance.

9. Annual reporting and Accounts

9.1 ICB Annual Report and Accounts Process

9.1.1 The Executive Director of Finance and Contracts will ensure, on behalf of the Accountable Officer and ICB board, that:

- the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year.

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

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

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

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

9.2 Internal audit

The Chief Executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the Executive Director of Finance and Contracts to ensure that:

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

9.3 External Audit

The ICB Board is responsible for ensuring there are appropriate external audit arrangements in place for the ICB. For operational purposes, responsibility is delegated to the Executive Director of Finance and Contracts who 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.
- Where the external auditor is to be commissioned to provide non-audit services, the Audit Committee shall be informed so that appropriate consideration can be made as to whether auditor independence can be maintained.

10. Losses and special payments

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

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

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

10.1.4 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments.

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Assurance Committee noting that ICBs have delegated limits to approve losses or special payments which vary depending on the payment type.

10.1.6 Losses have a delegated limit of £300k, while the limit for special severance and retention payments is £NIL. The table below gives further details and should be read in conjunction with the guidance detailed below:

Expenditure Type	Delegated Limit
All losses	Up to £300k
Special payments including extra contractual / statutory /regulatory / compensation and ex gratia	Up to £95k
Special severance and retention payments	£0
Consolatory payments	£500

10.1.7 Any employee or Officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the Chief Executive Officer and the Executive Director of Finance and Contracts. Where a criminal offence is suspected, the Executive Director of Finance and Contracts must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Executive Director of Finance and Contracts must inform the relevant counter fraud services in accordance with Secretary of State for Health's Directions.

10.1.8 All approvals for losses and special payments are delegated to the Executive Director of Finance and Contracts. In the absence of the Executive Director of Finance and Contracts, the authority will fall to either the Chief Executive Officer or the Director of Operational Finance.

10.1.9 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide. This is available at: on the ICB website and further guidance on Special Severance Payments can be found on the treasury [website](#).

11. Fraud, bribery and corruption (Economic crime)

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

11.1.2 The ICB Executive Director of Finance and Contracts is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the board and Audit and Risk Assurance Committee and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

11.1.3 These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

11.1.4 Further operational detail can be found in the ICB's Counter Fraud, Anti-Bribery and Anti-Corruption Policy.

12. Capital Investments & security of assets and Grants

12.1 ICB Capital Expenditure

12.1.1 The Executive Director of Finance and Contracts is responsible for:

- ensuring that at the commencement of each financial year, the ICB prepares a plan setting out its planned capital resource use.
- ensuring that the ICB exercises 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.
- 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) and predecessor ICBs;
- 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 Executive Director of Finance and Contracts is responsible for ensuring there are processes in place to ensure that a business case is produced.

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

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

12.1.3 Advice should be sought from the Executive Director of Finance and Contracts or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

12.1.5 Where material property is held, ICBs shall have a defined and established property governance and management framework, which should:

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

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

12.2 Grants

12.2.1 The Executive Director of Finance and Contracts is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;

- any of its partner NHS trusts or NHS foundation trusts; and
- to a voluntary organisation, by way of a grant or loan.

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

13. Legal and insurance

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

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

13.1.2 The ICB Board shall decide if the ICB will insure through the risk pooling schemes administered by NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the ICB Board decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually. The ICB has been advised by NHS England not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the Chief Executive Officer.

14. Appendix A – Procurement Appendix

The [procurement page on the ICB website](#) sets out the ICB's approach to procurement including the procurement policy.

Overpayment and Underpayment of Salary Policy

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Overpayment and Underpayment of Salary Policy
Ref Number	N/A
Version	1
Date of this version	April 2026
Produced by	This policy has been prepared and reviewed by the ICB Finance team.
What is it for?	The management of correcting of over and under payments of salary.
Evidence base	Section 14 of the Employment Rights Act and the Theft Act 1968.
Who is it aimed at and which settings?	This policy is for use by all ICB staff.
Consultation	The policy is reviewed by the ICB Staff Involvement Group and staff side trade union representatives.
Impact Assessment:	
Other relevant approved documents	<ul style="list-style-type: none"> • Recruitment and Selection Policy • Grievance Policy • Disciplinary Policy • Agenda for Change Handbook Underpayments • SBS Overpayment Policy
References:	
Monitoring and Evaluation	This policy will be monitored and reviewed for effectiveness by the Finance team on a regular basis.
Training and competences	Not applicable.
Reviewed by:	
Approved by:	Board
Date approved:	
Signed:	
Dissemination:	N&S Intranet
Date disseminated:	
Review Date:	March 2029 or if statutory change is required
Contact for Review:	Head of Financial Accounting & Controls

Version Control

Revision History	Summary of changes	Author(s)	Version Number
March 2026	Created by Finance.		

Contents

		Page
1	Introduction and Purpose	4
2	Scope and Definitions	5
3	Access to the Procedure	7
4	Roles and Responsibilities	7
5	Action for Overpayment of Salary	8
6	Recovery Agreement	10
7	Willful Misrepresentation by the Employee	13
8	Success Criteria / Monitoring Effectiveness	13
9	Review	14
10	Local Associated Documentation	14

Appendix A	Equality Impact Assessment	15
Appendix B	Assessment of Needs Form	17
Appendix C	Overpayment Agreement Form	19

1 [INTRODUCTION AND PURPOSE](#)

The combined Integrated Care Board (ICB) has a responsibility to ensure that employees are paid correctly, but on occasions overpayments and underpayments occur for a variety of reasons. When this happens, the ICB will either recover the overpayment or make a payment in line with this policy. This policy details the process that will be followed when a member of staff receives an incorrect salary or expense payment, including payment to third parties such as child care vouchers. For the purposes of this policy, a salary overpayment or underpayment covers any payment made through the payroll to an employee. The policy outlines how payment errors may be identified. These would be the employees themselves upon receipt of their salary identify that an error has occurred, a member of the ICB Human Resources team may identify that an error has occurred, a member of the ICB finance team may identify a discrepancy or a member of the payroll team may identify that an error has occurred. Additionally, the budget

manager may identify that an error has occurred.

- 1.1 This policy outlines the process that will be followed when a member of staff receives an incorrect salary or expense payment, including payment to third parties such as childcare vouchers.
- 1.2 The purpose of the document is to ensure that:
 - a) overpayments and underpayments are identified and either recovered or paid in a timely manner; and
 - b) a transparent, fair and consistent approach is followed when an incorrect salary payment is made.
- 1.3 The purpose of the document is to ensure that:
 - c) overpayments and underpayments are identified and either recovered or paid in a timely manner; and
 - d) a transparent, fair and consistent approach is followed when an incorrect salary payment is made.

2 SCOPE & DEFINITIONS

- 2.1 This document applies to all staff employed within, or ex-employees of an NHS ICB and relates to payments made via the payroll.
- 2.2 For the purposes of this policy, a salary overpayment or underpayment covers any payment made through the payroll to an employee.
- 2.3 Employees have a responsibility to check their payslip for accuracy and advise their Line Manager and the ICB's Payroll Provider when the payment is different to the expected contracted payment.
- 2.4 If employees have received public money to which they are not entitled, they will be asked to repay it in full. Therefore, when the ICB discovers that an overpayment has occurred, however this has arisen and even if the employee has left the organisation, recovery will be pursued in accordance with latest obligations to the ICB within Employment Rights Act 1996 or 2025, plus any Department of Health requirements.
- 2.5 If an overpayment is considered to have been brought about fraudulently then the matter will be reported to the ICB's Local Counter Fraud Specialist for an investigation to be carried out under the ICB's Counter Fraud Policy.
- 2.6 Section 14 of the 1996 Employment Rights Act outlines an employer's right to recover a salary overpayment without the prior written agreement of the individual, if it is to recover an overpayment of wages or expenses.
- 2.7 The Theft Act 1968 indicates that although an individual may not set out to obtain additional salary intentionally, by keeping it and treating it as their own (i.e. spending it) they may be guilty of theft.

2.8 Underpayments of salary, mileage allowance or other financial entitlements will be rectified through the payroll as soon as they are identified, and back payments made to the individual/s concerned. On occasion it may be more appropriate to make a payment other than through the payroll e.g. by BACS.

2.9 The following definitions are used within the policy:

2.9.1 Error Types: The ways in which an employee can be incorrectly paid.

They may include, but are not restricted to:

- Overpayment of salary.
- Underpayment of salary.
- Incorrect travel or non-travel expense.
- Duplication of payment.
- Deduction made in error.

2.9.2 Overpayments: Where an employee, or ex-employee is paid an amount in excess of their contractual entitlement.

The likely causes of an overpayment include, but are not restricted to:

- Incorrect completion of timesheets or expense claims.
- A termination notification not being completed, received or actioned on time.
- Late or lack of notification of an employee commencing sickness, maternity or unpaid leave.
- An error being made.
- A late change notification. e.g. reduction from full time to part time hours.
- Incorrect salary banding.
- Fraudulent activity.

2.9.3 Underpayments: Where an individual has received less pay than contractually due.

The likely causes of an underpayment include, but are not restricted to:

- A contract notification or change being submitted or actioned after the payroll cut-off date.
- A late change notification.
- A late submission of expense claims, excess hours, overtime, etc.
- An incorrect salary banding.
- Absence of HR documentation.

2.9.4 Third-party payments: Means a salary sacrifice or other payroll deduction made to a third-party provider, for example student loans, ICB Cycle to Work Scheme, etc.

2.9.5 Debt: An unrecovered overpayment made to an employee / ex-employee.

2.9.6 **Basic Pay**; is an individual's contractual pay before any additions are added, for example due to unsocial hours working, regular user additions, travel and subsistence, etc.

3 ACCESS TO THE PROCEDURE

All employees are entitled to access to this policy which is located on the ICB's Intranet.

- 3.1 Employees and Managers may also wish to consult related ICB H R policies held on the ICB intranet, such as the Disciplinary Policy and the Recruitment and Selection Policy

4 ROLES AND RESPONSIBILITIES

- 4.1 It is the responsibilities of all parties to prevent incorrect salary payments. This includes Employees, Line Managers, the ICB Payroll Provider and Finance staff.

- 4.2 **Employees** are expected to:

- Accurately complete and submit travel and claim forms in a timely manner.
- Ensure they understand their salary entitlement and have notified their Line Manager of any changes.
- Ensure the current tax code issued by HM Revenue and Customs is being used for the calculation of their salary.
- Check their payslip every pay period to ensure that it appears accurate and matches the payment received within their bank / building society account.
- Bring any payroll issues immediately to the attention of their Line Manager and the Payroll Provider and retain copies of any correspondence between themselves and representatives of the ICB.
- Ensure that where pay anomaly enquiries do not receive an adequate response from the contacted ICB representative within 7 days, or the agreed timescale, then the matter is escalated to the Executive Director for their service department.
- On leaving the ICB's employment, be responsible for checking their final salary payment is correct and that they do not continue to receive payments from the ICB.
- Remain aware of their position and obligations under this policy for the resolution of overpayments of salary.

- 4.3 **Line Managers** have responsibility for ensuring this policy is fairly and consistently applied by those staff they manage.

They are, furthermore, expected to:

- Ensure that all Starter, Leaver and Changes in employee contracts, including hours, bands, terminations and individual elements are forwarded to the Human Resource (HR) team in a timely manner.
- Support the departments delegated budget manager with the detailed monthly review of staff analysis reports and all salary costs on their budget reports and question any payments that were unexpected, e.g. staff who have left, staff who have gone from full to part-time etc.
- Ensure that where an employee has reported a pay anomaly, that a timely response to their enquiry is received from the Payroll Provider.
- Contact the ICB's Payroll Provider if there is any doubt that a leaver form may not be processed in time, for someone who is leaving the ICB's employment, to check that it has been processed prior to the final day of employment.

- Ensure that all available correspondence relating to over and underpayments is kept in the employee's personnel file.
- Communicate this policy to staff members and remain aware of their position and obligations under this policy for the resolution of overpayments of salary.

4.4 The **Payroll Support Services (NHS SBS)** is expected to:

- Ensure a robust checking processes are in place to prevent over and underpayments.
- Ensure that information received by the relevant cut-off date is input into Electronic Staff Records (ESR) in an accurate and timely manner within the agreed roles and responsibilities for the ICB.
- Support, where payment errors are identified, a notification at the earliest opportunity of how the overpayment has occurred.
- In the event of an overpayment, liaising with the employee / ex-employee to set up the salary recovery process in line with this policy.

4.5 The **Payroll Provider (NHS SBS)** is expected to:

- Ensure a robust checking processes are in place to identify & reduce over and underpayments.
- Be responsible for ensuring that any overpayments identified are corrected to ensure that no continuation of the overpayment may occur.
- Provide, where payment errors are identified, a notification at the earliest opportunity of how the overpayment has occurred. The notification must include a breakdown of the financial details such that the employee is presented with the full facts and is able to understand exactly what has happened, what they should have received and consequently how much they have been overpaid.
- Ensure enquires regarding over and underpayments receive an adequate response within the agreed timescales.
- Remain aware of their position and obligations under this policy for the resolution of overpayments of salary.

4.6 The **Finance Team** are responsible for:

- Raising invoices under this policy.
- Accounting for any over or underpayments in the ICB's ledger.
- Monitoring the recovery of all overpayments.
- Escalating overpayments to other Agencies as appropriate.
- Providing any information required by Debt Collection Agencies or Courts as appropriate in order that they may take relevant action.
- Advising Executive team members of the ICB of any significant issues that need to be addressed regarding the Payroll Provider or Payroll Support Services.

4.7 **Local Counter Fraud Service (LCFS)** are responsible for:

- Investigating any significant overpayments.
- Present findings to the Audit Committee of the ICB.
Taking appropriate action in any instances where fraud or theft is suspected

- 5.1 The ICB is a public body and is therefore accountable for the use of public monies. As such, it will seek to recover in full all salary or expenses overpayments.
- 5.2 Any payment to which an employee is not legally entitled is repayable regardless of circumstances, including where this has arisen through a processing error by the ICB as the employer, within the timeframes outlined in this policy.
- 5.3 Employees should note that being aware of an overpayment and subsequently spending the monies will not be considered as a valid reason for non-repayment.
- 5.4 Repayment will be recovered in line with the principles as set out in sections 6 of this policy.
- 5.5 The ICB will take steps to end any overpayment immediately on discovery and notify the staff member and Line Manager concerned.
- 5.6 Upon discovery of an overpayment, referral must be made by either the employee / employer to payroll for arrangements to be made to stop the overpayment and if appropriate return the employee to the correct rate with immediate effect. The following process will be adopted:
 - Once full details of the overpayment have been received, the ICB's Payroll Provider will write to the employee. The letter will set out the reason for the overpayment and a calculation of the overpayment (see Appendix B).
 - The ICB Finance department will be advised by the ICB's Payroll Provider of the details of the overpayment, including the amount, the period overpaid and the reason for the overpayment. The amount of the overpayment may not be immediately available and there may be a short delay before this information is received from the Payroll Provider. The ICB Finance department will raise an invoice for the overpayment amount where the employee has left the organisation

In exceptional circumstances, where the ICB's recovery period may cause undue financial hardship, the employee must contact the Head of Human Resources and / or the ICB's finance department, within 30 calendar days of the written notification being sent, to discuss an alternate repayment plan.

In such circumstances, a common sense and reasonable approach must be taken by the ICB and the employee, with each case being assessed on an individual basis. The design of any alternate repayment plan should take into consideration reducing hardship, ensuring that the employee does not experience the burden of debt for an excessive period and guard against the ICB bearing the burden of a creditor for an unreasonable period.

As such, the default position for agreement of an exceptional repayment plan is that the maximum period of recovery should be the **lesser** of:

- The same period over which the overpayment accrued; or
 - 12 months.
- 5.7 In all circumstances where a repayment plan has been agreed, it must be adhered to and will not be open to further negotiation. In exceptional circumstances the ICB, represented by the Executive Director of Finance and Contracts (DOF), has discretion to vary or waive an ongoing repayment plan according to the circumstances of the case.
 - 5.8 At any time, the individual concerned may voluntarily request an increase in the amounts

payable and a new recovery plan will be agreed.

- 5.9 The ICB will always try to seek agreement. However, in circumstances where agreement cannot be reached, the ICB reserves the right in case of errors in overpayment of salary to make a deduction from pay in accordance with the latest obligations of the Employment Rights Act 1996 and 2025 – deductions by the employer.

6 RECOVERY AGREEMENT

Recovery of an overpayment will normally be by agreement and will be referred to as the 'Repayment Plan'. It will be underpinned by the principles outlined in the NHS SBS overpayment policy

- 6.1 Once any relevant changes have been input onto the ESR system, a retrospective report is generated, which identifies the reason for the overpayment. The SBS payroll team will calculate the amount of the payment error. Once the error has been verified as correct the pay adjustment process or overpayment process will begin.
- 6.1.1 If the error has occurred over a one- or two-month period, the circumstances of which the individual should have been aware of, then the employee will be informed of the adjustment which will be made automatically the following month.
- 6.1.2 Where the amount of recovery exceeds 50% of the gross monthly pay, SBS must ensure that the Head of Financial Accounting & Controls or the Head of Human Resources is aware of the recovery. Where the deduction will cause financial hardship, SBS are authorised to negotiate an extended period of recovery up to 9 months..
- 6.1.3 If the employee could not reasonably have known about the overpayment or the overpayment occurred over more than two months, the overpayment will be calculated as a gross value – this is the amount the ICB has overpaid, rather than the net amount (after tax, national insurance and pension) the employee has received. Calculating the gross value ensures that the overpayment can be processed by the payroll team with minimal delay. As the overpayment is recovered the ESR system will automatically reduce the employee's tax, national insurance and pension charge as appropriate.
- 6.1.4 Where a payment error has been made, the payroll team will write to the individual advising how the error has occurred and outline the repayment options. In all cases recovery will be sought as required by the ICB.
- 6.1.5 Where an employee is unable to repay the full amount at the next pay interval, the overpayments team can agree to a repayment for a period of up to a maximum of 9 months.
- 6.1.6 If an individual requests a repayment period longer than 9 months, the matter will be referred to the Head of Financial Accounting & Controls and the Head of Human Resources in the first instance who can agree repayment plans up to 24 months in length and up to £5,000 in value Anything in excess of these thresholds must be referred to the Executive Director of People, Governance & Corporate Services and Executive Director of Finance and Contracts or Director of Operational Finance for approval.
- 6.1.7 The individual will be expected to complete a statement of means (appendix B) to support a request for extended repayment terms before any decision is made. On receipt of this form an interview may be arranged between a member of the ICB Human Resources, and/or the Finance team and the individual to discuss the overpayment and why the repayment cannot be made. The individual has the right to be accompanied by a Staff Side representative or

workplace colleague.

- 6.1.8 Failure to attend this meeting without good cause will mean that a decision will be made based on the information available at the time. In these circumstances the decision will be notified in writing within 5 working days.
- 6.1.9 If the individual requests a recovery period in excess of twelve months or a period equivalent to that throughout which the overpayment accrued, whichever is soonest, the matter will be referred to the Deputy Director of Finance and Executive Director of Workforce and People. If the overpayment has occurred over a period of 24 months, discussion with the Head of Financial Accounts & Control, the Associate Director of People and OD and Deputy Director of Finance will take place to decide on the appropriate period of recovery.
- 6.1.10 Where a significant salary overpayment occurs over more than one month and the employee has not advised the Payroll or People Services Department, consideration will be given as to whether it is appropriate to alert LCFS in order to conduct a criminal investigation.
- 6.1.11 This would not automatically result in a person being charged with a criminal offence and if, during the course of an investigation, evidence indicates that the case would not be suitable for criminal charges, the investigation would be closed and the overpayment recovery process continued. In these instances, a report will be provided by the LCFS and shared with
Finance and the ICB's Human Resources team for consideration of any internal action.
- 6.1.12 A "without prejudice clause" will be included in all overpayment letters which states, "This does not affect any other action, including proceedings in a criminal court which may be
taken in this case". This clause is to ensure that criminal action is not precluded and may be considered at any stage of the investigation.
- 6.1.13 Overpayments are not generally considered to be a loan for tax purposes. However, the individual needs to ensure consideration is given around HMRC rulings. An HMRC deemed loan of £10,000 or more once calculated will in accordance with the HM Revenue and Customs (HMRC) be treated as a beneficial interest free loan. This means that if the amount outstanding for the whole year is more than £10,000 (between 6th April and 5th April) then the amount will be recorded on the P11D which is sent to HMRC at the end of the tax year and the official interest rate specified by HMRC may need to be charged.
- 6.1.14 Agreements prior to the establishment of this policy will continue, however if a staff member missed a payment as per the agreed schedule, the ICB reserves the right to align with the repayment plan with the principles outlined in this policy.

6.1.15 Bank or Locum Workers

Due to the nature of the contract under which bank and locum workers are employed, work cannot be guaranteed. Consequently, if an overpayment occurs it will not normally be possible to set up an overpayment recovery via the payroll. In these circumstances the payroll service provider will calculate the net overpayment. The individual will be contacted by either the payroll provider or the ICB to explain the circumstance of the error and seek to agree a repayment plan.

6.2 Leavers

Where an employee has been overpaid and they terminate their employment before the completion of the agreed recovery, the balance of the overpayment will be taken from the final salary. If the overpayment is greater than the final salary payment, immediate payment will become due prior to leaving the ICB. If no payment is made before leaving the ICB and no contact is made within 14 days of leaving, the matter will be referred to the Finance team so that an invoice can be raised for the balance, and the debt recovery process can begin.

6.3 Ex-employees

- 6.3.1 When a payment error is identified for an employee who has already left the organisation, the payroll service provider will calculate the net amount of the overpayment. Payroll will write to the ex-employee to explain the circumstance of the error and refer the matter to the finance team so that an invoice can be raised and debt recovery commenced.
- 6.3.2 If an ex-employee has been overpaid for more than two pay periods after leaving the ICB employment and has not alerted either Payroll or the ICB's Human Resources team to the overpayment then this will be treated prima facie evidence of fraud and/or theft Act 1968) and may be referred to the LCFS for investigation. The LCFS investigation will progress independently of the payroll recovery process.
- 6.3.3 If the ex-employee is unable to repay an overpayment immediately then the debtor team may agree a repayment period of up to nine months by standing order only. Repayments over a period of more than nine months must be agreed in line with the stipulations stated in 6.1.6 and a statement of means (appendix B) will need to be completed to support a request for extended payment terms.
- 6.3.4 In the event that a repayment plan cannot be agreed or the debtor reneges on a repayment plan, recovery may be pursued through a debt collection agency and the Courts.

6.4 Process for resolving third party payment errors

- 6.4.1 When a deduction due to a third party, for example in respect of child care vouchers, lease car, fees direct payments or car parking, has not been made, or has been deducted at an incorrect rate, either the ICB's Human Resources Team or Payroll team will contact the individual in the first instance to arrange for the additional amount to be deducted in the next pay period. If it is not possible to reach agreement the matter will be referred to the Finance team with a request for an invoice to be raised.
- 6.4.2 Individuals should be aware that when an invoice has been raised, statements will continue to be issued each month until the debt is cleared, even if a recovery plan has been agreed and is being met.

6.5 Incorrect payments of Tax and National Insurance Contributions

- 6.5.1 The HMRC notifies the ICB of any underpayments of tax and national insurance contributions automatically via the Government Gateway. When the notification is

received it is input into ESR by automatic data transfer and the adjustment is made in the next pay interval. The ICB has no discretion on these recoveries. Any queries must be addressed to HMRC directly.

6.6 Underpayments

- 6.6.1 Individuals should report underpayments of salary within 14 days of becoming aware to allow the relevant team to take any appropriate action.
- 6.6.2 if the employee has received less than 75% of their basic pay, a financial hardship payment may be made. Where appropriate authorisation will be sought from the Head of Financial Accounting & Controls before the payment is made. The Head of Financial Accounts & Control is responsible for advising on a monthly basis all underpayments known to the Director of Operational Finance and/or Executive Director of Workforce, People & Corporate Services. At the end of the next payment interval the arrears will be made, and the financial hardship payment will be recovered.
- 6.6.3 If the underpayment is due to some other reason the payment will be made at the end of the next payment period. Hardship payments will not be considered for non-payment of expenses or unsocial hours payments.

7 WILFUL MISREPRESENTATION BY THE EMPLOYEE

- 7.1 Where an employee willfully misrepresents relevant data with the aim of obtaining a greater salary payment than they are entitled to, then all possible steps will be taken to effect recovery. Such instances will be referred to the ICBs Local Counter Fraud Specialist for investigation to establish whether there has been an offence under the Theft 1968 or Fraud 2006 Acts. The ICBs Counter Fraud Specialist will report to the Audit Committee and agree actions which may include Disciplinary.
- 7.2 If an employee does not receive a response from the payroll team within 7 days, the employee should in the first instance approach their line manager, who will in turn make contact with the ICB's Human Resources team. They will try to resolve the issue, but if this is not possible, they will escalate the matter to the Head of Financial Accounting & Controls for review and escalation at the monthly contract management meetings if appropriate.
- 7.3 Any questions or complaints regarding the application of this policy should be sent to the Finance Department, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX.

8 Success Criteria / Monitoring Effectiveness

- 8.1 The effectiveness of this policy will be assessed through;
- Monthly analysis of payroll overpayments;
 - Budget managers monthly monitoring of salaries charged to their budgets
 - Internal and external audit review
- 8.2 The volume and cost of overpayments will be reported to Remuneration and HR Committee on an ad-hoc basis or as required by the Financial Accounting team. If any trends are identified where managers or individuals are regularly failing to take appropriate action, disciplinary action may need to be considered against those responsible.

9. [REVIEW](#)

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier

10. [REFERENCES AND LINKS TO OTHER DOCUMENTS](#)

The following apply to this policy:

- Employment Rights Act 1996
- Employment Rights Act 2025
- Theft Act 1968
- Standing Financial Instructions
- Reservation of Powers to the Board of Directors and Delegation of Powers
- Fraud, Bribery, Corruption Policy
- Fraud Act 2006
- Disciplinary Policy

Appendix: A

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	Answer	
1. What are the main aims and objectives of the document?	To advise employees and managers on their responsibilities in relation to overpayments and underpayments. Confirming the process that will be followed	
2. Who will be affected by it?	All employees of the ICB	
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	A reduction in the number of overpayments and debt owed to the ICB	
4. What information do you already have on the equality impact of this document?	All staff are affected so there will be no detriment to any specific group	
5. Are there demographic changes or trends locally to be considered?	No	
6. What other information do you need?	None	
Step 2 - Assessing the Impact; consider the data and research	Yes or No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?	No	This policy applies to all staff
2. Can any group benefit or be excluded?	No	No all staff are covered by this policy
3. Can any group be denied fair & equal access to or treatment as a result of this document?	No	Not appropriate
4. Can this actively promote good relations with and between different groups?	No	Not appropriate
5. Have you carried out any consultation internally/externally with relevant individual groups?	Yes	Yes HR, Finance, Payroll, Counter Fraud
6. Have you used a variety of different methods of consultation/involvement	Yes	Email, face to face, telephone
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	No	There are none
8. What external factors have been considered in the development of this policy?	Yes	National policies
9. Are there any external implications in relation to this policy?	No	No

10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	No	Not applicable
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Appendix: B

Assessment of Needs Form

TO BE COMPLETED BY STAFF WISHING TO REPAY THEIR OVERPAYMENT OVER A PERIOD LONGER THAN TWELVE MONTHS.

SURNAME:		FIRST NAME:	
ASSIGNMENT NUMBER:			
COST CENTRE:			
CONTACT EMAIL:			
LINE MANAGER:			

INCOME	£
Net pay (take home pay):	
Any other income:	
Total Income:	£
OUTGOINGS	£
Accommodation, loans and utility bills per month	
Rent, mortgage or lodgings:	
Count court orders and other fines:	
Loan repayments:	
Credit card repayments:	
Council tax:	
Food:	
Utility bills (gas, water, electricity, etc)	
Telephone (inc. mobile)	
Other	
Travel expenses:	
Vehicle fuel:	
Vehicle insurance and tax:	
Vehicle loan:	
Catalogues:	
Television subscription (license, satellite, etc.):	
Other (specify) :	
Travel and regular bills	
Clothing:	
Insurance:	
Child maintenance:	

Nursery fees (excluding those included in any salary sacrifice):	
Total outgoings:	£

I confirm that the information I have given above is true and complete. I understand that if I give false information, disciplinary or other action may be taken against me.

Signed:

Dated.....

.....

This form should be completed and returned with a completed Overpayment Loan form (Appendix C) to: Human Resources Team, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX.

Appendix: C Overpayment Agreement form

This form is to be completed in the exceptional circumstances that an overpayment is in excess of 24 months and £5,000

Surname:	
First name:	
Assignment number:	
Department shown on payslip:	
Telephone number:	
Email address:	
Period of overpayment:	
Amount of overpayment:	
Gross/Net	
Maximum number of instalments:	
Number of instalments:	
Instalment amount:	
Date of first instalment:	
Agreed amount to be loaned:	£
Relevant Rate of interest to be charged:	

Individual declaration

I agree to repay the amount of £..... by (number) monthly deductions from my salary of £.....commencing on The final deduction will be made on, and I agree that any balance will be recovered in full from my final pay (or any arrears subsequently due to me) should I leave the ICB’s employment for any reason before the full repayment has been made. Should my final salary payment (or the amount of any arrears subsequently due) not be sufficient to cover any balance outstanding, I agree to repay the balance to the ICB within 14 days of departure.

I understand that the value will be reviewed annually and is expected to be increased in the case of promotions and / or annual agenda for change pay awards.

Signed:

Dated:

. This form should be completed and returned with a completed Overpayment Loan form (Appendix B) to: Human Resources Team, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX.

Authorised:
nominated representative)

Dated: (ICB

Combined Losses and Special Payments Policy

DOCUMENT CONTROL SHEET

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Losses and Special Payments Policy
Ref Number	N/A
Version	1.0
Date of this version	April 2026
Produced by	This policy has been prepared and reviewed by the ICB Finance team.
What is it for?	The management of Losses and Special Payments.
Who is it aimed at and which settings?	This policy is for use by all ICB staff.
Other relevant approved documents	Detailed Delegated Financial Limits Salary Overpayments Policy Disciplinary Policy
References:	HM Treasury – Managing Public Money Department of Health and Social Care – Group Accounting Manual Equality Act (2010) Data Protection Act 2018
Monitoring and Evaluation	This policy will be monitored and reviewed for effectiveness by the Finance team on a regular basis.
Training and competences	Not applicable.
Reviewed by:	Director of Operational Finance
Approved by:	Board
Date approved:	
Signed:	
Dissemination:	N&S ICB Intranet
Date disseminated:	
Review Date:	April 2029 or if statutory change is required
Contact for Review:	Head of Financial Accounting & Controls

Version Control

Revision History	Summary of changes	Author(s)	Version Number
February 2026	Created by Finance.	James Thompson (Head of Financial Accounting & Controls)	V1.0

CONTENTS

		Page
1	<u>INTRODUCTION</u>	5
2	<u>SCOPE AND DEFINITIONS</u>	6
3	<u>ACCESS TO THE PROCEDURE</u>	6
4	<u>LOSSES GUIDANCE</u>	6
4.1	<u>Prevention of Loss</u>	6
4.2	<u>Categories of Loss</u>	7
4.3	<u>Discovery of Loss</u>	8
5	<u>SPECIAL PAYMENTS GUIDANCE</u>	8
5.1	<u>Prevention of Special Payments</u>	8
5.2	<u>Categories of Special Payments</u>	9
6	<u>ROLES AND RESPONSIBILITIES</u>	10
7	<u>AUTHORISATION OF LOSSES AND SPECIAL PAYMENTS</u>	11
8	<u>ACCOUNTING FOR LOSSES AND SPECIAL PAYMENTS</u>	12
9	<u>ANNUAL ACCOUNTS REPORTING</u>	13
10	<u>EXCLUSIONS</u>	14
11	<u>EQUALITY</u>	14
12	<u>MONITORING AND REVIEW</u>	14
13	<u>DATA PROTECTION</u>	14
14	<u>ASSOCIATED LOCAL DOCUMENTATION</u>	14
15	<u>REFERENCE / GUIDANCE</u>	14

1 INTRODUCTION

NHS England (NHSE) produces the guidance for which ICB's must follow in respect of Special Payments and Losses. In addition to the guidance produced by NHSE, the ICB is required to adhere to the principles as set out in the Managing Public Money [guidance](#), as well as the standards outlined in the Public Sector Exit Payments [Guidance](#) which states the process for Special Severance Payments for which the ICB has no delegated authority.

The combined NHS Integrated Care Board (hereafter referred to as the ICB) has a responsibility and takes steps to minimise the risk of losses of money or property belonging to the ICB. However, at times there may arise the need to make payments in respect of Losses and Special Payment items which fall outside the standard day to day business of the ICB.

- 1.1 The ICB is required to have procedures in place and to record details of all Losses incurred and any Special Payments made. As such a register of Losses and Special Payments must be kept and is updated by the Finance Directorate. This register forms part of the ICB's Annual Accounts which are subject to scrutiny by the ICB's Audit and Risk Committee and the External auditors.

As part of the new compliance and control procedures, ICBs must submit an assurance statement four times a year confirming the following:

- Details of all exit packages (including special severance payments, employment related payments and settlement payments) that have been paid 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.
- Special Payments & Losses form part of the Standing Financial Instructions of the ICB, so therefore the Executive Director of Finance and Contracts is accountable for any transactions that meet the definition.
- All Special Payments or Losses within the ICB's delegated limit can be approved via the Board and/or the executive Director of Finance & Contracts. They should undergo the relevant scrutiny prior to considering transacting as a Special Payment or Loss, with other avenues being exhausted or appropriate justifications provided if not.
- In the exceptional cases of personal debt, for example as a result of an employee overpayment for a member of staff who has left the organisation, the ICB reserves the right to write-off any debt up to the value of £200 immediately with the approval of the Executive Director of Finance and Contracts or the Director of Operational Finance. All cases will follow the standard SBS write off procedure and will be recorded on the ICB's Special Payments & Losses register.
- The Special Payments & Losses register will be circulated to the audit and risk committee as a standing agenda item alongside the Gifts & Hospitality Register and Governance Logs.

- 1.2 This policy informs all ICB employees of what constitutes a Loss or Special Payment, and what to do if they discover either of these items.
- 1.3 The purpose of the document is to ensure that:
 - a) Losses and Special Payments are identified and actioned in a timely manner.
 - b) A transparent and consistent approach is followed with regard to the ICB treatment of Losses and Special Payments.
- 1.4 This policy supplements guidance contained in the Group Accounting Manual (GAM) which is published annually by the Department of Health and Social Care (DHSC).

2 SCOPE AND DEFINITIONS

- 2.1 This document applies to all employees of the ICB, any staff that are seconded to the ICB, contract and agency staff and any other individual working on ICB premises including embedded employees.
- 2.2 For the purposes of this policy, the following definitions are used within this policy:

Losses: Relate to the loss of money or property belonging to the ICB (e.g., theft, damage to buildings, loss of cash, bad debts and loss or obsolescence of stock).

Special Payments: Are payments outside the normal day to day business of the ICB or where no statutory authority exists (e.g., compensation payments for clinical negligence, employer's liability claims and ex gratia payments to staff).

3 ACCESS TO THE PROCEDURE

- 3.1 All employees are entitled to access to this policy which is located on the ICB's Intranet.

4 LOSSES GUIDANCE

4.1 Prevention of Loss

The prevention of loss is a prime requirement of sound financial control, and control systems should be designed to achieve this need. Losses do nevertheless occur, and internal checks, regular supervision and internal audit must be used to ensure these are minimised.

In considering Losses and Special Payments, it is always important to look beyond the proposed write off or payment. The need for corrective action must also be carefully assessed to minimise the number (and cost) of future cases.

As such it is best practice that once a Loss or Special Payments has been identified the facts surrounding each case should be thoroughly investigated. This will allow the ICB to establish how the issue arose and enable it to plan the appropriate action to be taken, to try and prevent a recurrence.

This action may include:

- Advice to employees and/or managers.
- Review of ICB policy.
- Review of the Losses and Special Payments process.
- Issuing of ICB wide advice.

4.2 Categories of Loss

The Department of Health and Social Care (DHSC) requires an outline of all Losses to be detailed within the ICB Statutory Accounts. The specific presentation required within this document classifies losses into seven categories.

These categories are discussed in more detail below:

(i) Administrative Write-Offs (Including Bad Debts)

An expense incurred in controlling and directing an organisation.

Typically within the ICB, Administrative Write-offs will normally be in respect of bad debts.

(ii) Fruitless Payments

A fruitless payment is one which cannot be avoided because the recipient is entitled to it even though nothing of use to the ICB will be received in return.

A fruitless payment is one for which liability ought not to have been incurred, or where the demand for the goods and services in question could have been cancelled in time to avoid liability.

Examples are as follows:

- Forfeitures under contracts because of an error or negligence by the ICB.
- Extra costs arising from failure to allow for foreseeable changes in circumstances.
- Payment for travel tickets or hotel accommodation wrongly booked or no longer needed, or for goods wrongly ordered or accepted.

(iii) Store's Losses

Losses of accountable stores may be due to:

- Culpable causes, e.g., theft, fraud, arson or sabotage, neglect of duty or gross carelessness.
- Other causes, e.g., fire (excluding arson), weather damage, deterioration in use or in store due to some defect in administration, retention of excess or obsolete stock.

(iv) Bookkeeping Losses

Bookkeeping losses are defined as un-vouched or incompletely vouched payments, including missing items or inexplicable or erroneous debit balances.

(v) Constructive Losses

A constructive loss is a similar form of payment to stores losses and fruitless payments but differ from these payments in that there was no element of blame, i.e. one where the procurement action itself caused the loss.

For example, stores or services might be correctly ordered, delivered, or provided, then paid for as correct; but later, perhaps because of a change of policy, they might prove not to be needed or to be less useful than when the order was placed.

(vi) Losses of Cash

Losses of Cash may be due to:

- Theft, fraud, arson, sabotage, neglect of duty or carelessness.
- Overpayment of salaries, wages, fees, and allowances.
- Other causes, including overpayments other than those included above, physical losses of cash and cash equivalents (e.g. Stamps) due to fire (other than arson), accident or similar causes.

(vii) Claims Waived or Abandoned

Losses may arise if claims are waived or abandoned because, though properly made, it is decided not to present or pursue them.

Examples are as follows:

- Claims dropped on legal advice, or because the amounts of liabilities could not be determined.
- Claims made and then reduced in negotiations or for policy reasons.

4.3 [Discovery of Loss](#)

With the exception of suspected fraud, any individual discovering or suspecting a loss of any kind should immediately inform their Line Manager. Subsequent action on discovering a loss is outlined in the Responsibilities of Line Managers section, as detailed in [Section 6](#).

5 [SPECIAL PAYMENTS GUIDANCE](#)

5.1 [Prevention of Special Payments](#)

Special payments should only be authorised after a careful appraisal of the circumstances. In particular, the authorising officer as nominated in the ICB's Detailed Delegated Financial Limits (DDFL) must be sure that there is no feasible alternative to making such a payment and satisfy themselves that the best course of action has been identified.

In dealing with individual cases the causes underlying the need for a Special Payment must also be considered to ensure that any lessons learnt are identified and acted upon.

As such, it is good practice for the ICB to routinely consider:

- The soundness of its control systems.
- The efficiency with which they have operated.
- Any necessary steps required to put matters right.

The DHSC has classified Special Payments into five categories and reporting requirements will vary dependent on the category.

These categories are discussed in more detail below.

5.2 Categories of Special Payments

(i) Extra-Contractual Payments

Payments which, though not legally due under contract, appear to place an obligation on the ICB which the courts may uphold.

Typically, these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay e.g. where the contract provides for arbitration, but a settlement is reached without it.

A payment made because of an arbitration award is contractual.

(ii) Extra-Statutory/Regulatory Payments

These are payments considered to be within the broad intention of a statute or statutory/regulation, but which go beyond a strict interpretation of its terms.

(iii) Compensation Payments

Payments made for liability under a Court Order or legally binding arbitration award. Payments into court and out of court settlements are not payments made under legal obligation. This category can include compensation for injuries to persons, damage to property and unfair dismissal.

(iv) Special Severance Payments (Including retention payments)

Payments made to employees, contractors, and others, outside of normal statutory or contractual requirements when leaving employment with the ICB. These may be applicable whether they resign, are dismissed, or reach an agreed termination of contract.

(v) Ex Gratia Payments

Payments the ICB is not obliged to make, or which go beyond statutory cover, legal liability, or administrative rules. Such payments must be clearly related to and arise from the services which the ICB is authorised or required to provide and include:

-
- Made to meet hardship caused by official failure or delay;
- Out of court settlements to avoid legal action on grounds of official inadequacy; and,
- payments to contractors outside a binding contract, e.g. on grounds of
- hardship

6 **ROLES AND RESPONSIBILITIES**

6.1 All individuals have a responsibility to follow the general policy created to safeguard ICB property and to minimise the number of incidents of Losses and Special Payments. In addition to this general requirement:

6.2 **Employees** are expected to ensure that:

- Any Losses identified, or Special Payments required, are reported following the correct ICB procedures.
- With the exception of suspected fraud, any employee discovering or suspecting a loss of any kind should immediately report it to their Line Manager and the Executive Director of Finance and Contracts.

6.3 **Line Managers** have responsibility for ensuring that this policy is fairly and consistently applied by all staff they manage. They are, furthermore, expected to:

- Immediately end a loss and attempt to recover it (other than where fraud is suspected).
- Investigate the cause and take appropriate corrective action e.g. correcting any weakness in controls or supervision.
- Establish responsibility in so far as it involves inadequate supervision, negligence or misconduct, and take appropriate disciplinary action.
- Ensure that any general lessons are picked up and applied in future.
- Notify the Senior Management Team / Finance of all recordable events. As such, if an item is not fully recovered at once, Line Managers should consider to prepare a written statement and maintain a comprehensive back up for each individual event.

This statement could include:

- a) The background of the case and the reasons why the loss arose.
- b) The amount involved.
- c) Steps taken to recover the loss.
- d) Possible failings in the actions of employees, or if there was a breakdown in procedures.
- e) If appropriate, actions taken to improve system weaknesses.
- f) Any suspected case of Fraud.

6.4 **Finance Team** are responsible for:

- Reviewing documentation and seeking clarification where required.
- Reporting a Loss or request for a Special Payment to the relevant signatory for review and authorisation.
- Entering claim details onto the ICB Losses and Special payments register along with full supporting documentation.
- Accurate coding of any accounting entries required.
- Ensuring the Executive Director of Finance and Contracts is immediately aware of the circumstances surrounding apparent losses for any of the following causes:
 - a) Theft
 - b) Criminal damage
 - c) Arson
 - d) Neglect of duty
 - e) Gross carelessness.
- Presenting proposed Losses or Special Payments to the Audit and Risk Committee.
- If appropriate, processing and reporting on any resultant write offs and payment request and ensuring that the appropriate financial code is used.

6.5 Executive Director of Finance and Contracts has a responsibility to:

- Ensure that there is a robust process in place for the authorisation and reporting of Losses and Special Payments.
- Approve claims for Losses and Special Payments up to limits set out within the Detailed Delegated Financial Limits (DDFL) of the ICB.
- Ensure that all Losses and Special Payments reported have followed the procedure and been correctly approved and are reported to the Audit and Risk Committee.
- Immediately notify the Board and the External Auditor where Losses (except if trivial), are apparently caused by theft, arson, neglect of duty or gross carelessness.
- Consider informing the police if any level of theft or criminal damage is suspected.
- Inform the Local Counter Fraud Specialist in all cases of alleged fraud, bribery or corruption is suspected.

6.6 Local Counter Fraud Service are responsible for:

- Investigating any significant Losses and Special Payments.
- Ensuring any instances of suspected fraud or theft are appropriately followed up and confirm that appropriate action to ensure any weaknesses in the control environment have been addressed.
- Presenting any findings to the Audit and Risk Committee.

7 AUTHORISATION OF LOSSES AND SPECIAL PAYMENTS

- 7.1 The ICB has set authorisation limits that apply to all Losses written off and Special Payments made by its officers. The power to write off Losses and make Special Payments is exercised by one or more nominated senior officer, acting solely or jointly, and working

in line with the DDFL of the ICB.

Any recommendation made is presented to any of the below nominated ICB senior officers for final approval. The nominated officers per the DDFL are:

- Chief Executive
- Executive Director of Finance and Contracts
- Director of Operational Finance (Personal Debt up to £200)
- ICB Chair

7.2 Consequently, before a Loss is written off or a Special Payment is made, authorisation by an appropriate officer/s must have been given. The ICB's DDFL document containing details of the levels of authorisation stipulated by the ICB. The DDFL is available on the ICB's intranet [here](#).

7.3 Delegated limits apply to the loss, net of any amount recovered or covered by insurance. Where there is a series of payments, the limits apply to the total payments in the series.

7.4 The ICB Audit and Risk Committee must be informed of all Losses written off or Special Payments made, including those approved by individual officers under their delegated authority. This will be achieved by the ICB maintaining the register detailing Losses and Special Payments and ensuring cases are entered promptly as they become known.

7.5 In addition to the above all Losses and Special Payments may also be subject to Internal and/or External Audit review.

7.6 If during the authorisation process any general lessons emerge which would be of interest to other NHS bodies, then the DHSC should be informed.

7.7 The delegated limits to ICBs are shown below:

7.8

Expenditure Type	Delegated Limit
All Losses	Up to £300k
Special Payments including Extra Contractual/ Statutory/ regulatory/ compensation & Ex gratia	Up to £95k
Special Severance & Retention Payments	£0
Consolatory Payments	£500

8 ACCOUNTING FOR LOSSES AND SPECIAL PAYMENTS

8.1 With regard to individual Losses and Special Payments, accounting treatment will depend on the nature of the individual circumstances of each case.

8.2 A separate section in the Chart of Accounts relates to Losses and Special payments. It is very important that this coding is correct to ensure that the expenditure is picked up and reported on appropriately in the Annual Accounts.

- 8.3 Where Losses involve transfer of costs within the financial ledger, this will be actioned via a completed write-off form, created by the Financial Services team but actioned by the Shared Business Service (SBS), immediately on final approval of the Loss or Special Payment.

9 ANNUAL ACCOUNTS REPORTING

- 9.1 Losses and Special Payments are items that Parliament would not have contemplated when it agreed funds for the NHS and by their nature are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation within the accounts.

- 9.2 As previously outlined, the ICB is required to maintain a Losses and Special Payments Register in which details of Losses and Special Payments are entered as they become known. For all cases, an audit trail must be maintained with full supporting documentation of the reason for the Losses and Special Payments needing to be made.

Register entries must be reviewed annually and analysed to enable the ICB to complete the necessary templates required for inclusion within the Annual Accounts documentation.

- 9.3 The GAM identifies that, if the ICB has not already reported details of Losses and Special Payments in its annual report, this information must be disclosed by way of a note to the accounts.

- 9.4 Specifically, such a note must include:

- Separately the total number and total value of Losses and Special Payments.
- A brief description of individual Losses and Special Payments over £300,000, including those relating to clinical negligence, fraud, personal injury, compensation under legal obligation and fruitless payments.
- A statement that these amounts are reported on an accruals basis but excluding provisions for future losses.
- Any other explanation considered necessary.

- 9.5 Losses over £300,000 must be listed under the following categories:

- Cash and other losses (including overpayments, physical losses, unvouched payments and theft).
- Fruitless payments and constructive losses.
- Claims waived or abandoned (excluding cases between DHSC group bodies).
- Store's losses and damage to property.

- 9.6 For bad debts, each case is an individual debtor and not each invoice. For stores losses, the total net losses revealed at any one store within the year must be aggregated and treated as one case (for example, pharmaceutical stores). Losses of property must be aggregated to produce a total loss per case.

10 **EXCLUSIONS**

- 10.1 Losses linked to another NHS organisation are not included. Although the decision may be taken for the ICB to ‘write-off’ debts owed by other NHS bodies, this is to be undertaken by issuing credit notes to reverse entries in the Debtor’s ledger unwinding the income previously recognised.

11 **EQUALITY**

- 11.1 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the [Equality Act \(2010\)](#); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

12 **MONITORING AND REVIEW**

- 12.1 This policy and procedure will be reviewed periodically by the finance department.

13 **DATA PROTECTION**

- 13.1 In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

14 **ASSOCIATED LOCAL DOCUMENTATION**

- 14.1 Links to local policies and documents:
- [Detailed Delegated Financial Limits \(DDFL\)](#)
 - [Salary Overpayments Policy](#)
 - [Disciplinary Policy](#)

15 **REFERENCE / GUIDANCE**

- 15.1 Links to external reference documents:
- [HM Treasury – Managing Public Money](#)
 - [Department of Health and Social Care – Group Accounting Manual \(GAM\)](#).



Norfolk and Suffolk
Integrated Care Board

Audit & Risk Committee Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

Contents

CONTENTS	2
1. PURPOSE.....	3
2. PERMISSIONS	3
3. REMIT AND RESPONSIBILITIES.....	3
4. RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	7
5. MEMBERSHIP	7
6. CHAIR (AND DEPUTY CHAIR)	7
7. ATTENDEES.....	8
8. SECRETARY AND ADMINISTRATION	8
9. MEETING QUORACY AND DECISION	9
10. DECISION MAKING AND VOTING	10
11. ICB VALUES.....	10
12. EQUALITY, DIVERSITY AND INCLUSION.....	10
13. REVIEW	10

1. Purpose

- 1.1. The Audit & 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 and standing orders. It shall provide the Board with an independent and objective review of the adequacy and effective operation of the organisation's overall internal control system including its financial systems, financial information and compliance with laws, guidance, and regulations governing the NHS. The Terms of Reference are based on the example terms of reference set out in the *HFMA NHS Audit & Risk Committee Handbook*, as well the NHS model ToR for an Audit & Risk Committee, amended as necessary, and are approved by the ICB.
- 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. It has no executive powers, other than those specifically delegated in these terms of reference or the scheme of reservation and delegation in the ICB's constitution.

2. Permissions

- 2.1. The Audit & Risk Committee is authorised by the Board to:
 - I. Investigate any activity within its terms of reference;
 - II. 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;
 - III. Commission any reports it deems necessary to help fulfil its obligations;
 - IV. 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;
 - V. 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. The Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Remit and Responsibilities

- 3.1. The Committee's purpose is 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 & Risk Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.
- 3.4. The Committee's duties are set below:

Integrated governance, risk management and internal control

- 3.5. 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.
- 3.6. To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual and that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- 3.7. 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.

Internal audit

- 3.8. 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.
- 3.9. 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;

External audit

- 3.10. To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process.
- 3.11. 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.

Internal audit

- 3.12. To review and monitor the internal auditor's independence and objectivity and the effectiveness of the audit process.
- 3.13. In particular, the Committee will review the work and findings of the internal auditors and consider the implications and management's responses to their work. This will be achieved by:
- Considering the appointment and performance of the internal auditors, as far as the rules governing the appointment permit;
 - Discussing and agreeing with the internal auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan;
 - Discussing with the internal auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
 - Reviewing all internal audit reports and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Other assurance functions

- 3.14. To review the processes undertaken in determining the proposed commissioning route for healthcare services which fall within the remit of the Provider Selection Regime. The Executive Finance and Contracts Director will refer items to the Audit & Risk Committee that they deem to be particularly complex or to carry a significant risk of challenge. The Executive Finance and Contracts Director may also refer other complex procurement exercises to Audit & Risk Committee for review from time to time.
- 3.15. 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).

Counter fraud

- 3.16. 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.
- 3.17. In accordance with 3.2 of NHSCFA's Fraud Commissioners Standards, the Audit & Risk Committee has "*stated its commitment to ensuring commissioners achieve*

these standards and therefore requires assurance that they are being met via NHSCFA's quality assurance programme".

- 3.18. To be responsible for ensuring that the counter fraud service submits an Annual Report and the Counter Fraud Functional Standard Return (CFFSR) Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Requirements of the Government Functional Standard GovS 013: Counter Fraud – management of counter fraud, bribery and corruption activity.
- 3.19. To report concerns of suspected fraud, bribery and corruption to the NHSCFA.

Freedom to Speak Up/Whistleblowing

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

Information Governance (IG)

- 3.21. To receive regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks.
- 3.22. To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security & Protection Toolkit and relevant reports and action plans.
- 3.23. To receive reports on audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.
- 3.24. To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.
- 3.25. To approve the arrangements for ensuring the appropriate safekeeping and confidentiality of records and for the storage management and transfer of information and data.

Financial reporting

- 3.26. To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- 3.27. 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.
- 3.28. To review the annual report and financial statements (including accounting policies) before submission to the Board.
- 3.29. To review the letter of representation before it is signed by the Chair of the Audit and Risk Committee.

Conflicts of Interest

- 3.30. The Chair of the Audit & Risk Committee will be the nominated Conflicts of Interest Guardian.
- 3.31. The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management

- 3.32. 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.

Annual Review

- 3.33. To conduct an annual review on the performance and effectiveness of the Audit and Risk Committee and to provide an annual report to Board.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.
- 4.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.

5. Membership

- 5.1. The Audit & Risk Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2. The Board will appoint no fewer than three 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.
- 5.3. Neither the Chair of the Board, nor employees of the ICB will be members of the Committee. Individuals who claim a significant proportion of their income from the Integrated Care Board will not be Members of the Committee
- 5.4. 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.

6. Chair (and Deputy Chair)

- 6.1. The Audit & Risk Committee will be chaired by an Independent Non-Executive appointed on account of their specific knowledge, skills, and experience making them suitable to chair the Committee.

- 6.2. The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee.
- 6.3. The Audit & Risk Committee members may appoint a Deputy Chair who has the appropriate skillset, in order to lead the meeting if the Chair is unavailable.
- 6.4. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number Chair the meeting.
- 6.5. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

7. Attendees

- 7.1. 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:
 - Executive Finance and Contracts Director or their nominated deputy;
 - Executive Director of People, Governance and Corporate Services or their nominated deputy;
 - Representatives of both internal and external audit;
- 7.2. 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.
- 7.3. 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.
- 7.4. The Chief Executive should be invited to attend the meetings and should discuss at least annually with the Audit & Risk Committee the process for assurance that supports the Governance Statement. They (or their nominated deputy) should also attend when the Committee considers the draft Annual Governance Statement and the Annual Report and Accounts.
- 7.5. 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.

8. Secretary and Administration

- 8.1. The Chief Executive will ensure adequate secretarial support including:
 - I. 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
 - II. Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
 - III. Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary

- IV. 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
- V. The Chair is supported to prepare and deliver reports to the Board
- VI. The Audit & Risk Committee is updated on pertinent issues/ areas of interest/ policy developments
- VII. Action points are taken forward between meetings.
- VIII. Committee members receive the development and training they require.
- IX. Meetings are arranged for the Chair where required.

9. Meeting Quoracy and Decision Making

- 9.1. The Audit & Risk 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.
- 9.2. The Board, Chair or Chief Executive may ask the Audit & Risk Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.
- 9.3. Additionally, the Audit & Risk Committee Chair, external auditors or Head of Internal Audit may request an additional meeting if they consider one necessary, or the Audit & Risk Committee members may collectively agree to hold an additional meeting.
- 9.4. The agenda and supporting papers will be sent out at least 5 days in advance of the meetings to allow time for due consideration of issues.
- 9.5. Meetings will be timetabled and agreed in advance.
- 9.6. 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.
- 9.7. Meetings will ordinarily be held in person or via video conference. However, meetings may be conducted on a 'virtual' basis through the use of e-mail or teleconference communication if necessary.
- 9.8. The Committee may meet 'in common' with other Audit & Risk Committees where the Audit & Risk Committee deems this appropriate. However, when meeting in common, the committee will have the ability to take its own decisions that might differ from those of the other committee(s) and regardless of any arrangements permitting decisions to be made following discussions by the committees in common, each ICB retains individual accountability for any decisions taken on behalf of their local populations and a consensus decision will only be binding if each individual ICB consents to that decision.

Quorum

- 9.9. For a meeting to be quorate a minimum of two members of the committee are required, including the Chair or Deputy Chair of the Committee.
- 9.10. 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.
- 9.11. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. A decision may be finalised by the agreement of members not present by means of email or a “virtual” decision.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB’s constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Remuneration and Human Resources Committee Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

Contents

CONTENTS	2
1. PURPOSE.....	3
2. PERMISSIONS	ERROR! BOOKMARK NOT DEFINED.
3. REMIT AND RESPONSIBILITIES.....	3
4. RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	5
5. MEMBERSHIP	5
6. CHAIR (AND DEPUTY CHAIR)	5
7. ATTENDEES.....	6
8. SECRETARY AND ADMINISTRATION	6
9. MEETING QUORACY AND DECISION	6
10. DECISION MAKING AND VOTING	7
11. ICB VALUES.....	7
12. EQUALITY, DIVERSITY AND INCLUSION.....	7
13. REVIEW	7

1. Purpose

- 1.1. The Remuneration and Human Resources 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. 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, to 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.
- 1.2. These terms of reference, which are published on the ICB website as an appendix to its Constitution, 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:
- 2.2. Investigate any activity within its terms of reference
- 2.3. 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.
- 2.4. 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.
- 2.5. 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 SoRD but may /not delegate any decisions to such groups.
- 2.6. For the avoidance of doubt, in the event of any conflict, the ICB's Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference.

3. Remit and Responsibilities

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

- 3.1. Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, pensions and lease car schemes
- 3.2. Determine arrangements for termination of employment and other contractual terms and non-contractual terms.

For all staff:

- 3.3. Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change)
- 3.4. Oversee contractual arrangements.
- 3.5. 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.
- 3.6. The Committee shall review as required, the Chief Executive's performance.
- 3.7. The Committee shall establish arrangements for monitoring and evaluating the performance of individual senior officers and managers, as approved by the ICB Board.
- 3.8. The Committee shall advise on and oversee contractual arrangements for staff by developing policies to ensure an equitable and consistent approach.
- 3.9. The Committee shall receive and approve on behalf of the Board human resources, Organisational Development, health and safety and Learning and Development policies and procedures.
- 3.10. The Committee shall receive the minutes of any sub-groups that may be formed and receive and approve reports on Organisational Development and Learning and Development.
- 3.11. By reference to the Board Assurance Framework, the Committee shall monitor allocated risks and satisfy itself and assure the Audit Committee that the mitigating actions proposed for each allocated risk are reasonable and that each mitigating action is being undertaken.
- 3.12. In making its recommendations the Committee will take into account:
 - Provisions of any national guidance and arrangements
 - Relevant legislation (in particular anti-discrimination and equal pay legislation)
 - Best practice and affordability
 - Employee relations and relevant staffing matters within the Integrated Care Board
 - Remuneration levels elsewhere within the NHS and other relevant labour markets
 - Trends and development in non-pay benefits and terms and conditions
 - Organisational performance
 - Auditor requirements
 - Existing terms and conditions of service
 - Statutory health and safety legislation and best practice
- 3.13. The Committee will retain the right to place specific reports, on an exception basis and with the agreement of the Chair, in a closed agenda whereby the content of the report and subsequent discussion, will not be accessed under the Freedom of Information Act 2000. Reports placed in a closed agenda will be returned to the Board Secretary or nominated deputy at the meeting for shredding. Committee members will be responsible for deleting the relevant electronic records from their own computer systems.

- 3.14. Assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR).
- 3.15. Approve human resources policies for ~~employees~~ and for other persons working on behalf of the ICB.

4. Relationship with the ICB Board

- 4.1. The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.
- 4.2. In discharging its responsibilities to the Board, the Committee will provide regular reports to the Board on its work and escalate any risks and issues as appropriate.
- 4.3. The Chair of the Committee in consultation with members and senior officers of the ICB may make decisions that are required urgently by way of a Chairs action, in line with the ICB's Standing Orders, which shall be appropriately documented and reported at the next meeting of the Committee.
- 4.4. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure in a report to the full Board.

5. Membership

- 5.1. The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 5.2. 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.
- 5.3. The Chair of the Audit Committee may not be a member of the Remuneration Committee.
- 5.4. The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.
- 5.5. No employee of the ICB or individual who relies on the ICB for a significant portion of their income may be a member of the Committee.

6. Chair and Deputy Chair

- 6.1. 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.
- 6.2. Committee members may appoint a Deputy Chair from amongst the members.
- 6.3. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 6.4. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

7. Attendees

- 7.1. 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.
- 7.2. 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:
 - Executive Director of People, Governance and Corporate Services or nominated deputy
 - Executive Finance and Contracts Director or their nominated deputy
- 7.3. 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.
- 7.4. 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.

8. Secretary and Administration

- 8.1. The Committee shall be supported with a secretariat function which will ensure that:
- 8.2. 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.
- 8.3. Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- 8.4. 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.
- 8.5. The Chair is supported to prepare and deliver reports to the Board.
- 8.6. The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- 8.7. Action points are taken forward between meetings.

9. Meeting Quoracy and Decision

- 9.1. The Committee will meet in private.
- 9.2. 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.
- 9.3. 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

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

Quorum

- 9.5. For a meeting to be quorate a minimum of two of the non-executive members is required, including the Chair or Vice Chair.
- 9.6. 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.
- 9.7. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Executive Committee Terms of Reference

NHS Norfolk and Suffolk
Integrated Care Board

1.	PURPOSE.....	3
2.	PERMISSIONS	3
3.	REMIT AND RESPONSIBILITIES.....	3
4.	RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	4
5.	MEMBERSHIP	4
6.	CHAIR (AND DEPUTY CHAIR)	4
7.	ATTENDEES.....	4
8.	SECRETARY AND ADMINISTRATION	5
9.	MEETING QUORACY AND DECISION	5
10.	DECISION MAKING AND VOTING	5
11.	ICB VALUES.....	5
12.	EQUALITY, DIVERSITY AND INCLUSION.....	6
13.	REVIEW	6

1. Purpose

- 1.1. The Executive Committee is established by the ICB as a formal Committee of the Board as part of its overall governance processes.
- 1.2. The Committee is established as a collaborative, co-ordinating forum that is responsible for executing ICB strategy as set by the Board and NHS England within the resources available, achieving the greatest possible outcomes at best value for the NHS.
- 1.3. The Committee provides Executive oversight and assurance to the Board in regard to the execution of agreed ICB strategy.
- 1.4. The Committee acts as the Executive body for day-to-day operations management for delivery (finances, performance, transformation, workforce), jointly exploring the implications of holding the system collectively to account for delivery of the shared agenda.

2. Permissions

- 2.1. The Committee is authorised by the Board to:
 - I. Investigate any activity within its terms of reference;
 - II. 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;
 - III. Commission any reports it deems necessary to help fulfil its obligations;
 - IV. 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;
 - V. 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. The Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Remit and Responsibilities

- 3.1. The Executive Committee will:
 - I. Ensure effective management for day-to-day operations for delivery across the ICB (including but not limited to finances, performance, transformation, workforce)

- II. Agree and put forward policies for ratification by the ICB
- III. Oversee and monitor delivery of the ICB's statutory requirements.
- IV. Oversee the ICB's response to relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.
- 4.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.

5. Membership

- 5.1. Membership of the Executive Committee comprises:
 - Chief Executive (Chair)
 - Executive Director of Nursing
 - Executive Medical Director
 - Executive Director of People, Governance and Corporate Services
 - Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning
 - Executive Finance and Contracts Director
 - Executive Director, Primary Care and Neighbourhood Health for Suffolk
 - Executive Director, Primary Care and Neighbourhood Health for Norfolk

6. Chair (and Deputy Chair)

- 6.1. The Executive Committee will be chaired by the ICB Chief Executive with the Deputy Chief Executive as Deputy Chair
- 6.2. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to Chair the meeting.
- 6.3. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

7. Attendees

- 7.1. Only ICB Directors have the right to attend meetings of the Executive Committee but relevant staff will be invited to attend to present papers for discussion and be in attendance for that agenda item only.

- 7.2. In the absence of a Director, a Deputy Director should be nominated to represent them at the meeting.

8. Secretary and Administration

- 8.1. The Executive Committee shall be supported by a secretariat function, to ensure that:
- I. Meetings are timetabled and agreed in advance
 - II. The agenda and papers are prepared and distributed, 2 working days in advance of each meeting; having been agreed by the Chair with the support of the Director team
 - III. Minutes are taken and that a record of matters arising, action points, decisions and issues to be carried forward are kept
 - IV. A record of attendance is kept
 - V. The Executive Team are updated on pertinent issues/ areas of interest/ policy developments
 - VI. Action points are taken forward between meetings
 - VII. A forward plan of agenda items is in place

9. Meeting Quoracy and Decision

- 9.1. For a meeting to be quorate there will be a minimum of 3 Executive Directors.
- 9.2. If a quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Finance, Performance and Workforce Committee Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

1.	PURPOSE	3
2.	PERMISSIONS	3
3.	REMIT AND RESPONSIBILITIES	3
4.	RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES	6
5.	MEMBERSHIP	6
6.	CHAIR (AND DEPUTY CHAIR)	7
7.	ATTENDEES	7
8.	SECRETARY AND ADMINISTRATION	7
9.	MEETING QUORACY AND DECISION	7
10.	DECISION MAKING AND VOTING	7
11.	ICB VALUES	8
12.	EQUALITY, DIVERSITY AND INCLUSION	8
13.	REVIEW	8

1. Purpose

1.1. The Finance, Performance and Workforce Committee (the Committee) has been established to maintain oversight of the:

- I. Development and delivery of a robust, viable and sustainable financial plan.
- II. Key outcome, performance, quality, and transformation metrics.

2. Permissions

2.1. The Committee is authorised by the Board to:

- I. Investigate any activity within its terms of reference
- II. Scrutinise progress of improvements in recurrent underlying financial positions for all formal NHS ICS partners. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the current year and recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation.
- III. 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
- IV. Commission any reports it deems necessary to help fulfil its obligations
- V. 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
- VI. 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.

3. Remit and Responsibilities

3.1. The Committee is responsible for maintaining oversight of the following areas:

Performance

3.2. Take an overview of performance and transformation at whole system, place and organisation levels in relation to ICS objectives, contractual key performance indicators, and wider national requirements.

3.3. Oversee the development of a dashboard of key outcome, performance, quality and transformation metrics incorporating escalations from other ICB Committees and Specialist Groups.

System financial management framework

- 3.4. Scrutiny of progress of improvements in recurrent underlying financial positions for all formal NHS ICS partners. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation.
- 3.5. The Committee will develop the system financial planning processes to be used to make recommendations to the Board on the system financial plan in line with strategy and national guidance.
- 3.6. The Committee will seek assurance that the system capital strategy and associated plan properly balances clinical, strategic and affordability drivers, Ensure effective oversight of future prioritisation and capital funding bids, and gain assurance that short, medium and long term commitments are built into the overall system capital plan

Resource allocation (revenue)

- 3.7. to advise on the process regarding the deployment and monitoring the impact of system wide transformation funding
- 3.8. to work with ICS partners to identify and allocate resources where appropriate to address finance and performance related issues that may arise

National framework

- 3.9. to advise the ICB and ICS partners on any changes to NHS and non-NHS funding regimes
- 3.10. to oversee national system level financial returns
- 3.11. to ensure the required preparatory work is scheduled to meet national planning timelines

Financial monitoring information

- 3.12. to articulate the financial position and financial impacts (both short and long-term) to support decision-making
- 3.13. to work with ICS partners towards common approaches across the system such as financial reporting, estimates and judgements
- 3.14. to work with ICS partners, including their non-executive members, to seek assurance over the financial performance from system bodies
- 3.15. to oversee the development of financial, activity and workforce modelling to support the system wide priority areas
- 3.16. to ensure the system develops an understanding of where costs sit across a system, including its cost drivers and the impact of service changes

- 3.17. to ensure appropriate information is available to enable the system to manage financial issues, risks and opportunities across the ICS
- 3.18. to ensure visibility and reporting of system financial and associated risks as part of the overall review of system finances

Financial Performance

- 3.19. to oversee the management of the system financial target
- 3.20. to agree key outcomes to assess delivery of the system wide financial strategy
- 3.21. to monitor and report to the ICB, and to the Integrated Care Partnership as required, the overall financial performance against national and local metrics, highlighting areas of concern
- 3.22. to monitor and report to the ICB key service performance which should be taken into account in assessing the financial position

System efficiencies

- 3.23. to ensure system efficiencies are identified and monitored across ICS partners, in particular opportunities at system level where the scale of the ICS partners together and the ability to work across organisations can be leveraged
- 3.24. to ensure financial resources are used in an efficient way to deliver the objectives of the ICS
- 3.25. to review exception reports on any material breaches of the delivery of agreed efficiency plan including the adequacy of proposed remedial action plans

Communication

- 3.26. to co-ordinate and manage communications on financial governance with stakeholders internally and externally
- 3.27. to develop an approach with partners, including the Integrated Care Partnership, to ensure the relationships between cost, performance, quality and environmental sustainability are understood

People

- 3.28. to ensure an ICS wide finance staff development strategy is in place to ensure excellence by attracting and retaining the best finance talent

Capital

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

Internal ICB finances

- 3.30. to ensure development of a reporting framework for the ICB (using the chart of accounts devised by NHS England and the integrated single financial environment)

(ISFE2))

- 3.31. to oversee the management of the ICB's own financial targets.
- 3.32. to oversee the development of the ICB financial strategy and agree key outcomes to assess delivery
- 3.33. to ensure that suitable financial policies and procedures are in place for the ICB to comply with relevant regulatory, legal and code of conduct requirements

System Workforce and People

- 3.34. Take an overview of workforce at whole system, place and organisation levels in relation to agreed metrics from Provider Workforce Returns (PWRs), National Workforce Reporting System (NWRS) and Provider Finance Returns (PFRs)
- 3.35. Oversee the development of a dashboard of the key outcome from the PWRs/NWRS/PFRs and interdependences with performance, quality and transformation metrics incorporating escalations from other ICB Committees and Specialist Groups
- 3.36. Analysis of progress in underlying workforce positions. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation

4. Relationship with other ICB/ Partner bodies

- 4.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.
- 4.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.
- 4.3. The Committee has established Groups set out at appendix 1 to action on behalf of the Committee according to the remit and authority set out in the their terms of reference. It is anticipated that Groups will regularly report on their work to the Committee, and escalate any matters of concern to the Committee.

5. Membership

- 5.1. The board will appoint no fewer than four members of the Committee including one who is an Independent Non-Executive Member of the Board. Other members of the committee need not be members of the board but may be.

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

- Accounting
- Risk management
- And technical or specialist issues pertinent to the business of the committee

Committee membership:

- Independent Chair - The chair will be selected to ensure that the Audit Committee and the Finance Committee are chaired by different members
- Non-Executive Member (ICB Appointed)
- Up to 2 Non-Executive Directors (Nominated by Provider Partners)
- Up to 2 Non-Executive Directors (Nominated by Provider Partners)
- Primary Care ICB Board representative
- Executive Finance and Contracts Director
- Deputy Chief Executive and Executive Director of Commissioning, Strategy, and Digital
- Directors of Finance at Local NHS Trusts and Foundation Trusts
- Section 151 Officer, Suffolk County Council (non-voting member)
- Section 151 Officer, Norfolk County Council (non-voting member)
- Director of Operational Finance (non-voting member unless deputising for the Executive Finance and Contracts Director)

6. Chair (and Deputy Chair)

- 6.1. The Board shall appoint an ICB Non-Executive Member (who must not be the Audit Committee Chair) to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business.

7. Attendees

- 7.1. The Chair of the Committee may invite any ICB staff member or partner to attend the meeting. This may be on a meeting by meeting basis or as a standing invite. Any attendees will only be permitted to address the meeting at the discretion of the Chair.

8. Secretary and Administration

- 8.1. The Chief Executive will arrange for administration of the Committee including the distribution of papers in advance of the meeting, the production of minutes, and the maintenance of records.

9. Meeting Quoracy and Decision

- 9.1. A minimum of one third of the membership of the Committee must be present for a meeting to be quorate and business to be conducted. In the absence of quoracy those in attendance may choose to continue the meeting as an 'informal meeting'. Informal meetings cannot take any decision on behalf of the committee or receive assurance on behalf of the ICB Board.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

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

10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

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

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

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Strategic Commissioning Committee

Terms of Reference

NHS Norfolk and Suffolk
Integrated Care Board

1.	PURPOSE.....	3
2.	PERMISSIONS	3
3.	REMIT AND RESPONSIBILITIES.....	3
4.	RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	4
5.	MEMBERSHIP	4
6.	CHAIR (AND DEPUTY CHAIR)	5
7.	ATTENDEES.....	5
8.	SECRETARY AND ADMINISTRATION	5
9.	MEETING QUORACY AND DECISION	5
10.	DECISION MAKING AND VOTING	5
11.	ICB VALUES.....	5
12.	EQUALITY, DIVERSITY AND INCLUSION.....	6
13.	REVIEW	6

1. Purpose

- 1.1. The Strategic Commissioning Committee (The Committee) has been established by the Board to have oversight of the ICB's strategic commissioning programmes to ensure that they are aligned to the Integrated Care Board's overall strategic objectives as articulated through the ICB's Strategy and Population Health Improvement Plan (PHIP).
- 1.2. The Committee will also provide a forum for the ICB to assess its development against the NHS England Improvement and Assessment Framework and the Strategic Commissioning Framework and capability assessment which is expected in May 2026 as well as oversee the annual refresh of the ICB's strategy and PHIP.

2. Permissions

- 2.1. The Committee is authorised by the Board to:
 - I. Investigate any activity within its terms of reference;
 - II. 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;
 - III. Commission any reports it deems necessary to help fulfil its obligations;
 - IV. 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;
 - V. 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. The Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Remit and Responsibilities

- 3.1. The Committee is responsible for maintaining oversight of the following areas:
- 3.2. Development, implementation and review of the following strategies and strategic plans including:
 - I. ICB 5 Year Strategy
 - II. Population Health Improvement Plan (PHIP)
 - III. ICS Digital Strategy (delegated to Executive Digital and Data Board).

- IV. The ICB People Plan and NHS Long term Workforce Strategy (delegated to the People Group).
 - V. Estates Infrastructure Strategy (delegated to the Estates Group).
 - VI. Engagement Strategy (delegated to the People and Communities Group).
 - VII. Other Strategies and strategic plans that are commissioned
- 3.3. To act as the escalation point for issues, risks, and novel and/or continuous decisions relating to commissioning programmes managed by specialist groups as listed in appendix 1 as well as those commissioned at Place.
 - 3.4. The Committee will work with ICS partners to consider major investment/disinvestment business cases for material service change or efficiency schemes and to agree a process for sign off including appropriate delegation to the groups reporting into the committee.
 - 3.5. The Committee will facilitate the Board's self-assessment against the Improvement and Assessment Framework and the Strategic Commissioning Framework and impending Capability Assessment.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.
- 4.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.
- 4.3. The Committee has established Groups set out at appendix 1 to action on behalf of the Committee according to the remit and authority set out in the their terms of reference. It is anticipated that Groups will regularly report on their work to the Committee, and escalate any matters of concern to the Committee.

5. Membership

- 5.1. The Committee is comprised of:

Voting members

- ICB Non-Executive Member (Chair)
- ICB Non-Executive Members for Finance & Quality
- ICB Chief Executive
- ICB Deputy Chief Executive
- ICB Executive Director of Finance and Contracts
- ICB Executive Director of Primary Care and Neighbourhoods Suffolk
- ICB Executive Director of Primary Care and Neighbourhoods Norfolk
- ICB Executive Medical Director
- ICB Executive Director of Nursing
- ICB Executive Director of People, Governance & Corporate Services

Regular Attendees

- Representatives of the local NHS Trusts and Foundation Trusts
- VCFSE Assembly Chairs
- Primary Care Representatives
- Local Authority Representatives

5.2 The Chair may invite any officer of the ICB or a representative of a partner organisation not listed above to attend any meeting of the committee on an ad hoc or regular basis.

6. Chair (and Deputy Chair)

6.1. The Board shall appoint an ICB Non-Executive Member to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business.

7. Attendees

7.1. The Chair of the Committee may invite any ICB staff member or partner to attend the meeting. This may be on a meeting by meeting basis or as a standing invite. Any attendees will only be permitted to address the meeting at the discretion of the Chair.

8. Secretary and Administration

8.1. The Chief Executive will arrange for administration of the Committee including the distribution of papers in advance of the meeting, the production of minutes, and the maintenance of records.

9. Meeting Quoracy and Decision

9.1. A minimum of four voting members must be in attendance including: at least one Non-Executive Member, the Chief Executive or Deputy Chief Executive, the Executive Finance and Contracts Director, the Executive Medical Director or the Executive Director of Nursing.

10. Decision Making and Voting

10.1. 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.

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

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

10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

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

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

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



APPENDIX 1 - Reporting Groups

The Strategic Commissioning Committee has established Groups to action on behalf of the Committee according to the remit and authority set out in their terms of reference.

It is anticipated that Groups will regularly report on their work to the Committee and escalate any matters of concern to the Committee.

The established Groups reporting to the Strategic Commissioning Committee are:

- Inequalities Impact Assessment Review Forum
- Planned Care Group
- Urgent and Emergency Care Group
- Estates Group
- Executive Digital and Data Board



Norfolk and Suffolk
Integrated Care Board

Quality Committee Terms of Reference

NHS Norfolk and Suffolk
Integrated Care Board

Contents

CONTENTS	2
1. PURPOSE.....	3
2. PERMISSIONS	3
3. REMIT AND RESPONSIBILITIES.....	3
4. RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	4
5. MEMBERSHIP	5
6. CHAIR (AND DEPUTY CHAIR)	5
7. ATTENDEES.....	5
8. SECRETARY AND ADMINISTRATION	5
9. MEETING QUORACY AND DECISION	6
10. DECISION MAKING AND VOTING	6
11. ICB VALUES.....	6
12. EQUALITY, DIVERSITY AND INCLUSION.....	6
13. REVIEW	6

1. Purpose

- 1.1. The Quality Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that actively works to reduce variation in quality of care and secure continuous improvement of services, defined against each of the dimensions of quality set out by the [National Quality Board \(NQB\) Shared Commitment to Quality](#) and enshrined within the Health and Care Act 2022. The Quality Committee has oversight of the ICB's internal quality management systems which support it to effectively deliver its strategic objectives and commission sustainable, high-quality, equitable care.

2. Permissions

- 2.1. The Board has delegated authority to the Quality Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time. The Quality Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board. 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 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 scope 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.

3. Remit and Responsibilities

- 3.1. The remit and responsibilities of the Quality Committee are as follows:
- 3.1.1. To oversee and monitor delivery of the ICB's key statutory requirements for fulfilling our quality duties as a strategic commissioning body, including the improvement of population health and reduction of health inequalities.
 - 3.1.2. To have oversight of the ICB Quality Strategy and to be part of its continuous development and monitoring of impact.
 - 3.1.3. To have oversight of ICB quality management systems which enable quality planning, control and improvement and to be assured that these structures operate effectively and timely action is taken to address areas of emerging concern, with appropriate escalations.

- 3.1.4. To review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which could impact on the quality and safety of care and ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner.
- 3.1.5. To oversee the ICB's response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSE and other regulatory bodies and external agencies (e.g., CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained across the organisation.
- 3.1.6. To ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers, as part of contracts, to drive quality improvement and proactively manage risks in accordance with NQB guidance. This includes reviewing patient experience and patient reported outcome data (PROMS and PREMS).
- 3.1.7. To 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.
- 3.1.8. To receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from deaths (including coronial inquests and Reports to Prevent Future Deaths).
- 3.1.9. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children.
- 3.1.10. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- 3.1.11. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for research and innovation.
- 3.1.12. To scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- 3.1.13. To review and approve all relevant ICB quality and patient safety policies and Terms of Reference for groups reporting into the Quality Committee.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Quality Committee is accountable to the Board and will report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 4.2. The Quality Committee will advise the Audit and Risk Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 4.3. The Quality Committee will support the development of the overarching ICB strategy and annual plans, with a focus on improving quality and experiences of care.

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

5. Membership

5.1. The voting members of the Quality Committee are as follows:

- ICB Non-Executive Board Member (Chair)
- ICB Executive Director of Nursing
- ICB Executive Medical Director
- ICB Executive Primary Care and Neighbourhood Director (Norfolk)
- ICB Executive Primary Care and Neighbourhood Director (Suffolk)
- ICB Director of Nursing and Quality
- Local Authority Director, Norfolk County Council
- Local Authority Director, Suffolk County Council

6. Chair (and Deputy Chair)

6.1. The Quality Committee will be chaired by the Non-Executive Member. In the absence of the Chair, the remaining voting members present may elect one of their number to chair the meeting. If the Chair has a conflict of interest, the remaining voting members present will be responsible for deciding the appropriate course of action.

7. Attendees

7.1. Regular attendees of the Quality Committee who do not have a vote are as follows:

- CEO Healthwatch Norfolk
- CEO Healthwatch Suffolk
- Minimum of two lay members with Lived Experience

7.2. The Chair may invite any other ICB staff and partner representatives to the meeting as necessary in accordance with the business of the Quality Committee. This may include providers, provider collaboratives and the NHS England Regional Team.

8. Secretary and Administration

8.1. The Quality Committee will be supported by a secretariat function that will ensure:

- 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 lead director.
- Minutes are taken in accordance with the Standing Orders and agreed with the Chair and a record of matters arising, action points and issues to be carried forward is maintained.
- Actions are logged and taken forward between meetings and progress against those actions is monitored.
- Attendance at each meeting is monitored and voting members who do not meet the minimum requirements are highlighted to the Chair. Member appointments and renewal dates are recorded, and the Board is prompted to renew membership and identify new members where necessary.

- Management of conflicts of interest within the meeting is recorded accurately.

9. Meeting Quoracy and Decision

- 9.1. The minimum attendance needed to hold a quorate meeting is three voting members. If quoracy has not been reached, then the meeting may proceed informally if those attending agree and decisions may be taken after the meeting via email.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Primary Care Commissioning Group Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

Contents

CONTENTS	2
1. PURPOSE.....	3
2. PERMISSIONS	3
3. REMIT AND RESPONSIBILITIES.....	3
4. RELATIONSHIP WITH OTHER ICB/ PARTNER BODIES.....	4
5. MEMBERSHIP	5
6. CHAIR (AND DEPUTY CHAIR)	5
7. ATTENDEES.....	5
8. SECRETARY AND ADMINISTRATION	5
9. MEETING QUORACY AND DECISION	5
10. DECISION MAKING AND VOTING	6
11. ICB VALUES.....	6
12. EQUALITY, DIVERSITY AND INCLUSION.....	6
13. REVIEW	6

1. Purpose

- 1.1. The Norfolk & Waveney Primary Care and Neighbourhood Committee and East & West Suffolk Primary Care and Neighbourhood Committee have jointly established a Primary Care Commissioning Group through which the Committees will discharge delegated functions relating to primary medical care, primary, community and secondary dental care, community pharmaceutical services, and optometry.

2. Permissions

- 2.1. The Group is authorised by Norfolk & Waveney Primary Care and Neighbourhood Committee and Suffolk Primary Care and Neighbourhood Committee to:
 - I. Investigate any activity within its terms of reference;
 - II. 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 Group) within its remit as outlined in these terms of reference;
 - III. Commission any reports it deems necessary to help fulfil its obligations;
 - IV. 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 Group must follow any procedures put in place by the ICB for obtaining legal or professional advice;
 - V. Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Group's members. The Group 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. The Group will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Remit and Responsibilities

- 3.1. The following decisions and functions are delegated to the Primary Care Commissioning Group for the whole of the ICB population:
- 3.2. Oversight of the Medium Term Plan as it relates to primary care services
- 3.3. Development and oversight of the primary care strategy
- 3.4. The review, planning and procurement of primary medical care services, primary, community and secondary dental care services, ophthalmic and community pharmacy services for the population of Norfolk and Suffolk.
- 3.5. Management of and quality of primary ophthalmic services and review, planning and commissioning of local primary care ophthalmic services. Contract management of General Ophthalmic Services are hosted by East Central ICB on behalf of the ICB.

- 3.6. Approve proposals for primary medical care development, proposed GMS Local Development Scheme, locally commissioned services and local enhanced services, proposed practice incentive schemes, Suffolk PMS Development Framework and proposed new changes in existing GMS or PMS infrastructure.
- 3.7. Decisions in relation to the commissioning, management and quality of dental services (primary and community) and oversight of secondary dental care services. Oversight and delivery of contract reform.
- 3.8. Direct commissioning, management and quality of local enhanced pharmaceutical services and advanced services such as Pharmacy First services. Review of pharmaceutical needs assessments with local authorities. Management of Pharmaceutical Services matters are hosted by East Central ICB, including management of the Pharmaceutical Services Regulations Committee (point 3.14 below refers)
- 3.9. The review and planning of the seasonal COVID-19, flu vaccination programmes, and other vaccinations delivered by Community Pharmacy
- 3.10. Responsibility for monitoring the continuous improvement in the quality of primary care services.
- 3.11. Responsibility for monitoring and managing primary care risks
- 3.12. Oversight and delivery of workforce transformation strategy and plans and overview of training and education plans delivered by the Training Hub
- 3.13. Review of all primary care related expenditure including primary care estate and IT/digital investment.
- 3.14. *Approval of expenditure relevant to the Group's terms of reference of up to £(this value will either be the same as the Committee's delegation if they have the same delegation or a separate specific Primary Care delegation (i.e. £10-12m) if the Committees have different delegations).*
- 3.15. Review of spend and budget relating to medicines management.
- 3.16. Any decisions which the Chair, in consultation with senior officers, considers to be novel or contentious must be referred by the Group to the relevant primary care and neighbourhood Committee.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Group has been established by the Norfolk & Waveney Primary Care and Neighbourhood Committee and Suffolk Primary Care and Neighbourhood Committee and the Chair of the Group will regularly provide reports to these Committees on the work of the Group and will escalate any matters of concern to these Committees.
- 4.2. The Group will work closely with the Integrated Medicines Optimisation Committee and the ICB quality governance to ensure safe and effective care is commissioned.
- 4.3. The Group will work closely with the five Alliances to ensure that the commissioning approach to primary care supports the development of neighbourhood working.

5. Membership

5.1. Membership of the Executive Committee comprises:

- Board member (to be confirmed) – Chair
- Exec Director – Primary Care & Neighbourhood (Suffolk)
- Exec Director – Primary Care & Neighbourhood (Norfolk)
- Executive Director - Finance
- Lay Member (to be confirmed if chair is not a lay person)
- Executive Director – Nursing
- Director – Primary Care

6. Chair (and Deputy Chair)

7. The Board shall appoint an ICB Non-Executive Member to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business. Attendees

7.1. The following people:

- Associate Director – GP, Pharmacy & Vaccinations
- Associate Director – Dental and Optometry
- Local Representative Committee members: LMC, LPC, LDC and LOC (Norfolk and Suffolk)
- Healthwatch Norfolk
- Knowing Works CIC® (formerly Healthwatch Suffolk)

8. Secretary and Administration

8.1. The Executive Committee shall be supported by a secretariat function, to ensure that:

- I. Meetings are timetabled and agreed in advance
- II. The agenda and papers are prepared and distributed, no later than 2 working days in advance of each meeting; having been agreed by the Chair with the support of the Director team
- III. Minutes are taken and that a record of matters arising, action points, decisions and issues to be carried forward are kept
- IV. A record of attendance is kept and Conflicts of Interest recorded
- V. The Executive Team are updated on pertinent issues/ areas of interest/ policy developments
- VI. Action points are taken forward between meetings
- VII. A forward plan of agenda items is in place

9. Meeting Quoracy and Decision

- 9.1. At least four voting members must be present for a meeting to be quorate. If quorum is not achieved those present may choose to continue an informal meeting but any decisions must be ratified virtually outside of the meeting by voting members of the Group.

10. Decision Making and Voting

- 10.1. 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.
- 10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

- 11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	TBC
Next Review:	TBC

Norfolk and Suffolk Integrated Care Partnership (ICP)

Terms of Reference

Effective from: 1 April 2026

1. Background and statutory context

1.1 The Norfolk and Suffolk Integrated Care Partnership (ICP) is established in accordance with section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

1.2 The ICP is a statutory joint committee of:

- Norfolk County Council
- Suffolk County Council
- NHS Norfolk and Suffolk Integrated Care Board (ICB)

1.3 The ICP is coterminous with the Norfolk and Suffolk Integrated Care System (ICS) footprint.

2. Purpose of the Integrated Care Partnership

2.1 The purpose of the Norfolk and Suffolk ICP is to provide system-level partnership leadership across Norfolk and Suffolk, bringing together local government, the NHS, and wider partners to improve health, wellbeing, and care outcomes for the population.

2.2 The ICP will:

- Act as the statutory forum for joint strategic leadership across the Norfolk and Suffolk system
- Develop and maintain the Integrated Care Strategy for the ICS
- Support alignment, collaboration and integration across partners where this adds value beyond place-based arrangements
- Focus on issues that span multiple places or organisations, or where system-wide consistency or coordination is required

2.3 The ICP will not replace, override or duplicate the statutory responsibilities of Health and Wellbeing Boards, the ICB Board, or place-based partnerships. It will operate as a strategic partnership forum, providing alignment and coherence across the system where this cannot be achieved at place level alone.

3. Relationship with Health and Wellbeing Boards

3.1 The ICP and the Health and Wellbeing Boards (HWBs) in Norfolk and Suffolk have distinct but complementary roles.

3.2 Health and Wellbeing Boards will continue to provide place-based, democratically accountable leadership, including responsibility for:

- Joint Strategic Needs Assessments (JSNAs)
- Joint Health and Wellbeing Strategies
- Place-based prevention, integration, and neighbourhood working

3.3 The ICP will:

- Draw on JSNAs and Joint Health and Wellbeing Strategies
- Support alignment between place-based priorities and system-level planning
- Provide a forum for system-wide discussion and development where issues cut across both counties

4. Principles and ways of working

4.1 The ICP will operate according to the following principles:

- **Partnership of equals** – NHS, local government, and partners working collaboratively
- **Collective accountability** – shared responsibility for system outcomes
- **Subsidiarity** – decisions taken at the most appropriate local level
- **Prevention and population health** – addressing inequalities and wider determinants of health
- **Openness and transparency** – meetings in public, clear reporting, and engagement
- **Co-production and inclusion** – valuing lived experience, community insight, and evidence

5. Core functions

5.1 In line with section 116ZB of the Local Government and Public Involvement in Health Act 2007, the ICP will:

- Prepare and publish an Integrated Care Strategy setting out how the assessed health, public health, and social care needs of the population will be met through the exercise of functions by:
 - the Norfolk and Suffolk ICB
 - NHS England
 - Norfolk County Council and Suffolk County Council

- Consider whether these needs could be met more effectively through joint working or section 75 arrangements
- Involve Healthwatch and people who live and work in Norfolk and Suffolk in the development of the Integrated Care Strategy
- Review and refresh the Integrated Care Strategy as required, taking account of updated JSNAs and national guidance

5.2 The ICP will also:

- Promote integrated approaches and subsidiarity
- Provide system-level leadership on reducing health inequalities
- Support alignment on strategic priorities such as mental health, workforce, data and digital, prevention, and neighbourhood health
- Act as a forum for challenge, shared learning, and collaboration across partners

5.3 The ICP will not:

- Commission or deliver services
- Hold or manage budgets
- Duplicate place-based governance or programme management
- Act as a scrutiny body
- Replace statutory decision-making within partner organisations

6. Membership

6.1 The statutory membership of the ICP will comprise representatives appointed by:

- Norfolk County Council
- Suffolk County Council
- Norfolk and Suffolk Integrated Care Board

6.2 The ICP may appoint additional members or observers to ensure a breadth of perspectives, including (but not limited to):

- District and borough councils
- Healthwatch
- NHS providers
- Primary care
- Voluntary, Community and Social Enterprise (VCSE) sector
- Public health
- Safeguarding partnerships

6.3 Membership will be kept to a productive and proportionate size, recognising the system-level role of the ICP.

6.4 A detailed membership schedule will be agreed and maintained separately and reviewed periodically.

7. Chairing arrangements

7.1 The ICP will operate a rotating co-chairing arrangement, jointly agreed by the statutory partners.

7.2 Co-Chairs will be drawn from:

- Norfolk County Council
- Suffolk County Council
- Norfolk and Suffolk Integrated Care Board

7.3 Co-Chairs will be appointed annually and will be responsible for:

- Providing collective leadership of the ICP
- Ensuring balanced contributions from partners
- Upholding the ICP's principles and purpose

8. Authority and decision-making

8.1 The ICP has no executive powers other than those specifically delegated by its constituent bodies.

8.2 The role of the ICP is to:

- Develop and agree strategic direction
- Make recommendations to constituent organisations
- Provide system-level oversight and challenge

8.3 Decisions will normally be reached by consensus. Voting will be used only where necessary and will be non-binding unless otherwise agreed by statutory partners.

9. Meetings

9.1 The ICP will meet at least twice per year, with additional meetings or workshops arranged as required.

9.2 If formal meetings are held, they will be in public, with agendas, papers, and minutes published in advance, except where confidential is being considered.

9.3 Quorum for formal ICP meetings will be achieved where at least one representative from each statutory partner (Norfolk County Council, Suffolk County Council, and Norfolk and Suffolk ICB) is present. Where a meeting is not quorate, discussion may proceed but no formal recommendations will be agreed.

9.4 The ICP may convene informal system workshops to support strategic development, shared understanding, and collaborative problem-solving. These workshops will not be decision-making forums and may be hosted by any of the statutory partners on a rotating basis.

10. Secretariat and support

10.1 Secretariat support to the ICP will be provided by Norfolk County Council, on behalf of the statutory partners, with resourcing arrangements agreed separately.

10.2 The Secretariat will support:

- Meeting administration and governance
- Action tracking and reporting
- Coordination with Health and Wellbeing Boards and other system partners

11. Conflicts of interest

11.1 Members will declare any actual or potential conflicts of interest in line with their own organisational requirements.

11.2 The Chair will be responsible for managing conflicts during meetings, ensuring discussions remain focused on system-wide benefit.

12. Review

12.1 These Terms of Reference will be reviewed at least annually, or sooner if required due to changes in legislation, national guidance, or system arrangements.

Item 3, Appendix 2. E Primary Care Partner Members – Eligible Nominating Practices

ICBs are required to list all the Providers of Primary Medical Care Services which would be eligible to nominate the two Partner Members on the Board who bring the perspective of Primary Care.

The information below is presented in the report for illustrative purposes only and will be published directly onto the webpage where the Governance Handbook is hosted rather than as a separate document.

West Suffolk Alliance

National Code	Practice	Contract
D83005	Angel Hill	PMS
D83012	Unity Healthcare	PMS
D83013	Guildhall & Barrow	PMS
D83021	Haverhill Family Practice	PMS
D83027	Orchard House, Newmarket	PMS
D83038	Mount Farm	PMS
D83040	Victoria Street, Bury St Edmunds	PMS
D83055	Woolpit	PMS
D83060	Hardwicke House, Sudbury	PMS
D83078	Reynard, Mildenhall	PMS
D83610	Swan Surgery	PMS
Y00774	Brandon Medical Practice	PMS
D83062	Forest Surgery	APMS
D83003	Wickhambrook	GMS

National Code	Practice	Contract
D83018	Market Cross, Mildenhall	GMS
D83029	Rookery, Newmarket	GMS
D83033	Botesdale	GMS
D83045	Lakenheath	GMS
D83064	Glensford	GMS
D83067	Oakfield, Newmarket	GMS
D83070	Stanton	GMS
D83075	Siam Surgery, Sudbury	GMS
D83076	Clare Surgery	GMS
D83007	Ixworth	GMS

Ipswich and East Suffolk Alliance

National Code	Practice	Contract
D83059	Barrack Lane	PMS
D83057	Framfield House	PMS
D83049	Little St John's Street	PMS
D83061	Wickham Market	PMS
D83074	Orchard Medical	PMS
Y01794	Ravenswood	PMS
D83084	Birches Medical Centre	PMS

D83050	Cardinal Medical Practice	PMS
D83079	Combs Ford	PMS
D83041	Debenham	PMS
D83051	Derby Road	PMS
D83048	Grove Medical Centre	PMS
D83081	Haven Health	PMS
D83080	Martlesham	PMS
D83044	Stowhealth	PMS
D83028	Leiston	PMS
D83053	Saxmundham	PMS
D83004	Felixstowe Road	PMS
D83046	Two Rivers	PMS
D83008	Burlington Road	PMS
D83056	Hawthorn Drive	PMS
D83001	Constable Country	PMS
D83037	Hadleigh	PMS
D83024	Ivry Street	GMS
D83054	Peninsula	GMS
D83073	Drs Solway & Mallick	GMS

D83043	Eye	GMS
D83069	Fressingfield	GMS
D83015	Howard House	GMS
D83019	Mendlesham	GMS
D83020	Holbrook & Shotley	GMS
D83017	Needham Market	GMS

**Norfolk and Waveney Eligible nominating PMS (GMS/APMS)
Providers**

Acle Medical Partnership	Kirkley Mill Surgery
Aldborough Surgery	Lakenham Surgery
Alexandra Road Surgery	Lawson Road Surgery
Andaman Surgery	Litcham Health Centre
Attleborough Surgery	Long Stratton Medical Partnership
Bacon Road Medical Centre	Longshore Surgeries
Beaches Medical Centre	Ludham & Stalham Green
Beccles Medical Centre	Manor Farm Medical Centre
Beechcroft Surgery (inc. Old Palace)	The Market Surgery Aylsham
Birchwood Medical Practice	Mattishall & Lenwade Surgeries
Blofield Surgery	Millwood Surgery
Boughton Surgery	Mundesley Medical Centre
Bridge Road Surgery	Nelson Medical Centre
Bridge Street Surgery	Norwich Health Centre
Brundall Medical Partnership	Oak Street Medical Practice
Bungay Medical Practice	Old Catton Medical Practice

Burnham Market Surgery	Old Mill & Millgates Medical Practice
Campingland Surgery	Orchard Surgery
The Castle Partnership	The Parish Fields Surgery
Chet Valley Medical Practice	Park Surgery
Church Hill Surgery	Paston Surgery
Coltishall Medical Practice	Plowright Medical Centre
Cromer Group Practice	Prospect Medical Centre
Cutlers Hill Surgery	Reepham & Aylsham Medical Practice
Drayton, St Faiths & Horsford	Rosedale Surgery
East Harling & Kenninghall	Roundwell Medical Centre
East Norfolk Medical Practice	School Lane Practice
East Norwich Medical Partnership	School Lane Surgery, Thetford
Elmham Surgery	Sheringham Medical Practice
Fakenham Medical Practice	Shipdham Surgery
Feltwell Surgery	Sole Bay Health Centre
Fleggburgh Surgery	Southgate Medical Centre
Great Massingham Surgery & Docking Surgeries	St James Medical Practice
Grimston Medical Centre	St Stephens Gate Medical Practice
Grove Surgery	Terrington St Johns Surgery
Harleston Medical Practice	The Coastal Villages Practice
Heacham Group Practice	The Hollies Surgery
Heathgate Medical Practice	The Humbleyard Practice
Hellesden Medical Practice	The Lawns Medical Practice
High Street Surgery	The Magdalen Medical Practice
Hingham Surgery	The Staithe Surgery
Holt Medical Practice	The Taverham Partnership
Hoveton & Wroxham	The Woottons Surgery
Howdale Surgery	Theatre Royal Surgery
Theatre Royal Surgery	Watlington Medical Centre
Thorpewood Surgery	Watton Medical Practice

Toftwood Surgery	Wells Health Centre
Trinity & Bowthorpe	Wensum Valley Medical Practice
UEA Medical Centre	West Pottergate Medical Practice
Upwell Health Centre	Windmill Surgery
Victoria Road Surgery	Woodcock Road Surgery
Vida Healthcare	Wymondham Medical Practice
St Clements Surgery	Lionwood Medical Practice



Norfolk and Suffolk
Integrated Care Board

NHS Norfolk and Suffolk ICB

Standards of Business Conduct Policy

Document Control Sheet

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Standards of Business Conduct
Version	1
Date of this version	April 2026
Produced by	This Policy has been prepared and reviewed by the Corporate Affairs team.
What is it for?	
Evidence base	
Who is it aimed at and which settings?	
Consultation	
Impact Assessment:	
Other relevant approved documents	<ul style="list-style-type: none"> • Constitution • Conflict of Interest Policy • Disciplinary Policy • Freedom to Speak Up Policy • Secondary Employment Policy
References:	<ul style="list-style-type: none"> • Code of conduct and accountability (revised 2004) • Standards for members of NHS boards and CCG Governing Bodies in England (2013) • Code of conduct for NHS managers (2002) • Standards of business conduct for NHS staff (1993) (Amended, in part, by the Bribery Act 2010) • Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, first published March 2013, updated June 2017 • Conflicts of Interest in Primary Care: CAT A and B; • NHS England, <i>Code of Conduct: Managing Conflicts of Interest where GP practices are potential providers of ICB-commissioned services</i>, first published June 2012 • Policy on Fraud, Financial Irregularities and Corruption; • Code of Conduct and Code of Accountability in the NHS (2004) • Managing Public Money issued by HM Treasury dated July 2013 • Freedom of Information Act 2000 • Bribery Act 2010 • Fraud Act 2006 • Nolan Principles - Standards in Public Life's Seven Principles of Public Life • Procurement, Patient Choice and Competition Regulations 2013 • Managing Public Money - HM Treasury July 2013 • Code of Ethics of the Chartered Institute of Purchase and Supply
Monitoring and Evaluation	
Training and competences	
Reviewed by:	
Approved by:	

Date approved:	
Signed:	
Dissemination:	Website via Governance Handbook
Date disseminated:	
Review Date:	April 2027 or before if statutory change is required.
Contact:	Corporate Governance

Version control

Revision Date	Summary of changes	Author(s)	Version Number

Approvals

This document has been approved by:

Approval Date	Approval Body	Author(s)	Version Number

Contents

		Page
1	Statement of Intent	
2	Code of Conduct	
3	Accountability- Code of Accountability	
4	The Board	
5	Probity	
6	Openness	
7	Code of Conduct for NHS Managers	
8	Standards of Business Conduct for NHS Staff, HSG (93) 5- Amended, in part, by the Bribery Act 2010	
9	The Nolan Principles	
10	Standards for NHS Boards and ICB Board Members	
11	Managing Conflicts of Interest: General	
12	Arrangements for Managing Conflicts	
13	Failure to comply with Conflicts of Interest requirements	
14	Failure to Disclose / Declare	
15	Procurement	
16	Bribery Act 2010	
17	Acceptance of Gifts	
18	Gifts from suppliers or contractors	
19	Acceptance of Hospitality	
20	Commercial Sponsorship	
21	Suppliers and Contractors	
22	Reporting/Raising Concerns and Breaches	
23	Secondary Employment	
24	Personal Conduct	
25	References	
Appendix 1	Procurement Checklist	

1. Statement of Intent

- 1.1. Compliance with the national Code of Conduct and Code of Accountability in the NHS (revised 2004) and other codes as set out at section 1.3 below is integral to the work of NHS Norfolk and Suffolk Integrated Care Board (the "ICB"). These Codes form the core framework for the conduct of business in our organisation and apply to members of the Board, its committees, employees of the ICB.
- 1.2. In response to audit recommendations, the adoption of these Codes by Practice by the members of the Board, its committees and employees will be affirmed formally on an annual basis on behalf of the ICB by the Board.
- 1.3 That there are 4 main codes of conduct and good governance that apply to NHS organisations. These documents are:
 - Code of conduct and accountability (revised 2004)
 - Standards for members of NHS boards and CCG Governing Bodies in England (2013)
 - Code of conduct for NHS managers (2002)
 - Standards of business conduct for NHS staff (1993) (Amended, in part, by the Bribery Act 2010)

And any future iterations of the above codes.

2. Code of Conduct

- 2.1. **Public service values must be at the heart of the National Health Service** and high standards of corporate and personal conduct, based upon the recognition that patients come first, have been a requirement throughout the NHS since its inception.

There are three crucial public service values that underpin the work of the health service:

- **Accountability** – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct;
- **Probity** – there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff, and suppliers, and in the use of information acquired in the course of NHS duties;
- **Openness** – there should be sufficient openness about NHS activities to promote confidence between the ICB Board, Members of the ICB, its staff, and patients and the public.

2.2. General Principles

- 2.2.1. **Public service values matter** in the NHS and those who work in it have a duty to conduct NHS business with probity. They have a responsibility to respond to staff, patients and suppliers impartially, to achieve value for money from the public funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.
- 2.2.2. The success of the Code depends on vigorous and visible examples from Members of the Board of the ICB, and the consequent influence on the behaviour of all those who work within the organisation. Members of the board of the ICB, have a clear responsibility for corporate standards of conduct, and acceptance of the Code informs and governs decisions and conduct.

2.4 Openness and Public Responsibilities

- 2.4.1 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.
- 2.4.2 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.
- 2.4.3 The confidentiality of personal and individual patient information must be respected at all times.

3. Accountability- Code of Accountability

- 3.1. This code of practice is the basis upon which NHS organisations seek to fulfil the duties and responsibilities conferred upon them by the Secretary of State for Health.
- 3.2. The ICB will co-operate fully with the Department of Health, the National Audit Office and the Care Quality Commission when required to account for the use it has made of public funds, the delivery of patient care and compliance with the statutes, directions, guidance and policies of the Secretary of State. The Public Accounts and Public Administration Select Committees scrutinise the work of the health service.
- 3.3. In addition, the ICB will be accountable to NHS England for how we fulfil our statutory duties. The ICB will also account to our local community for how we commission high quality health care, the Norfolk and Suffolk health and well-being boards for how we deliver the joint health and well-being strategy and Norfolk County Council and Suffolk County Council in their overview and scrutiny role for the services we are commissioning.

3.4 Reporting and Controls

- 3.4.1** The Code requires that a balanced and readily understood assessment of the ICB's performance be presented to NHS England, the National Audit Office and the local community by means of timely publication of the Annual Report and Annual Accounts. The detailed financial guidance issued by the NHS England in this regard, including the role of internal and external auditors, must be scrupulously observed.

4. The Board

- 4.1 The Board of the ICB comprises:
- Independent Chair;
 - Chief Executive;
 - Non-Executive Members;
 - Executive Directors;
 - Partner Members; and
 - Other members including VCSE Board Member.
- 4.2 Members of the Board share corporate responsibility for all decisions made, with a clear division of responsibility between the Chair and the Chief Executive.
- 4.3 The Chief Executive is directly accountable to the Board for meeting the ICB's objectives and to the Chief Executive of NHS England for the performance of the organisation. The Chair and non-executive members are responsible for monitoring the executive

management of the organisation and are responsible to NHS England for the discharge of these responsibilities.

5 Probity

5.1 The ICB considers integrity and honesty as key public service values. These are central to the operations of the ICB and those that work within it. It is recognised that the ICB should not only act with probity in all its processes but also be perceived to have acted in this way. Accordingly, the ICB has adopted a stringent conflict of interest policy as set out in its Conflict of Interest Policy and in the ICB's Constitution at section 6.

5.1 Adherence to Conflicts of Interest requirements is mandatory and any breaches will be reported and published on the ICB's website; disciplinary action may also be taken.

6 Openness

6.1 The ICB will promote transparency at all times by:

6.1.1 Ensuring early engagement on proposed commissioning plans with patients and the public, Norfolk and Suffolk Health and Well-being Boards and current and potential providers and clinical networks;

6.1.2 Setting out clearly in the Constitution the way in which decisions will be made;

6.1.3 Holding Board meetings in public (except where this would not be in the public interest) and also holding a public meeting to present the Annual Report and considering whether they wish to hold any other meetings in public;

6.1.4 Publishing details of expenditure over £25,000;

6.1.5 Publishing information about remuneration for senior staff;

6.1.6 Have a Register of Interests for:

- Board members;
- Employees
- Committee members; and
- Any individual directly involved with the business or decision making of the ICB;

6.1.7 Having systems to declare interests.

6.2 This will enable patients to see what services are being commissioned and how the quality of these services is being constantly improved as well as how public money is being spent. The ICB also has a communications and engagement strategy which further sets out how it will communicate with Members of the ICB, providers, and patients, the public and other stakeholders.

6.3 In addition, 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.

6.4 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.

7 Code of Conduct for NHS Managers

- 7.1 This Code, in addition to those already described, forms a key part of the contract held by Very Senior Managers – those executive members of the Board. Very Senior Managers undertake to:
- 7.1.1 *‘make the care and safety of patients my first concern and act to protect them from risk;*
 - 7.1.2 *respect the public, patients, relatives, carers, NHS staff, and partners in other agencies;*
 - 7.1.3 *be honest and act with integrity;*
 - 7.1.4 *accept responsibility for my own work and the proper performance of the people I manage;*
 - 7.1.5 *show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community; and*
 - 7.1.6 *take responsibility for my own learning and development’.*

8 Standards of Business Conduct for NHS Staff, HSG (93) 5- Amended, in part, by the Bribery Act 2010

8.1 All NHS Staff are expected to:

- 8.1.1 ensure that the interests of patients remain paramount at all times;
- 8.1.2 be impartial and honest in the conduct of their official business;
- 8.1.3 use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.

8.2 It is the responsibility of staff to ensure that they do not:

- 8.2.1 abuse their official position for personal gain or to benefit their family or friends (including but not limited recruitment of family or friends);
- 8.2.2 seek advantage or further private business or other interests, in the course of their official duties.

8.3 Registration of Interests

- 8.3.1 It is the responsibility of all staff to ensure that they register their interests and declare all real or perceived conflicts of interests as a matter of course and on an ongoing basis. Staff should ensure that the register of interests is updated as soon as an interest or conflict is known.
- 8.3.2 That they do not seek advantage of a non-pecuniary personal benefit where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next to an individual’s house).
- 8.3.3 An interest should remain on the public register for a minimum of 6 months.

9 The Nolan Principles¹

- 9.1 The Code of Conduct and Code of Accountability in the NHS reflect the Committee for Standards in Public Life’s Seven Principles of Public Life – also known as the Nolan

¹ Source: Standards Matter. A review of good practice in promoting good behaviour in public life, January 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228884/8519.pdf

Principles (set out below). The Nolan Principles of business conduct have been adopted by the ICB and apply to all staff employed by the ICB.

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

10 Standards for NHS Boards and ICB Board Members

10.1 All members of NHS boards and ICB Boards must understand and be committed to the practice of good governance and to the legal and regulatory frameworks in which they operate. As individuals they must understand both the extent and limitations of their personal responsibilities.

10.2 Members must commit to promoting:

- the values of the NHS Constitution;
- equality; and
- human rights

in the treatment of patients and service users, their families and carers, the community, colleagues and staff, and in the design and delivery of services for which they are responsible.

10.3 They must seek:

- excellence in clinical care, performance, patient experience, and the accessibility of services;
- to make sound decisions individually and collectively;

- long-term financial stability and the best value for the benefit of patients, service users and the community;
- to ensure their organisation is fit to serve its patients and service users, and the community;
- to be fair, transparent, measured, and thorough in decision-making and in the management of public money; and
- to be ready to be held publicly to account for their organisation's decisions and for its use of public money.

11 Managing Conflicts of Interest: General

11.1 To ensure the integrity and probity of decision-making the ICB is required to make arrangements to manage conflicts of interest and potential conflicts of interest so that decision making is taken and seen to be taken without possibility of the influence of external or private interest². Individuals must declare any interest they have in writing to the Board as soon as practicable after the person becomes aware of it and in any event no later than 28 days of becoming aware. The Board will instruct the Executive Director of People, Governance and Corporate Services to update the Registers of Interests accordingly. Members of the Board of the ICB, its committees and staff will act impartially and will not be influenced by social or business relationships; no-one will use their public position to further their private interests. Where there is potential for private interests to be material and relevant to NHS business, these will be declared, recorded in the relevant minutes, and entered into the Register of Interests, which is available for public inspection on our website at www.improvinglivesnw.org.uk and available on request from our headquarters.

11.2 Members of the Board of the ICB, its committees and staff will declare, and keep up to date, details of any personal or business interests, which may influence, or may be *perceived* to influence, their judgement. As a minimum the Register of Interests will be reviewed on an annual basis.

11.3 Interests can be captured in four different categories:

11.3.1 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. This includes involvement with a potential provider of a new care model;
- 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 health or social care organisations;
- A management consultant for a provider; or
- A provider of clinical private practice.

This could also include an individual being:

- In employment outside of the ICB;
- In receipt of secondary income;

- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider;
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).

11.3.2 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 ICB of patients;
- A GP with special interests e.g., in dermatology, acupuncture etc.
- An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA), Royal College of Nursing or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- Engaged in a research role;
- The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or
- GPs, other healthcare professionals and practice managers, who are members of the Board or committees of the ICB, should declare details of their roles and responsibilities held within their GP practices.

11.3.3 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.

11.3.4 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, a:

- Spouse / partner
- Close family member or relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend or associate; or

- Business partner.

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

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.

- 11.4** If in doubt whether a conflict exists, the individual concerned should assume that a potential conflict of interest exists.

12 Arrangements for Managing Conflicts

- 12.3** The Board will ensure for every interest declared arrangements are in place to manage the conflict. The Board can take advice on this role from the Executive Director of People, Governance Corporate Services. Where a conflict of interest is seen to exist there are a number of ways in which the conflict may be managed depending on the magnitude of its impact. These actions include but are not limited to the Board confirming to the individual in writing:

- 12.3.2** permission to participate and contribute to a discussion but not allowed to count towards the quorum for any decision or vote;
- 12.3.3** permission to observe the discussion, but prohibited from participating in the discussion and not allowed to count towards the quorum for any decision or vote;
- 12.3.4** Permission to receive relevant meeting papers but be excluded from the meeting for the relevant item. The individual(s) may be called back to the meeting following conclusion of all discussion in relation to that item. However, should the same item be raised in later discussions they should be excluded again;
- 12.3.5** Prohibiting access to papers relating to the relevant item and exclusion from the meeting for the relevant item

- 12.4** Where no arrangements have been confirmed the Chair of the meeting may require the individual to withdraw from the meeting or part of it, in accordance with section 10.1.3 above. The individual will comply with these arrangements which must be recorded in the minutes of the meeting.

12.5 Managing Meetings

- 12.5.2** Before attending any meeting, Members of the Board or committee members and staff will consider whether they have a conflict of interest pertaining to the meeting’s agenda; they will declare such interests as soon as they are recognised, (preferably in writing) and have an on-going duty to consider whether a conflict of interest exists.
- 12.5.3** If the conflict has been declared previously and a plan for management has been put in place by the Board in accordance with section 10.1 above, this should be followed. If this is a new conflict of interest, this must be discussed with the Chair of the meeting who will determine if it represents a material conflict.
- 12.5.4** Where a conflict is of such magnitude or will persist for such a significant period of time that in the view of the Chair in consultation with the Chief Executive that it will materially impact on the ability of the affected member to carry out his duties effectively, then the affected member can be asked to

either stand down from the Board or other committee or to make arrangements to end the conflict of interest for example by resigning from another post.

13 Failure to comply with Conflicts of Interest requirements

- 13.1 If an individual fails to comply with this policy and as set out in section 6 of the ICB Constitution, the individual will be subject to the ICB Disciplinary Policy. The matter, if considered appropriate, may also be referred to the Anti- Crime Specialist, for investigation, and may lead to criminal proceedings being commenced.

14 Failure to Disclose / Declare

- 14.1 The ICB is committed to the national Code of Conduct and Code of Accountability in the NHS (revised 2004) and as such takes the failure to disclose such information as required by this policy seriously. It is an offence under the Fraud Act 2006, for personnel to fail to disclose information to the ICB in order to make a gain for themselves or another or to cause a loss or expose the organisation to a loss. Therefore, where personnel have failed to disclose relevant and material information, the policy on Counter Fraud, Bribery and Corruption should be consulted and an appropriate referral made.

15 Procurement

Providing Assurance: Transparent Commissioning

- 15.1 The template attached at Appendix 1 sets out the factors that will provide assurance to the Board and the Audit and Risk Committee – and other interested parties including local communities, the Health and Wellbeing Board and auditors – that services have been commissioned in a consistent and transparent way; that they meet local needs and priorities; and that a robust process has been followed.
- 15.2 The details of all contracts awarded following procurement will be published on appropriate websites (for example Contracts Finder, OJEU).

Managing Conflicts of Interest: Commissioning Services from GP Practices

- 15.3 It is an essential feature of reforms that ICBs should be able to commission a range of community-based services, including primary care services, to improve quality and outcomes for patients. Where the provider for these services might be a GP practice, the ICB will demonstrate that those services:
- 15.3.1 clearly meet local health needs and have been planned appropriately;
 - 15.3.2 go beyond the scope of the GP contract; and that
 - 15.3.3 the appropriate procurement approach is used.

Procurement and Register of procurement decisions

- 15.4 Any ICB staff or Board members involved in procurement, their family, or if there is someone known to them that stands to benefit personally from awarding the contract, they should declare this immediately. They must declare and record on the Register of Staff Interests any monetary interest (or other relevant personal or professional material benefit) which may influence, (or may be construed by others to influence) their impartiality in the procurement decision making process. Relevant and material interests are defined by the Policy as:

- 15.4.1 Directorships, including non-executive directorships held in private companies or PLC's (with the exception of those of dormant companies);
 - 15.4.2 Ownership, part-ownership or directorship of private companies, businesses or consultancies likely or possible seeking to do business with the NHS;
 - 15.4.3 Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS;
 - 15.4.4 A position of authority in a charity or voluntary organisation in the field of health and social care;
 - 15.4.5 Any connection with a voluntary or other organisation for NHS services or commissioning NHS services;
 - 15.4.6 To the extent not covered above, any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the ICB, including but not limited to lenders or banks.
- 15.5 If staff have any doubt about the relevance or materiality of an interest, this should be discussed with the Executive Director of People, Governance and Corporate Services. In any instance where staff wilfully choose not to inform the Executive Director of People, Governance and Corporate Services and is later found to have benefitted personally from the award of a contract the Executive Director of People, Governance and Corporate Services will seek to follow the ICB disciplinary procedure and the matter may also be referred to the Anti-Crime Specialist for investigation.
- 15.6 The ICB will maintain a register of procurement decisions taken, including the details of the decision; who was involved in making the decision (e.g. Board or committee members and others with decision-making responsibility); and a summary of any conflicts of interest in relation to the decision and how this was managed by the ICB. The register will form part of the ICB's annual accounts and will be signed off by external auditors.
- 15.7 The ICB recognises the importance of managing any conflicts or potential conflicts of interest that may arise in relation to procurement. The Procurement, Patient Choice and Competition Regulations 2013 place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. The regulations set out that commissioners' must manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict; and keep appropriate records of how they have managed any conflicts in individual cases.

16 Bribery Act 2010

- 16.1 The ICB has a responsibility to ensure that all its employees including Members of the ICB, Board and any committee members are made aware of their duties and responsibilities under the Bribery Act 2010. Under this act there are four offences:
- 16.1.1 Bribing or offering to bribe another person (section 1)
 - 16.1.2 Requesting, agreeing to receive, or accepting a bribe (section 2)
 - 16.1.3 Bribing, or offering to bribe a foreign public official (section 6)
 - 16.1.4 Failing to prevent bribery (section 7)
- 16.2 All the ICB's employees, including Members of the board of the ICB, and any committee members should be aware of the Bribery Act 2010 and should refer to the sections below on acceptance of gifts and hospitality for further guidance.

17 Acceptance of Gifts

17.1 Under the Bribery Act 2010, it is an offence for personnel corruptly to accept any gifts or consideration as an inducement or reward for:

17.1.1 doing, or refraining from doing, anything in their official capacity; or

17.1.2 showing favour or disfavour to any person in their official capacity.

17.2 Under the Bribery Act 2010, any money, gift, or consideration received by a person engaged in public service from a person or organisation holding or seeking to obtain a contract will be deemed by the courts to have been received corruptly unless the employee proves the contrary.

In cases of doubt personnel should decline the gift or hospitality or consult with the Executive Director of People, Governance and Corporate Services prior to accepting.

Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A gift means any item of cash or goods, or any service which is provided for personal benefit, free of charge, or at less than its commercial value.

17.3 Overarching principles

- Gifts should not be accepted that may affect, or be seen to affect, their professional judgement. This overarching principle should apply in all circumstances;
- 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 Executive Director of People, Governance and Corporate Services and recorded on the register.

18 Gifts from suppliers or contractors

18.1 Gifts from suppliers or contractors doing business (or likely to do business) with the ICB should be declined, whatever their value (subject to this, low cost branded promotional aids may be accepted and not declared where they are under the value of a common industry standard of £6³). The person to whom the gifts were offered should also declare the offer to the Executive Director of People, Governance and Corporate Services so the offer which has been declined can be recorded on the register.

Gifts from other sources (e.g. patients, families, service users)

18.2 ICB staff, Board and committee members and individuals within GP member practices should not ask for any gifts.

18.3 Modest gifts under a value of £50 may be accepted and do not need to be declared.

18.4 Gifts valued at over £50 should be treated with caution and only be accepted by the Executive Director of Finance on behalf of the ICB and not in any personal capacity. These should be declared.

³ The ABPI Code of Practice for the Pharmaceutical Industry.
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>.

- 18.5 A common-sense approach should be applied to valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- 18.6 Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

19 Acceptance of Hospitality

- 19.1 Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, ICB staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.
- 19.2 Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events etc.

19.3 Overarching principles

- ICB staff, Board or committee members, should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

19.4 Meals and Refreshments

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 and £75⁴ may be accepted and must be declared.
- Over a value of £75 should be refused unless (in exceptional circumstances) senior approval is given in writing by the Executive Director of Finance. A clear reason should be recorded on an organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

19.5 Travel and Accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the ICB itself might not usually offer, need approval by the Executive Director of Finance in writing and should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded the register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non-exhaustive list of examples that are not acceptable includes:

⁴ The ABPI Code of Practice for the Pharmaceutical Industry:
<http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

- Offers of business class or first-class travel and accommodation (including domestic travel); and
- Offers of foreign travel and accommodation.

19.6 Failure to disclose gifts or hospitality in line with the procedures set out above could lead to criminal, civil or disciplinary sanctions being applied as described in paragraph

20 Commercial Sponsorship

20.1 Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there should be proper safeguards in place to prevent conflicts occurring.

20.2 When sponsorships are offered, the following principles must be adhered to:

- Sponsorship of ICB events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the ICB's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- The ICB should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to their ICB.

20.3 Offers of sponsorship may be accepted only if:

20.3.1 they are reasonably justifiable and in accordance with the principles set out in this policy.

20.3.2 Permission must be obtained from the Executive Director of Finance in writing, in advance using the form attached at Appendix 2 and will be recorded in the Gifts & Hospitality Register. The Executive Director of Finance should obtain permission from the Chief Executive.

20.4 Acceptance of corporate sponsorship should not in any way compromise commissioning or procurement decisions of the ICB or be dependent upon the purchase or supply of goods or services.

20.5 All offers of commercial sponsorship whether accepted or declined must be declared and included in the ICB's Register of Interests.

20.6 For the avoidance of doubt the ICB will adhere to the principles set out in the Managing Public Money document issued by HM Treasury dated July 2013 or any future iterations of the document.

20.7 **Other forms of sponsorship**

Organisations external to the ICB or NHS may also sponsor posts or research. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if sponsored posts cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition. There needs to be transparency and any conflicts of interest should be well managed. For further information see Managing Conflicts of Interest in the NHS: Guidance for staff and organisations.

21. **Suppliers and Contractors**

21.1 All ICB staff who are in contact with suppliers and contractors (including external consultants), and in particular those who are authorised to sign purchase orders or enter into contracts for goods and services are expected to adhere to professional standards in line with those set out in the Code of Ethics of the Chartered Institute of Purchasing and Supply⁵.

21.2 All ICB staff must treat prospective contractors or suppliers of services to the ICB equally and in a non-discriminatory way and act in a transparent manner.

21.3 The ICB staff involved in the awarding of contracts and tender processes must take no part in the selection process if a personal interest or conflict of interest is known. Should such an interest become apparent, it must be declared using the ICB's Declaration of Interest Form as soon as possible. ICB staff should not at any time give undue advantage to any private businesses or other interests in the course of their duties.

21.4 The ICB has legal duties under both European and UK procurement law and ICB staff must comply with the ICB's Procurement Strategy, Prime Financial Policies, and any relevant detailed financial policy in all contract opportunities.

21.5 ICB staff must not seek, or accept, preferential rates or benefits in kind for private transactions carried out with companies they have official dealings with on behalf of the ICB. This does not apply to member benefit scheme schemes offered by the NHS or Trade Unions.

21.6 Every invitation to tender to a prospective bidder for ICB business must require each bidder to give a written undertaking, not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the ICB, its employees or officers concerning the contract opportunity tendered.

22 **Reporting/Raising Concerns and Breaches**

22.1 There may be occasions when interests have not been identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of deliberate actions. All ICB management, staff and members should speak up about any genuine concerns in relation to compliance this policy. Officers can raise these concerns directly with their own line manager or alternatively with the Head of Corporate Governance.

⁵ Code of Ethics of the Chartered Institute of Purchase and Supply available at <https://www.cips.org/CIPS-for-Business/supply-assurance/Corporate-Ethical-Procurement-and-Supply/Corporate-Code-of-Ethics/>

- 22.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with the relevant ICB policies and procedures.
- 22.3 The Head of Corporate Governance will take a report on breaches and responses to the Audit and Risk Committee and the Board on an annual basis.
- 22.4 All staff must report any suspicions of fraud, bribery and corruption as soon as they become aware of them to the ICB's Local Counter Fraud Specialist (LCFS) to ensure that they are investigated appropriately and to maximise the chances of financial recovery. The CFS can be contacted on lisa.george@tiaa.co.uk. Alternatively staff can contact the NHS Fraud and Corruption Reporting Line on 0800 028 40 60 or report the fraud online at <https://cfa.nhs.uk/reportfraud>
- 22.5 Officers may wish to report concerns using the internal Freedom to Speak Up Policy.

23. Secondary Employment

- 23.1 Employees, committee members, contractors and others engaged under contract with the ICB are required to obtain prior permission from their department Director to engage in any employment or consultancy work in addition to their work with the ICB in line with the Secondary Employment Policy.
- 23.2 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; and
 - Self-employment, including private practice, in a capacity which might conflict with the work of the ICB or which might be in a position to supply goods/services to the ICB.
- 23.3 The ICB reserves the right to refuse permission where it believes a conflict will arise and cannot be effectively managed.
- 23.4 In the event that secondary employment is permitted, this should be declared on the persons declaration of interest.

24. Personal Conduct

24.1 Lending or borrowing

- 24.1.1 The lending or borrowing of money between staff should be avoided, whether informally or as a business, particularly where the amounts are significant.
- 24.1.2 It is a particularly serious breach of discipline for any member of staff to use their position to place pressure on someone in a lower pay band, a business contact, or a member of the public to loan them money.

24.2 Gambling

No member of staff may bet or gamble when on duty or on ICB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues.

24.3 Trading on official premises

Trading on official premises is prohibited, whether for personal gain or on behalf of others. Canvassing within the office by, or on behalf of, outside bodies or firms (including non-ICB interests of staff or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for staff.

24.4 **Collection of money**

Charitable collections must be authorised by Corporate Services. Other flag day appeals are not permitted, and collection tins or boxes must not be placed in offices. With line management agreement, collections may be made among immediate colleagues and friends to support small fundraising initiatives, such as raffle tickets and sponsored events. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage or a new job.

24.5 **Bankrupt or insolvent staff**

Any member of staff who becomes bankrupt or insolvent must inform their line management and Human Resources as soon as possible. Staff who are bankrupt or insolvent cannot be employed in posts that involve duties which might permit the misappropriation of public funds or involve the handling of money.

24.6 **Arrest or conviction**

A member of staff who is arrested and refused bail or convicted of any criminal offence must inform their line management and Human Resources as the earliest opportunity.

25. **References**

25.1 Relevant policies and reference material that should be read in conjunction with this policy include:

- The ICB's Constitution;
- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs, first published March 2013, updated June 2017;
- Conflicts of Interest in Primary Care: CAT A and B;
- NHS England, *Code of Conduct: Managing Conflicts of Interest where GP practices are potential providers of ICB-commissioned services*, first published June 2012;
- Policy on Fraud, Financial Irregularities and Corruption;
- Code of Conduct and Code of Accountability in the NHS (2004);
- Code of Conduct for NHS Managers 2002;
- Standards of Business Conduct for NHS Staff – HSG (93) 5 - Amended, in part, by the Bribery Act 2010;
- Code of Ethics of the Chartered Institute of Purchase and Supply;
- Standards for members of NHS boards and CCG Governing Bodies in England (2012)
- Managing Public Money issued by HM Treasury dated July 2013.

Appendix 1: 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 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)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
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 interest 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 action tender?	
11. What additional external involvement will there be in securitising the proposed decisions?	



Norfolk and Suffolk
Integrated Care Board

NHS Norfolk and Suffolk ICB

Conflicts of Interest Policy

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Conflicts of Interest Policy
Version	1
Date of this version	April 2026
Produced by	Corporate Governance
What is it for?	To ensure the ICB complies with its statutory duty to effectively manage conflicts of interest.
Evidence base	NHS England guidance
Who is it aimed at and which settings?	Integrated Care Board, system partners, the public and patients
Consultation	Non undertaken
Impact Assessment:	Completed and attached to policy
Other relevant approved documents	<ul style="list-style-type: none"> • Standards of business conduct policy (within the Governance Handbook) • Secondary employment policy • Disciplinary policy • Recruitment and selection policy • Counter fraud bribery and corruption policy
References:	<ul style="list-style-type: none"> • Freedom of Information Act 2000 • Health and Social Care Act 2012 • National Health Service Act 2006 • Bribery Act 2010 • The Public Contract Regulations 2015 • National Health Service (procurement, patient choice and competition) (no.2) regulations 2013 • Fraud Act 2006 • Data Protection Act 2018 • NWICB Constitution, Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions
Monitoring and Evaluation	This policy will be monitored and reviewed for effectiveness by the Corporate Governance team on a regular basis
Training and competences	N/A
Reviewed by:	
Approved by:	
Date approved:	
Signed:	
Dissemination:	Intranet Website via Governance Handbook
Date disseminated:	
Review Date:	April 2027 or before if guidance changes are required.
Contact for Review:	Corporate Governance

Version control

Revision Date	Summary of changes	Author(s)	Version Number

Contents

	Page
1	Introduction 5
2	Purpose 5
3	Legal context 6
4	Governance Framework – Standing orders, Scheme of Reservation and Delegation and Standard Financial Instructions 6
5	What are conflicts of interest? 6
6	Roles and responsibilities 8
7	Decision making staff 9
8	Declaring interest 10
9	Register of Interests 11
10	Management of interests in general 12
11	Management of interests in common situations 12
	Gifts 13
	Hospitality 14
	Sponsored events 15
	Other forms of sponsorship 16
	Sponsored posts 16
	Shareholdings and other Ownership Issues 17
	Patents/intellectual property 18
	Loyalty interests 18
	Donations 19
	Secondary employment 20
	Clinical private practice 20
12	Management of interests at meetings 21
13	Managing of interests during the recruitment process 22
14	Managing conflicts of interests during the commissioning cycle 23
	Designing service requirements 24
	Provider engagement 24
	Procuring new care models 24
	Managing conflicts of interest relating to procurement 24
	Register of procurement decisions 25
15	Joint working 25
16	Reporting concerns and breaches 25
	Appendix A: Declaration of Interest Template 27
	Appendix B: Register of Interests Template 31
	Appendix C: Gifts and Hospitality Guide 32
	Appendix D: Register of Gifts and Hospitality Template 33
	Appendix E: Register of Sponsorship Template 34
	Appendix F: Template for recording interests at meetings 35
	Appendix G: COI Management Plan 36
	Appendix H: COI Breach Form 40

1. INTRODUCTION

This policy describes the arrangements that NHS Norfolk and Suffolk Integrated Care Board (hereafter referred to as the ICB) has in place to manage conflicts of interest. This policy reflects and supports the ICB's Constitution and the Statutory Guidance on Managing Conflicts of Interest in the NHS issued by NHS England.

ICBs manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, stakeholders/partners and Parliament that ICB commissioning decisions are robust, fair and transparent and offer value for money. It is essential to manage conflicts of interest to protect and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

Conflicts of interest are common and sometimes an unavoidable part of the delivery of healthcare and as such it may not be possible or desirable to completely eliminate them; rather, it is how they are managed that matters. Section 14O of the National Health Service Act 2006 (as amended by the [Health and Social Care Act 2012](#)) ("the Act") sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act. This policy also describes the systems the ICB has in place to identify and manage conflicts of interest, and to create an environment in which staff, ICB Board and committee members, feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts.

The principles of collaboration, transparency and subsidiarity should be at the centre of any decision making. It is expected that all those who serve as members of the ICB Board, its committees or those who take decisions where they are acting on behalf of the public or spending public money will observe the principles of good governance in the way they do business.

2. PURPOSE

The aim of this policy is to protect both the ICB and individuals involved, from impropriety or any appearance of impropriety by setting out how the organisation will manage conflicts of interest to ensure there is confidence in the commissioning decisions made and to ensure the integrity of all members, officers, office holders, staff, stakeholders and suppliers involved with the work of the ICB.

Conflicts of interest may arise where an individual's personal interests, loyalties or those of a connected person (for example a relative or close friend) conflict with those of the ICB or might be perceived to conflict with those of the ICB.

Such conflicts may create problems such as inhibiting free discussion which could result in decisions or actions being made that are not in the interests of the ICB, and risk giving the impression that the ICB has acted improperly.

The ICB's responsibility includes the stewardship of significant public resources and the commissioning of health and social care services to the population of Norfolk and Suffolk.

This policy aims to:

- Enable the ICB partner organisations, clinicians and others who are involved in the work of the ICB, to demonstrate fairness and transparency, and that actions are in the best interest of patients and the ICB's local population.

- Ensure that the ICB operates within the relevant legal framework and in accordance with good practice, but without being bound by over-prescriptive rules that stifle efficiency or innovation.
- Safeguard clinically led commissioning, whilst ensuring objective investment decisions.
- Provide the public, providers, parliament, and regulators with confidence in the probity, integrity and fairness of our decisions.
- Uphold the confidence and trust between patients, the public and the NHS, in their recognition that parties want to behave ethically but may need support and training to understand when conflicts (actual or potential) may arise and how to manage them if they do.

3. LEGAL CONTEXT

Section 14O of the [National Health Service Act 2006](#) (as amended by the Health and Social Care Act 2012) (“the Act”) sets out the minimum requirements of what both NHS England and ICBs must do in terms of managing conflicts of interest.

This policy reflects the legal requirements and the statutory guidance issued by NHS England under sections 14O and 14Z8 of the Act.

In addition to complying with the guidance issued by NHS England, ICBs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners, and the General Medical Council (GMC), and to procurement rules including [The Public Contract Regulations 2015](#) and [The National Health Service \(procurement, patient choice and competition\) \(no.2\) regulations 2013](#), as well as the [Bribery Act 2010](#).

4. GOVERNANCE FRAMEWORK – STANDING ORDERS, SCHEME OF RESERVATION AND DELEGATION AND STANDARD FINANCIAL INSTRUCTIONS

All individuals must carry out their duties in accordance with the ICB’s Constitution, Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions (SFIs). These set out the statutory governance framework in which the ICB operates and there is considerable overlap between the contents of this policy and provision made within these. Individuals must always refer to, and act in accordance with them at all times to ensure processes are followed.

In the event of doubt, individuals should seek advice from their line manager or the Corporate Governance team. Should a conflict arise between the details of this policy and the Constitution, Standing Orders, Scheme of Reservation and Delegation and SFIs then the provision of the Constitution, Standing Orders, Scheme of Reservation and Delegation and SFIs shall prevail.

5. WHAT ARE CONFLICTS OF INTEREST

For the purposes of this policy a conflict of interest is defined as:

‘A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold’.

With this in mind, and in accordance with the national guidance, a conflict of interest may be either:

Actual
There is a material conflict between one or more interests.

Potential
There is the possibility of a material conflict between one or more interests in the future.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

A conflict of interest can fall into the following categories:

Financial Interests	Indirect Interests
An individual may get direct financial benefits from the consequences of a commissioning decision.	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 from a decision they are involved in making. These associations may arise through relationships with close family members and relatives, close friends and associates, and business partners.
<p>Examples include:</p> <ul style="list-style-type: none"> • Directorship or employment in a private or public company or other organisation which is doing, or may do, business with health or social care organisations • A shareholder (more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or may do, business with health or social care organisations • A management consultant for a provider • Secondary employment • Receipt of secondary income from a provider • Receipt of a grant from a provider • Receipt of any payments (e.g. honoraria, one off payments, day allowances, travel or subsistence) from a provider • Receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role • Having a pension that is funded by a provider (where the value of this might be affected by their success or failure). 	<p>Examples include:</p> <ul style="list-style-type: none"> • Spouse / Partner • Close relative e.g., parent, grandparent, child, grandchild or sibling • Close friend - any confusion relating to the declaration of friendship should be discussed with Corporate Governance to ensure that all declarations are appropriate (e.g. a friend who works as a checkout operator in a shop that supplies the NHS need not be declared but a contracts manager with an NHS supplier should be) • Business partner • Any other relationship which may influence or may be perceived to influence the judgement of the individual (e.g. a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house) • Where the individual is closely related to, or in a relationship, including friendship, with an individual in the above categories.

Non-financial Professional Interests	Non-financial Personal Interests
Individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career.	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, because of decisions they are involved in making in their professional career.
<p>Examples include:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients • A GP with special interest e.g. in dermatology, acupuncture etc. • A member of a particular specialist professional body (routine GP membership of the RCGP, BMA or a medical defence organisation would not usually in itself amount to an interest which needs to be declared) • An advisor to for the CQC or NICE • A medical researcher 	<p>Examples include:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider • A volunteer for a provider • A member of a voluntary sector board or any position of authority in or connection with a voluntary organisation • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure groups with an interest in health • A financial advisor.
<p>General Interest</p> <p>This could be any position held in another public body organisation, NHS, Local Authority or a community group which may have potential to give rise to influence decisions made by the ICB. Similarly, if you have made a declaration that you are a member of the ICB or attend any of its committees/working groups to another organisation, this information MUST be reciprocated back to the ICB to ensure consistency across organisations and vice versa</p>	

Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the ICB. It should be noted that:

- The above categories and examples are not exhaustive and the ICB will exercise discretion on a case-by-case basis.
- The possibility of the perception of wrongdoing, impaired judgement or undue influence shall also be considered a conflict of interest for the purposes of this Policy and should be declared and managed accordingly; and
- Where there is doubt as to whether a conflict of interest exists, it should be assumed that there is a conflict of interest and declared and managed accordingly.

Where an individual has any queries with respect to conflicts of interest they should seek advice from the ICB Corporate Governance team.

6. ROLES AND RESPONSIBILITIES

The following roles and responsibilities apply in the context of this policy:

<p>ICB Board and Committees</p>	<p>The ICB Board and its committees are responsible for upholding the principles of good governance and ensuring that ICB is always acting in the best interests the NHS and its communities. In particular, the chairs of these are responsible for ensuring that any declared interests in relation to agenda items at meetings are managed in accordance with this policy.</p>
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Audit and Risk Committee	The Audit and Risk Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance and internal control. In particular, the Committee is responsible for monitoring compliance with this policy and the organisation's established probity arrangements
Chief Executive	The Chief Executive has overall accountability for the ICB's management of conflicts of interest, which includes the requirements for the management of gifts, hospitality and sponsorship.
Executive Director of Finance	The Executive Director of Finance is responsible for ensuring the adequacy of the ICB's counter fraud arrangements.
Governance Lead	<ul style="list-style-type: none"> • The day-to-day management of matters and queries relating to the application of this policy. • Maintaining the ICB's Register of Declared Interests • Providing advice, support, and guidance on how conflicts of interest should be managed • Ensuring that appropriate administrative processes are put in place; • Supporting the Conflicts of Interest Guardian and Freedom to Speak Up Guardian in carrying out their roles effectively.
Conflicts of Interest Guardian	<p>The Conflicts of Interest Guardian is in place to further strengthen the scrutiny and transparency of the ICB's decision-making processes. This role will also:</p> <ul style="list-style-type: none"> • Act as a conduit for anyone with concerns relating to conflicts of interest. • Be a safe point of contact for employees or workers of the ICB to raise concerns in relation to conflicts of interest. • Support the rigorous application of the principles and policies for managing conflicts of interest. • Provide independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in individual situations. • Provide advice on minimising the risks of conflicts of interest.
Freedom to Speak up Guardian	The Freedom to Speak Up Guardian is in place to provide an independent and impartial source of advice to staff at any stage of raising a concern.
Executive Management Team	Members of the Executive Management Team and Senior Leadership Team have an ongoing responsibility for ensuring the application of this policy.
All individuals	All individuals are responsible for complying with this policy and for seeking advice if unsure how it applies to them.

7. DECISION MAKING STAFF

Some staff are more likely than others to have a decision-making role or influence on the use of public money. This is because of the requirements of their role. This policy refers to these people as decision making colleagues.

Decision making colleagues in the ICB are:

- executive, non-executive and partner members of the board
- members of ICB committees, and delivery groups which contribute to decision making on the commissioning or provision of services
- those at Agenda for Change band 8d and above, or operating at that level on an interim basis
- administrative and clinical colleagues who:
 - have the power to enter into contracts on behalf of the ICB
 - are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions

8. DECLARING INTERESTS

It is a statutory requirement that individuals must declare any interest that they have (see [Appendix A](#)) in relation to ICB business or a decision to be made, this must first be discussed with their line manager and submitted in writing, to be reviewed by their line manager and which is received by the ICB's Corporate Governance team. as soon as they are aware of it and in any event no later than 28 days after becoming aware.

Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during a meeting, they will make an oral declaration before witnesses which will be formally written in the meeting record. A written declaration will need to be submitted following the meeting to ensure inclusion on the register.

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

The ICB will ensure as a matter of course that declarations of interest are made and regularly confirmed or updated. This includes the following circumstances:

- **On appointment** – all appointments will be asked to make a formal declaration of interest and in the case of Board members, prior to appointment. The ICB will need to assess the materiality of the interest, in particular whether the individual (or family member/business partner) could benefit from any decision the Board might make). If the interest is significant to the extent that the individual would be unable to make a full and proper contribution to the Board because they are required to exclude themselves from decision-making on so regular a basis, then that individual should not become a member of the Board.
- **Annually** - to ensure the register of interest is accurate and up to date. If there are no interests or changes to declare a 'nil return' should be submitted.
- **At meetings** – a standing agenda item will be on the ICB Board , sub-committees and any working group agendas. Even if an interest has been recorded in the register of interests, it should still be declared in meetings before matters relating to that interest are discussed and any declarations will be recorded in the minutes of the meeting.
- **When prompted by the ICB** – because of the ICB's role in spending taxpayers' money, on at least an annual basis the ICB will ensure that individuals are prompted to update their declarations of interest or make a nil return where there are no interests or changes to declare.
- **On changing role or responsibility** – a further declaration should be made to reflect the change in circumstances; this could involve a conflict of interest ceasing to exist or a new

one materialising (for example, where an individual takes on a new role outside the ICB, sets up a new business or relationship, starts a new project / piece of work or may be affected by a procurement decision e.g. if their role may transfer to a proposed new provider). A further declaration should be made to reflect the change in circumstances as soon as possible, and in any event within 28 days of the change.

- **During the procurement process** - anyone participating in the procurement, or otherwise engaging with the ICB, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract.

Registers of Interest are maintained by the Corporate Governance team and these registers are available on the ICB website.

All interests declared will be promptly transferred to the relevant registers by Corporate Governance. Where interests have expired, these will remain on the relevant register for a minimum of 6 months although a private record of the historic interests will be retained by the ICB for a minimum of 6 years after the date on which it expired

9. REGISTERS OF INTEREST

The ICB maintains a Register of Interests ([Appendix B](#)) of all interests declared. The ICB Corporate Governance team ensures that the Register includes sufficient information about the nature of the interest and the details of those holding the interest.

The ICB maintain a Register of Interests for the following:

- 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
- Members of the ICB Board and its committees – Including (but not limited to)
 - Executive Directors
 - Non-Executive Members
 - Partner Members
- Any third parties contracted to provide services, any person involved in procurement or commissioning decisions and any individual directly involved with business or decision making.

The register(s) will be publicly available and will be refreshed on an annual basis. Individuals should identify changes to their record on their register as soon as they are aware of it and in any event no later than 28 days of the change. The register will be published on the ICB's website.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). If an individual believes that substantial damage or distress may be caused to themselves or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing. Decisions not to publish information must be made by the Conflicts of Interest Guardian for the ICB, who will seek legal advice where required, and the ICB will retain a confidential un-redacted version of the register(s).

The Register of Interest will include:

- Name of the person declaring the interest
- Position within or relationship with the ICB
- Type of interest, including for indirect interest details of the relationship with the person who has an interest
- The dates from which the interest relates
- The actions taken to mitigate the risk – these should be agreed with the individual's line manager or a senior manager within the ICB.

10. MANAGEMENT OF INTERESTS IN GENERAL

In a situation where a person declares an interest but there is no risk of a conflict arising, it required no action. However, should they declare a material interest the following general management action(s) which could be applied by the ICB include:

- restricting the person's involvement in associated discussions and excluding them from decision making
- removing the person from the whole decision-making process
- removing persons' responsibility for an entire area of work
- removing the person from their role altogether if they are unable to operate effectively in it because the conflict is so significant

Each case will be different and context specific. The ICB will always clarify the circumstances and issues with the individuals involved. Colleagues should maintain a written audit trail of information considered and actions taken.

Colleagues who declare material interests should tell their manager or the people they are working about those interests.

The Corporate Governance team can advise on appropriate management action if this cannot be agreed locally.

11. MANAGEMENT IN COMMON SITUATIONS

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared. A condensed 'at a glance' version is available at [Appendix C](#).

The ICB should not accept gifts that may affect, or be seen to affect, their professional judgement.

Any personal gift of cash or cash equivalents (for example: vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be declared, whatever their value and whatever their source, and the offer which has been declined must be declared to the Corporate Governance team who has designated responsibility for maintaining the register of gifts and hospitality.

All staff need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the ICB or their GP practice.

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.

The information captured below provides a description of what the issues, principles and rules are in respect of the main themes listed above.

Prizes (including cash, cash equivalents or gifts) must not be accepted by ICB staff or anyone working for or representing them or the ICB. A trophy or accolade may be accepted.

Gifts

<p>What are the issues?</p>	<p>Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. We should be proud that our services are so valued. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. Staff and organisations should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviours if not handled in an appropriate way. A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value</p>
<p>Principles and rules</p>	<p>Overarching principle applying in all circumstances:</p> <ul style="list-style-type: none"> • Staff should not accept gifts that may affect, or be seen to affect, their professional judgement. <p>Gifts from suppliers or contractors:</p> <ul style="list-style-type: none"> • Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value. • Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6* in total and need not be declared. *the £6 value has been selected with reference to existing industry guidance issues by the ABPI. <p>Gifts from other sources (e.g., patients, families, service users):</p> <ul style="list-style-type: none"> • Gifts of cash and vouchers to individuals should always be declined. • Staff should not ask for any gifts. • Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e., to an organisation's charitable funds), not in a personal capacity. These should be declared by staff. • Modest gifts accepted under a value of £50 do not need to be declared. • A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value). • Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
<p>What should be declared</p>	<ul style="list-style-type: none"> • Staff name and their role with the ICB Board • A description of the nature and value of the gift, including its source. • Date of receipt. • Any other relevant information (for example, circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Hospitality

What are the issues?

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of “traditional” working hours. As a result, staff will sometimes appropriately receive hospitality. Staff receiving hospitality should always be prepared to justify why it has been accepted and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviours.

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

Principles and rules

Overarching principles applying in all circumstances:

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors, these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

Meals and Refreshments

- Under a value of £25 may be accepted and need not be declared.
- Of a value between £25 and £75* may be accepted and must be declared.
- Over a value of £75* should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on an organisation’s register(s) of interest as to why it was permissible to accept.
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Travel and accommodation

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the ICB itself might not usually offer, need approval by senior staff (e.g. the ICB governance lead or equivalent), should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on an organisation’s register(s) of interest as to why it was permissible to accept travel and accommodation of this type.
- A non-exhaustive list of examples includes:
 - Offers of business class or first-class travel and accommodation
 - (including domestic travel); and
 - Offers of foreign travel and accommodation.

What should be declared

- Staff name and their role with the ICB Board
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (for example, circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Sponsored Events

What are the issues

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result, there should be proper safeguards in place to prevent conflicts occurring.

Principles and rules

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the ICB and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the ICB's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- ICBs should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff should declare involvement with arranging sponsored events to the organisation.
- All declarations made under this section must be made promptly - A declaration form is at [Appendix E](#).

What should be declared

Organisations should maintain records regarding sponsored events in line with the above principles and rules.

Other forms of sponsorship

What are the issues?

Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial



advantage. There needs to be transparency and any conflicts of interest should be well managed.

Principles and rules

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to their organisation.
- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.

What should be declared

- Staff should declare:
- Their name and their role with the ICB Board.
 - A description of the nature of the nature of their involvement in the sponsored research.
 - Relevant dates.
 - Any other relevant information (e.g., what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Sponsored Posts

What are the issues

Sponsored posts are positions with an organisation that are funded, in whole or in part, by organisations external to the NHS. Sponsored posts can offer benefits to the delivery of care, providing expertise, extra capacity and capability that might not otherwise exist if funding was required to be used from the NHS budget. However, safeguards are required to ensure that the deployment of sponsored posts does not cause a conflict of interest between the aims of the sponsor and the aims of the organisation, particularly in relation to procurement and competition.

Principles and rules

- Staff who are establishing the external sponsorship of a post should seek formal prior approval from their organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and confirm the appropriateness of arrangements continuing.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. For the duration of the sponsorship, auditing arrangements should be established to ensure this is the case. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.



- Sponsored post holders must not promote or favour the sponsor’s specific products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

Shareholdings and other Ownership Issues

What are the issues

Holding shares or other ownership interests can be a common way for staff to invest their personal time money to seek a return on investment. However, conflicts of interest can arise when staff personally benefit from this investment because of their role within an organisation. 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 risk to a conflict of interest. In these cases, the existence of such interest should be well known so that they can be effectively managed.

Principles and rules

- Staff should declare, as a minimum, any shareholdings and other ownership interests in a publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
- Where shareholdings or other ownership interests are declared and give rise to the risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

What should be declared

- Staff name and their role within the ICB Board.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, detail of any approvals given to depart from the terms of this policy).

Patents/intellectual property

What are the issues?

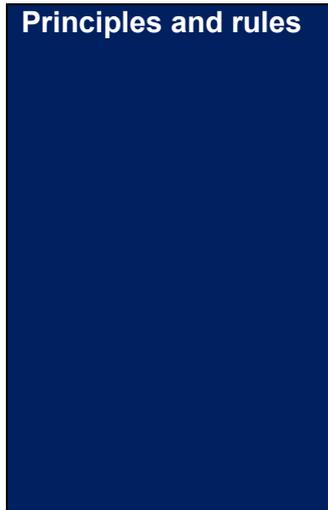
The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas.

Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.

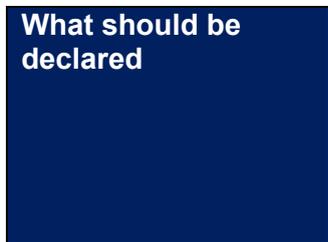
However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where produce development involves



use of time, equipment or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this and it can be managed appropriately.



- 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), including where applications to protect have started or are on-going, which are, or might be reasonably expected to be, related to items to be procured or used by their organisation.
- Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways, etc, where this impacts on the organisation’s own time, or uses its equipment, resources of intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.



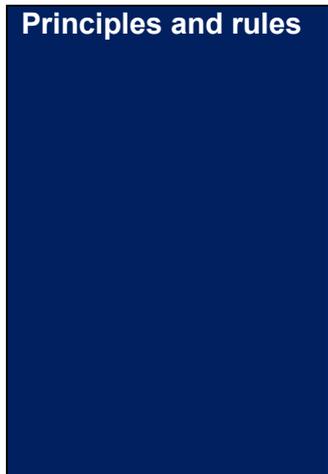
- Staff name and their role within the ICB Board.
- A description of the patent or other intellectual property right and its ownership.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, detail of any approvals given to depart from the terms of this policy).

Loyalty Interests



As part of their jobs staff members need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall in the category of indirect interests. They are unlikely to be directed by a formal process or managed via any contractual means – it can be as simple as having informal access to people in senior positions. However, loyalty interest can influence decision making.

Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship, they have rather than through an objective process. The scope of loyalty interests is potentially huge, so judgement is required for making declarations.



- 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.
 - Sit on advisory groups or other paid or unpaid decision-making forums that can influence how their organisation spends taxpayers’ money.
 - Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
 - Are aware that their organisation does business with an organisation with whom close family members and relatives, close



friends and associates, and business partners have decision making responsibilities.

Where holding loyalty interest gives rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

What should be declared

- Staff name and their role within the ICB Board.
- Nature of the loyalty interest
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, detail of any approvals given to depart from the terms of this policy).

Donations

What are the issues?

A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer, the NHS holds formal and informal partnerships with national and local charities. A supportive environment across the NHS and charitable sector should be promoted. However. Conflicts of interest can arise.

Principles and rules

- Acceptance of donations made by suppliers or bodies seeking to do business with an organisation 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.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for an organisation or is being pursued on behalf of that organisation’s registered charity (if it has one) or other charitable body and is not for their own personal gain.
- Staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

What should be declared

- Organisations should maintain records in line with their wider obligations under charity law, in line with the above principles and rules.

Secondary employment

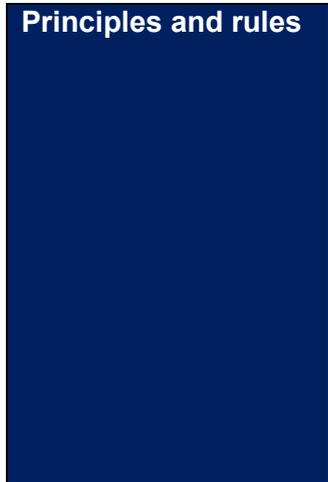
What are the issues?

The NHS relies on staff with good skills, broad knowledge and diverse experience. Many staff bring expertise from sectors outside the NHS, such as industry, business, education, government and beyond. The involvement of staff in these outside roles alongside their NHS role can

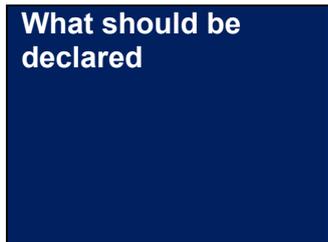


therefore be of benefit, but the existence of these should be well known so that conflicts can be either managed or avoided.

Outside employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation.

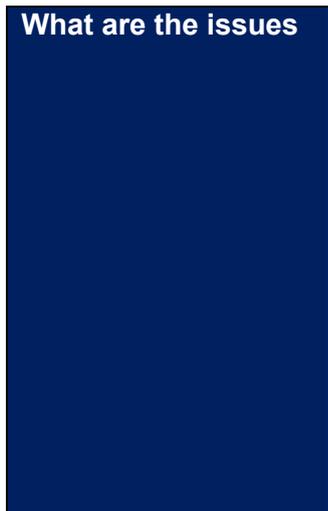


- Staff should declare any existing outside employment on appointment, and any new outside employment when it arises to their Line Manager. Please read the Secondary Employment Policy for further detail.
- Where a risk of conflict of interest is identified, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from an organisation to engage in outside employment.
- Organisations may also have legitimate reasons within employment law for knowing about outside employment of staff, even if this does not give rise to risk of a conflict. Nothing in this policy prevents such enquiries being made.



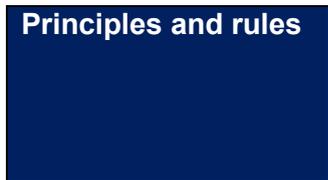
- Staff name and their role within the ICB Board.
- The nature of the outside employment (e.g., who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of an approvals given to depart from the terms of this policy).

Clinical Private Practice

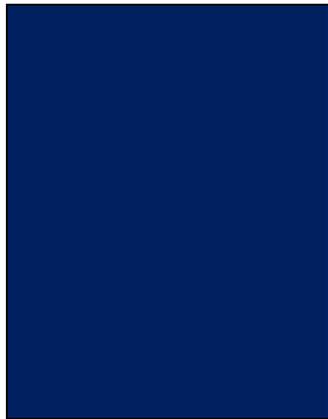


Service delivery in the NHS is done by a mix of public, private and not-for-profit organisations. The expertise of clinicians in the NHS is in high demand across all sectors and the NHS relies on the flexibility that the public, private and not-for-profit sectors can provide. It is therefore not uncommon for clinical staff to provide NHS funded care and undertake private practice work either for an external provider, or through a corporate vehicle established by themselves.

Existing provisions in contractual arrangements make allowances for this to happen and professional conduct rules apply. However, these arrangements do create the possibility for conflicts of interest arising. Therefore, these provisions are designed to ensure the existence of private practice is known so that potential conflicts of interest can be managed.



- Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises including:
- where they practise (name of private facility)
 - what they practise (specialty, major procedures)
 - when they practise (identified sessions/time commitment)



- hospital consultants are already required to provide their employer with this information by virtue of paragraph 3, schedule. 9 of Terms and conditions – consultants (England)
- Clinical staff should:
- Seek prior approval from their line manager before taking up private practice and follow the ICB’s secondary employment policy.
 - Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
 - Not accept direct or indirect financial incentives from private providers.

What should be declared

- Staff name and their role within the ICB Board.
- The nature of the outside employment including:
 - where they practise (name of private facility)
 - what they practise (specialty, major procedures)
 - when they practise (time commitment)
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of an approvals given to depart from the terms of this policy).

12. MANAGING CONFLICTS OF INTEREST AT MEETINGS

It is important that the interests of those who are involved in decision-making groups are documented and understood and that the following principles are adopted:

- Chairs should consider any known interests of members in advance and begin each meeting with a standing agenda item asking for declarations of relevant interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise
- Any new interests identified should be added to the register
- The deputy chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

To support Chairs in their role, the meeting Secretariat will regularly provide the Chair with access to a copy of the Register of Interests prior to meetings. This should include details of any declarations of conflicts, which have already been made by the members.

The Meeting Secretariat should invite members and those in attendance, to declare any interests in relation to agenda items to the Chair in advance of the meeting.

Meeting Secretariats are required to use the following templates to administer the meetings. Use of these will help to ensure conflicts of interest are discussed and recorded in line with statutory guidelines.

- Meeting Agenda
- Template for recording minutes

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) 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:

- Request that the individual does not receive the papers which are relevant or minutes of the meeting which relate to the matter(s) which give rise to the conflict or receive redacted versions.
- Request that the individual leaves the meeting when the relevant matter(s) are about to be discussed or does not attend the meeting.
- Allow the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but request them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where the conflicted individual has important relevant knowledge and experience of the matter(s) which would benefit other members 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 in attendance 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.

In the event that the Chair of a meeting has a conflict of interest, the Deputy Chair is responsible for deciding the appropriate course of action to manage the conflict of interest. If the Deputy Chair is also conflicted or not in attendance, then the remaining non-conflicted voting members of the meeting should agree between themselves how to manage the conflict(s).

As a minimum requirement, the following should be recorded in the minutes of all meetings where a conflict of interest has been declared:

- Individual declaring the interest.
- At what point the interest was declared.
- The nature of the interest.
- The Chair's decision and resulting action taken.
- The point during the meeting at which the individual left and returned to the meeting.

[Appendix F](#) can be used by meeting Secretariats to record information in these circumstances. Completed forms should be sent to the Corporate Governance team.

In addition, the ICB encourages meeting Secretariats and chairs to use the Conflicts Management Plan ([Appendix G](#)) to assist with planning appropriate steps which can be taken in certain situations.

13. **MANAGING CONFLICTS OF INTEREST DURING THE RECRUITMENT PROCESS**

Everyone in the ICB has responsibility to appropriately manage conflicts of interest during the recruitment process because these roles will be involved (in some form) in the decision-making processes of the ICB.

Appointing ICB Board Members, Committee Members, and any member of staff

When advertising for a ICB Board Member, Committee member or a member of staff, a request will be made via the recruitment team by the recruiting manager for a Conflict of Interest declaration to be completed by the successfully shortlisted candidates, and this will need to be brought with them to their interview.

On appointing to any of these roles the ICB will need to consider whether conflicts of interest should exclude individuals from being appointed to the role. This will need to be considered on a case-by-case basis and in conjunction with the principles within the ICB's Constitution. In such cases the Corporate Governance team must always be consulted for advice prior to any decision being made.

The materiality of the interest will need to be considered, and in particular, whether the individual (or any person with whom they have a close association as listed in the scope of this policy) could benefit (whether financially or otherwise) from any decision the ICB might make. The ICB will also 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 should not be appointed to the role.

All recruiting managers will need to ensure that they support obtaining the declaration of interest forms for new staff and make the necessary arrangements to manage any declared conflicts of interest.

ICB Board and Committee members from other Organisations

ICBs have been created to give statutory NHS providers, local authorities and primary medical services (general practice) nominees a role in decision-making. It should not be assumed that the ICB Board will always be conflicted because at least three members of the ICB Board must be jointly nominated (the "partner members") It is crucial that the ICB ensures that the Boards and Committees are appropriately composed and take into account different perspectives individuals will bring from their respective sectors to help inform decision-making.

14. MANAGING CONFLICTS OF INTEREST THROUGH THE COMMISSIONING CYCLE

The NHS England guidance for Managing Conflicts of Interest in the NHS is clear that conflicts of interest need to be managed appropriately throughout the whole commissioning cycle including within the ongoing management of existing contracts and ICBs must have in place processes to ensure this happens.

At the outset of a commissioning process, all individuals involved, including those from external bodies, must complete a Conflict of Interest declaration, even if there is nothing to declare (see [Appendix A](#)). Completed forms must be held by the lead Procurement Manager and either the forms or a collated register must be available at every meeting.

Where Conflicts of Interest are declared, the chair of the meeting, in conjunction with the Corporate Governance team, must put in place clear arrangements to robustly manage these. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all. The steps taken must be clearly documented in the minutes.

Where a conflict is identified which may impact on the management of an existing contract, a discussion must take place with the Corporate Governance team, and if necessary, the Conflicts of Interest Guardian, so that steps can be put in place to manage this. Any mitigation must also be recorded in minutes that are taken.

ICBs will also need to identify as soon as possible where staff might transfer to a provider (or their role may materially change) following the award of a contract. This should be treated as a relevant interest which will be managed in line with this policy and following advice from the Corporate Governance team and if necessary, the ICB Conflicts of Interest Guardian.

Designing service requirements

The NHS England guidance upon which this policy is based states that ICBs have legal duties under the Act to properly involve patients and the public in their respective commissioning processes and decisions. Public involvement supports transparent and credible commissioning decisions and should happen at every stage of the commissioning cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring.

Conflicts of Interest can arise from the inclusion of members of the public or particular groups who are involved in the decision-making process of the ICB. As such, any member of the public

or representative of a particular group involved in the influencing or decision-making of the ICB will be required to complete a Declaration of Interest regardless of a conflict being identified. This will be held by the Procurement Manager alongside any other conflict of interest forms completed as part of the procurement process.

Provider engagement

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient needs. Such engagement, done transparently and fairly, is entirely legal but it is important not to gear the requirement in favour of any particular provider(s). If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

Conflicts of interest, as well as challenges to the fairness of the procurement process, can arise if a commissioner engages selectively with only certain providers (existing or potential) in developing a service specification for a contract for which they may later bid. The ICB is particularly mindful of these issues when engaging with existing / potential providers in relation to the development of new care models.

Procuring new care models

Where new care models or other arrangements of a similar scale or scope, are being procured it is imperative that conflicts of interest are managed in line with this policy. Where further advice is needed, please seek advice from the Corporate Governance team.

Managing conflicts of interest relating to procurement

Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process

The Provider Selection Regime (PSR) is a set of rules for procuring health services which are designed to be a more flexible and proportionate decision-making process for selecting providers to deliver healthcare services.

The NHS England guidance states that ICBs need to comply with the PSR when arranging for the provision of “relevant health care services,” either on their own or as part of a “mixed procurement”. ICBs need to comply with the rules on public procurement set out in the [Public Contracts Regulations 2015](#) (‘PCR’) when arranging for the provision of goods and services that are not “relevant health care services”, unless they form part of a “mixed procurement,” which meets the test for the application of the PSR.

While the Regulations allow for the fact that an ICB member may also be an employee, director, partner or otherwise holding a position with another relevant organisation, the possibility of actual and perceived conflicts of interest arising will remain. For all PSR decisions, it must be carefully considered whether an individual’s role in another organisation may result in actual or perceived conflicts of interest and if so whether that outweighs the value of the knowledge they bring to the process.

In relation to the provider selection regime, 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 procedure for managing conflicts of interest during procurements is set out in the ICB's Procurement and Contracting policies.

Register of procurement decisions

To promote transparency in decision-making, and in line with the NHS England Managing Conflicts of Interest guidance, the ICB maintains a register of procurement decisions taken, either for the procurement of a new service or any extension or material variation of a current contract. This will include:

- The details of the decision;
- Who was involved in making the decision (including the name of the ICB clinical lead, the ICB contract manager, the name of the decision-making committee and the name of any other individuals with decision-making responsibility);
- Summary of any conflicts of interest in relation to the decision and how these were managed; and
- The award decision taken.

It is the responsibility of managers involved in procurements to ensure that details of any procurement decisions taken, including single tender actions are provided to the Corporate Governance team so that the register of procurement decisions can be maintained. Upon receipt of new information, the register of procurement decisions will be updated and published on the ICB website by the Corporate Governance team.

15. JOINT WORKING

Individuals must ensure that joint working arrangements are clear and transparent. Joint working is where, for the benefit of patients, organisations pool skills / resources and experience to enable successful delivery of a project or work area, this may also include joint committees.

Joint committees will need to adopt clear governance arrangements to ensure conflicts of interest are identified for making decisions, differentiating between those individuals who should be involved in the final, formal decision-making and those who contribute to committee discussions about, for example, service design that lead to that decision. These arrangements should be clearly documented. The ICB currently works in collaboration with Local Authorities and other system partners.

16. RAISING CONCERNS AND BREACHES

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of individuals or organisations. For the purposes of this policy, these situations are referred to as 'breaches'.

This policy has been prepared to help individuals approach their decision making properly where there is a conflict of interest. Individuals are expected to use this policy to fulfil their duty to act only in the best interests of the ICB and to be able to provide a convincing justification for their decisions in the event of challenge. The ICB takes seriously the failure to disclose such information as required by this policy.

It is the duty of every ICB employee, Board member, committee member and GP practice 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. Individuals should not ignore suspicions or investigate themselves, but rather speak to the designated ICB point of contact for these matters.

Concerns around suspected or known breaches of this policy should be raised in the first instance with either the Corporate Governance team or the Executive Director of Finance (unless implicated). If individuals prefer to speak to someone else in strict confidence, they can

also contact the Conflicts of Interest Guardian. All such notifications will be held in the strictest confidence and in accordance with the ICB's other policies (including the Freedom to Speak Up Policy).

The Counter Fraud, Bribery and Corruption Policy may be consulted and an appropriate referral made to the [Local Counter Fraud Specialist](#) where applicable. The Fraud and Security Management Service may also be consulted directly. The person notifying the Conflicts of Interest Guardian can expect a full explanation of any decisions taken as a result of any investigation.

Please see [Appendix H](#) for the procedure on reporting Conflicts of Interest Breaches.

If conflicts of interest are not effectively managed there is the potential for corporate offences to be applied contrary to the Bribery Act 2010 which could lead to unlimited fines and criminal prosecution against directors. The ICB could further face civil challenges to decisions they make. For instance, if breaches occur during a 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. Breaches also damage public trust and confidence in the NHS generally.

In extreme cases, staff and other individuals could face personal civil liability, a claim for misfeasance in public office or fitness to practice proceedings by their professional regulator. Failure to manage conflicts of interest could also lead to criminal proceedings including for offences such as fraud, bribery and corruption.

It is an offence under the [Fraud Act 2006](#) for individuals to 1) abuse their position; and/or 2) fail to disclose information to the ICB and/or 3) make a false representation in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware that someone has failed to disclose relevant and material information, or made a false representation, they should raise the concern in the first instance with the Local Counter Fraud Service who will then liaise with the Corporate Governance team, Executive Director of Finance, and the Conflicts of Interest Guardian – all such notifications will be dealt with in the strictest confidence in accordance with the other ICB's policies (including the Freedom to Speak Up Policy).

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 will be 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.

All breaches will be anonymised, recorded and published on the ICBs website along with any outcomes/actions for the purpose of learning and development once investigations have been completed. NHS England will be notified of any breaches, as appropriate, as soon as possible, including as part of the quarterly returns for the Improvement and Assessment Framework.

APPENDIX A: DECLARATION OF INTEREST TEMPLATE

The DOI template is an electronic template and a link to this can be found on the on the Corporate Affairs intranet page. A separate form should be submitted for each interest declared.

Before submitting the form, individuals will be asked to confirm that the declaration has been discussed and agreed with their line manager.

For new starters, the Recruitment Team will send a Declaration form to candidates as part of the pre-employment checks. The Declaration should be reviewed by the recruiting and/or line manager and interview panel.

Information requested includes the following:

- Name
- Position
- Do you have any interests to declare
- Declared interest
- Type of interest
- Nature of interest
- Date of interest
- Action(s) taken to mitigate risk
- GP practice - Board Members, Members (voting and non-voting attendees) of the ICB's Primary Care Commissioning Committee and Joint Senior Leaders are all required to disclose their GP Practice. This enables the ICB to manage any potential conflicts in respect of primary care decisions.
- Confirmation of attendance at ICB Committees
- Declaration – confirmation that the information provided is complete and correct and that any mitigating actions have been discussed and agreed with the line manager/senior ICB manager.

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

APPENDIX B: REGISTER OF INTERESTS TEMPLATE

NHS Norfolk and Suffolk Integrated Care Board (ICB) Register of Interests										
Declared Interests of the <i>[insert Board/Committee name]</i>										
Name	Role	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 C: GIFTS AND HOSPITALITY GUIDE

What is a gift of hospitality?	
<p>Gift: Any item of cash or goods, or any service which is provided for personal benefit, free of charge or at less than its commercial value.</p> <p>Hospitality: Meals/drinks/visits/entertainment/lecture courses organised by potential suppliers. It must only be accepted when there is legitimate reason, must be proportionate to the nature and purpose of the event and must be recorded.</p>	
What can I accept?	What can't I accept?
<p>Meals and refreshments:</p> <ul style="list-style-type: none"> • Under £25 may be accepted and need not be declared. • £25 - £75 may be accepted, but must be declared. <p>Travel and accommodation: Modest offers to pay for some travel and accommodation costs related to attendance may be accepted and must be declared.</p> <p>Low cost branded promotional aids e.g. pens and keyrings under £6.</p> <p>Modest gifts under £25 from non-suppliers, and non-contractors.</p>	<ul style="list-style-type: none"> • Gifts from suppliers or contractors doing business with the ICB (or likely to) whatever the value • Cash and vouchers <p>Meals and refreshments:</p> <ul style="list-style-type: none"> • Over £75 must be refused (unless exceptional and senior approval is given – reason for approval must be recorded on the register) <p>Travel and accommodation: If it's beyond modest and not normal for the ICB, it should only be accepted in exceptional circumstances and must be declared with a clear reason recorded on the register – for example business or first-class travel, foreign travel and accommodation.</p>
What to do if I accept a gift or hospitality	
<p>Within no later than 14 days you must complete a declaration form return it to the Corporate Governance team for inclusion on the register.</p>	
How do I refuse a gift?	
<p>Politely refuse, explaining the policy and advise the donor that, if they wish, they are welcome to make a contribution to a charitable cause instead.</p>	
What happens to my form and the register?	
<ul style="list-style-type: none"> • The information from your form is included in the master register. • The master register has to be published on the ICB's website and in the Annual Report and Accounts. • You can ask that your information is not published. • The ICB has to report quarterly on its management of interests, gifts and hospitality and this information will be shared with regulators as part of this process. 	
What must you not do	
<ul style="list-style-type: none"> • You must not ask for any gifts or hospitality. • You should not accept gifts that may affect or be seen to affect your professional judgement. 	
When to be cautious	
<ul style="list-style-type: none"> • When hospitality is offered by actual or potential suppliers or contractors. If it's modest and reasonable it can be accepted (subject to senior approval). • Gifts over £25 can only be accepted on behalf of the ICB (i.e. to a charitable fund) but not in a personal capacity. They must be declared. • Multiple gifts from the same source, over a 12-month period, must be treated the same as single gifts over £25 where the cumulative value exceeds £75. 	

APPENDIX D: REGISTER OF GIFTS AND HOSPITALITY FORM

A link to the electronic declaration form can be found on the Corporate Affairs intranet page and should be used for all new declarations.

A new form should be submitted for each declaration made.

The following information is required:

- Recipient name
- Position
- Date of offer
- Date of receipt (if applicable)
- Declined or accepted?
- Supplier/offer or name and nature of business
- Details of gift/hospitality
- Estimated value
- Details of previous offers or Acceptance by the Offer or/Supplier
- Reason for Accepting or Declining
- Details of the officer reviewing and approving the declaration made and date
- Other comments

Before submitting the form, individuals will be asked to confirm that the declaration has been discussed and agreed with their line manager

APPENDIX E: REGISTER OF SPONSORSHIP TEMPLATE

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of sponsorship	Estimated value	Supplier name and nature of business	Details of any previous offers	Details of Officer reviewing / approving	Declined / accepted	Reason of declining or accepting	Other Comments

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 2018. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and in the case of ‘decision making staff’ (as defined in the statutory guidance on managing conflicts of interest for ICBs), may be published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result. Decision making staff should be aware that the information provided in this form will be added to the ICB’s registers which are held in hardcopy for inspection by the public and published on the ICB’s website.

Decision making staff must make any third party whose personal data they are providing in this form aware that the personal data will held in hardcopy for inspection by the public and published on the ICB’s website and must inform the third party that the ICB’s privacy policy is available on the ICB’s website. If you are not sure whether you are a ‘decision making’ member of staff, please speak to your line manager before completing this form.

Signed:

Date:

Signed:

Position:

Date:

(Line Manager or a Senior ICB Manager)

APPENDIX F: TEMPLATE FOR RECORDING INTERESTS AT MEETINGS

Report from <insert details of committee/ work group>	
Title of paper	<insert full title of the paper>
Meeting details	<insert date, time and location of the meeting>
Report author and job title	<insert full name and job title/ position of the person who has written this report>
Executive summary	<include summary of discussions held, options developed, commissioning rationale, etc.>
Recommendations	<include details of any recommendations made including full rationale> <include details of finance and resource implications>
Outcome of Impact Assessments completed (e.g. Quality IA or Equality IA)	<Provide details of the QIA/EIA. If this section is not relevant to the paper state 'not applicable'>
Outline engagement – clinical, stakeholder and public/patient:	<Insert details of any patient, public or stakeholder engagement activity. If this section is not relevant to the paper state 'not applicable'>
Management of Conflicts of Interest	<Include details of any conflicts of interest declared> <Where declarations are made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these have been managed in the meeting> <Confirm whether the interest is recorded on the register of interests- if not agreed course of action>
Assurance departments/ organisations who will be affected have been consulted:	<Insert details of the people you have worked with or consulted during the process : Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)>
Report previously presented at:	<Insert details (including the date) of any other meeting where this paper has been presented; or state 'not applicable'>
Risk Assessments	<insert details of how this paper mitigates risks- including conflicts of interest>

APPENDIX G: COI MANAGEMENT PLAN

Conflicts of Interest – Management Plan Norfolk and Suffolk Integrated Care Board

Definition

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position or obtain an actual benefit, financial or otherwise, for a conflict of interest to occur e.g.

- **Financial interest** – direct financial benefit e.g. shareholder of organisation in receipt of funding, in receipt of secondary income, sponsored research etc.
- **Non-financial professional interest** – e.g. increasing professional reputation or status or promoting career
- **Non-financial personal interest** – e.g. member of voluntary sector organisation or lobbying/pressure group
- **Indirect interest** – close association with another individual who has an interest e.g. close family, friends

A perception of wrong-doing, impaired judgement or undue influence can be as detrimental as any of them occurring. If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it.

Some disclosed conflicts will require a Management Plan to be put in place. This should be developed between the Line Manager and the Discloser. Once it has been agreed, the Conflict Management Plan will need to be passed to the Corporate Governance Team.

Background

Use this space to tell us about the circumstances that have given risk to the conflict:

Who is potentially conflicted?

Please provide the details of potentially conflicted parties in this section:

Why?

Please use this space to explain why and how the conflict will, or may, occur:

What further mitigation could be taken?

Use this section to consider possible mitigations of the declared conflict, - remember, transparency of decision making is key. Possible mitigations include:

- add to publicly available Register of Interests
- exclude conflicted parties from a specific decision-making situation
- ensure decisions are in line with operational/commissioning strategies
- decisions are based on local health needs
- be proactive – early engagement with patients, public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards
- early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population
- seek advice e.g. clinical senates, networks, commissioning support
- invite another ICB to review the proposal The general safeguards will vary to some extent depending on at what stage in the commissioning cycle the decisions are being made.

Consider the ‘Six Rs’:

- **Register** – Where details of the existence of a possible or potential conflict of interest are formally registered.
- **Restrict** – Where restrictions are placed on the public official/Board member’s involvement in the matter.
- **Recruit** – Where a disinterested third party is used to oversee part or all of the process that deals with the matter.
- **Remove** – Where a public official/Board member chooses to be removed from the matter.
- **Relinquish** – Where the public official/Board member relinquishes the private interest that is creating the conflict.
- **Resign** – Where the public official/Board member resigns from their position with the organisation.

Steps taken to date:

Risk Score before and after mitigation

Further mitigation proposed:

Consequence (impact)	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost certain 5
Negligible 1	1	2	3	4	5
Minor 2	2	4	6	8	10
Moderate 3	3	6	9	12	15
Major 4	4	8	12	16	20
Catastrophic 5	5	10	15	20	25

Low risk	Normal risks which can be managed by routine procedures	The ICB accepts low risks that are likely to result in identified impact
Moderate risk	Responsibility for assessment and action planning allocated to a named individual	The ICB is willing to accept moderate risks that may result in identified impact
Significant risk	Urgent senior management attention with action plan	The ICB is willing to accept some significant risks in certain circumstances
High risk	Immediate action required by a Director	The ICB is not willing to accept any high risk under any circumstances

Risk Score

	Likelihood	Consequence	Risk Rating
Risk before mitigation			
Risk after mitigation			

Conflict Management Plan Review date: _____

(The review should take place no later than 12 months from the date of this plan, and sooner should circumstances change)

Agreement

	Signed	Print name	Date
Discloser			
Reviewer			
Corporate Governance			

Appropriate Actions

This section provides an indication of the actions that should be taken where a conflict is identified.

However, each situation is different, and where there is any uncertainty, guidance should be sought from the Corporate Governance team.

	Financial	Non-financial professional	Non-financial personal	Indirect
Needs Assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

PART 2 to be completed by Corporate Governance / COI Guardian

Outcome of Incident / Next steps	
Date of discussion:	
<i>Please detail the outcome of the discussion between the COI Guardian / Corporate Governance including next steps, actions and lessons learnt</i>	
Confidential spreadsheet updated and unique identifier been provided (if appropriate)	Yes / No
Does an appropriate person need to investigate?	Yes / No
Please provide details on reasons why Yes/No	
Does it need to be scored under the SIRI criteria?	Yes ((and if so the outcome) / No
Does it link to any Whistleblowing / HR Policies?	Yes / No
Please provide details on reasons why Yes/No	
Date that the breach report will be taken to Audit and Risk Committee	
Do Communications need to be notified?	Yes / No
Comments	
Please provide date that NHS England were / will be notified	
Please provide date the anonymised details have been / will be published on the ICBs website	
Please provide the date the original whistleblower has / will be informed of the outcome	

Item 3, Appendix 2. H Public Involvement and Engagement Policy

The content presented below is for illustrative purposes only and will be presented as a webpage on the Norfolk and Suffolk ICB website linked to from the Governance Handbook page.

Working in partnership

There is nothing more important than our own and our family's health. But vital though it is, the NHS only accounts for a fraction of our physical and mental health and wellbeing.

All the rest depends on other things: genetics, our environment - whether we have decent work, enough money, close family and friends, a warm home, clean air - and our own lifestyles.

This is why we were closely with all the other organisations that have an impact on people's health and wellbeing, from other NHS organisations, through to local councils, housing providers, voluntary and community groups, the faith sector and businesses.

There are lots of ways we work in partnership. These include:

Health and Wellbeing Boards

Health and wellbeing boards play a key role in promoting close collaboration between local health and care organisations. You can find out more here:

[Suffolk Health and Wellbeing Board](#)

[Norfolk Health and Wellbeing Board](#)

Integrated Care Partnerships

Integrated care partnerships are statutory committees, bringing together a broad alliance of organisations and representatives concerned with improving people's health, wellbeing and care. They are jointly convened by local authorities and the NHS.

We are establishing a new partnership for Norfolk and Suffolk, and further information will be added to our website once this has happened.

Consultations and engagement opportunities

We're always keen to hear about your experiences of health and care services in our area. We also occasionally make proposals to change services. When this happens, we'll ask you what you think.

If you'd like to share your views, please visit our [dedicated online community](#).

Working with people and communities

Listening to the experiences of people living and working in Norfolk and Suffolk is vital in helping people live longer, healthier and happier lives. It helps us make sure that care and

support is designed around our population, which we know results in improvements in people's health, wellbeing and care.

How we work in partnership with people and communities

There are many ways that we listen to and work with local people. These include:

- Running surveys, focus groups and workshops.
- Including local people as members of forums, participation groups, committees and boards.
- Involving people in research.
- Holding formal public consultations.

If you'd like to share your views, please visit our [dedicated online community](#).

Our principles for working with people and communities

Here are the ten principles we follow when working in partnership with people and communities:

1. Ensure people and communities have an active role in decision-making and governance.
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.
4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners.
6. Provide clear and accessible public information.
7. Use community-centred approaches that empower people and communities, making connections to what works already.
8. Have a range of ways for people and communities to take part in health and care services.
9. Tackle system priorities and service reconfiguration in partnership with people and communities.
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.

These principles are taken from national guidance: [NHS England » Working in partnership with people and communities: statutory guidance](#). This link will take you to the full guidance, including text, pdf. and easy read versions.

Item 3, Appendix 3

In preparation for Norfolk & Suffolk ICB alignment 1st April 2026, the IFR and Experimental and Unproven Treatments Policies and Terms of Reference for IFR panel meeting and Clinical Policy Development Group have been reviewed, taking into consideration available local or national guidance. This has included comparison between SNEE and NW existing policies. Minor changes only have been recommended to align existing policies, with no major changes proposed.

Executive Summary:

The Individual Funding Request and Experimental & Unproven Treatments policy and Terms of Reference for both IFR panel and Clinical Policy Development Group have been reviewed by IFR and CPDG Clinical Stewards, Consultant in Public Health Medicine, Head of Interface and Formulary (Pharmacy and Medicines Optimisation), and Head of phMO (Quality & Safety), and final review by Executive Medical Director and Head of Corporate Governance.

IFR policy – Harmonised policy using elements of SNEE and NW with additional text highlighted in red
 Experimental & Unproven Treatments policy – SNEE no similar policy updated version based on NW policy, changes highlighted in red
 TOR – IFR – new policy document incorporating best of both predecessor policies
 TOR - CPDG – new policy document

Key Risks	
Clinical and Quality:	N/A
Finance and Performance:	N/A
Impact Assessment (environmental and equalities):	Impact assessment has been undertaken for each of the listed policies – no impact identified
Reputation:	No risk identified
Legal:	No risk identified
Information Governance:	Policies are all available via Knowledge NoW and made available to specialist providers
Resource Required:	Nil
Reference document(s):	Nil
NHS Constitution:	All policies are developed with NHS constitution considered
Conflicts of Interest:	Nil
Reference to relevant risk on the Board Assurance Framework	Nil

Norfolk and Suffolk ICB

**Individual Funding
Requests Policy**

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Individual Funding Request Policy
Version	V1
Date of this version	
Produced by	
What is it for?	The policy defines the structured process to assess whether a patient with exceptional clinical circumstances should receive a treatment that is not normally funded by the NHS
Evidence base	This policy is based on NHS England » Commissioning policy: Individual funding requests and has also been compared with neighbouring ICB's IFR policy
Who is it aimed at and which settings?	The policy is aimed at clinicians and general public
Consultation	
Impact Assessment:	See below
Other relevant approved documents	N/A
References:	NHS England Guidance
Monitoring and Evaluation	Policy will be reviewed XXX
Training and competences	Policy has been reviewed NS ICB Clinical Stewards, and Consultant in Public Health Medicine
Reviewed by:	
Approved by:	
Date approved:	
Signed:	
Dissemination:	
Date disseminated:	
Review Date:	
Contact for Review:	

Version Control

Revision History	Summary of changes	Author(s)	Version Number
April 2026	New IFR Policy – Norfolk & Suffolk ICB		

Contents

1.INTRODUCTION	6
2.MONITORING & REVIEW	7
3.EQUALITY	7
4.INFORMATION GOVERNANCE	7
5.1. Identification Bias	9
5.2. Funding of Experimental Treatments	9
5.3. Clinical Exceptionality – Non-Clinical & Social Factors	9
5.4. A Good use of NHS Resources	10
5.5. Funding Duration	10
5.8. Approval	12
5.9. Review of the Decision	13
5.10. Appeal of the Decision	13
6. RELATED ICB GOVERNANCE AND POLICIES	14
6.1.Clinical Threshold Policies	14
6.2. Consultation Process	14
6.3. Clinical Thresholds	14
6.4. Area Prescribing Committee (NS APC) (TAG /IMOC or equivalent)	15
6.5. Knowledge NoW	15
7.ROLES & RESPONSIBILITIES	15
7.1. Individual Funding Request Process – Providers, Including General Practice	15
7.2. Individual Funding Request Process	16
7.3. Individual Funding Request Process NS ICB	17
8. Q&A SECTION	17
8.1. What is a service development?	17
8.2. What is a “cohort of similar patients”?	18
8.3. When should consideration of a commissioning policy be given?	18
8.4. What are non-clinical factors?	19
8.5. How do you prove the patient’s circumstances are exceptional?	20
8.6. What is rarity in an IFR?	20
8.7. What is Triage?	21
8.8. What happens with IFRs which have passed triage?	21
8.10. Retrospective payments for funding?	22
8.11. What information is submitted to the IFR Panel?	22
8.12. What are the possible outcomes from an IFR request?	23
8.13. Approval	23
8.15. Decline	24

8.16. How are IFR Panel decisions communicated?	24
8.17. Will the IFR Panel give reasons as to why a decision has been made?.....	24
8.18 Can the IFR Panel decision be reviewed?	25
8.19. What is an Appeals Panel and why would it be used?	25
8.20. Decisions on Funding.....	26
9.0. GLOSSARY	26
10.0 EQUALITY IMPACT ASSESSMENT	28

1.INTRODUCTION

Norfolk & Suffolk ICB (NSICB) wish to operate a policy for decision making in respect of Individual Funding Requests (IFR). This document sets out the operating policy.

Like any other organisation, the NHS has limited resources, and NS ICB have a duty to manage them to a robust process. This policy applies to any patient for whom the NHS Norfolk and Suffolk ICB is the Responsible Commissioner for that person or needs medical treatment where the ICB is the responsible Commissioner for the provision of that medical treatment as part of NHS care.

Clinicians, on behalf of their patients, are entitled to make an individual IFR application to the IFR Panel for treatment to be funded by the NS ICB that is not normally commissioned under defined conditions, namely;

The request does not constitute a service development

AND

The patient is suffering from a medical condition for which the NS ICB have a policy but where the patient's particular clinical circumstances fall outside the criteria set out in the existing commissioning policy – this is a request for exceptional funding

OR

The patient is suffering from a medical condition, or requesting a treatment, for which the NS ICB have no related clinical threshold policy –this is a request for individual funding

OR

The patient has a rare clinical circumstance, rendering it impossible to carry out clinical trials, and for whom the clinician wishes to use an existing treatment on an experimental basis – this is a request for individual funding.

This policy outlines the conditions and the criteria which are used for decision making when considering IFR requests and applies to any person for those treatments for whom the ICB is the responsible commissioner for NHS care.

The ICB NS IFR Panel cannot consider any request for indications or therapies commissioned by NHS England (See <https://www.england.nhs.uk/commissioning/spec-services/key-docs/> for a list of the prescribed specialised services documents) Applications for these should be made direct to NHS England.

SCOPE

The NS ICB IFR Panel have a formal process to review IFR submissions and will make a decision to fund a request based purely on patients' 'clinical exceptionality'

To be able to consider funding requests for treatment there should be evidence provided within the application to show how the patient would meet both criteria of clinical exceptionality. The requesting clinician should therefore provide evidence to show how the patient is **BOTH**:

- Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

- Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition

2.MONITORING & REVIEW

This policy will be reviewed every 2 years by the IFR panel, or sooner if necessary due to guidance/legislative change(s).

3.EQUALITY

NS ICB have a duty to have regard to the need to reduce health inequalities in accessing health services and the health outcomes achieved as outlined in the Health and Social Care Act 2012. NS ICB are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), marriage and civil partnership, pregnancy and maternity, race, religion or belief or sexual orientation. In carrying out its functions, NS ICB will have due regard of the Equality Act 2010, the NHS Constitution and the Human Rights Act 1998.

In reviewing this document, as a minimum, the following questions were considered:

- Are the aims of this document clear?
- Are responsibilities clearly identified?
- Has the document been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so, is this planned?

Adverse impact has been considered for age, disability, gender, race/ethnic origin, religion/belief/sexual orientation. The ICB have satisfied themselves that the document is non-discriminatory. Please also see detailed Equality Impact Assessment

4.INFORMATION GOVERNANCE

NS ICB are the statutory body responsible for funding decisions. The individual funding request form and any other supporting information supplied may therefore be shared with the NS ICB or other trusted organisations legitimately acting on behalf of the NS ICB.

In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

When an IFR has been submitted for patients who are aged 25 years or younger, the patient record will be shared securely with NSICB Children and Young Peoples Service for the following purposes:

- To ensure that there is a consistent and transparent process to each funding request
- Requests are reviewed by the appropriate funding panel
- Identification of safeguarding concerns
- Enable response to complaints, FOI requests

- Identify specific care needs within adolescent health care by having oversight of requests for funding of treatments

Further Information regarding Child & Young Peoples Services can be found via the following link: [Children and Young People - Norfolk and Waveney ICS](#)

IFR panel meeting minutes, will not be made available in the public domain. Personal information may be retained only for the purposes of the IFR application and, in some cases, may be used for invoicing and payment reconciliation. Patient's medical records may be used for the purposes of quality audit which will be completed by a health professional. Anonymised information may also be shared as part of the NS ICB reporting processes

5. CLINICAL EXCEPTIONALITY

The policy of the ICB is that there is no requirement for the Panel to carry out its own investigations about the patient's circumstances in order to try to find a ground upon which the patient may be considered to be exceptional nor to make assumptions in favour of the patient if one or more matters are not made clear within the application.

Therefore, if a clear case of exceptionality is not made out by the paperwork placed before the IFR-Panel, the panel would be entitled to turn down the application. The responsibility is on the clinical applicant to set out the grounds clearly for the panel on which it is said that the patient is exceptional.

The grounds will usually arise out of exceptional clinical manifestations of the medical condition, as compared to the general population of patients with the same medical condition as the patient. An exceptionality request can be made in relation to a medical condition where the ICB has a Commissioning Policy or a formal Commissioning Position, but the patient's clinical circumstances or the requested treatment falls outside that ICB Policy or Position. These grounds must be set out on the form provided by NSICB and should clearly set out any factors which the clinician invites the panel to consider as constituting a case of exceptional clinical circumstances.

Exceptional in IFR terms means a person to whom the general rule should not apply. This implies that there is likely to be something about their clinical situation which was not considered when formulating the general rule. Very few patients have clinical circumstances which are genuinely exceptional.

The fact that a treatment is likely to be efficacious for a patient, is not in itself a basis for exceptionality.

When making their decision, the NS IFR Panel is required to restrict itself to considering only the patient's presenting medical condition and the likely benefits which have been demonstrated by the evidence to be likely to accrue to the patient from the proposed treatment.

If a patient's clinical condition matches the 'accepted indicators' for a treatment that is not funded, their circumstances are not by definition, exceptional.

The IFR Panel will use the information provided by the requester to compare the patient to other patients with the same presenting medical condition at the same stage of progression. Specifically, the panel may consider, based upon the evidence provided to it, whether or not the patient has demonstrated exceptional clinical circumstances which lead the panel to believe that the patient

would benefit significantly more from the treatment than the other patients not meeting funding criteria.

5.1. Identification Bias

The IFR Panel shall take care to avoid identification bias, often called the “rule of rescue”. This can be described as the imperative people feel to rescue identifiable individuals facing avoidable death or a preference for identifiable over statistical lives[1]. In plain terms this means; supporting intensive effort to prolong life (when prognosis appears poor and death unavoidable) and when there is little research evidence to support treatment options (e.g. in relapsed/refractory stages of disease). The fact that a patient has exhausted all NHS treatment options available for a particular condition is unlikely, of itself, to be sufficient to demonstrate exceptional circumstances. Equally, the fact that the patient is refractory to existing treatments where a recognised proportion of patients with the same presenting medical condition at this stage are, to a greater or lesser extent, refractory to existing treatments is unlikely, of itself, to be sufficient to demonstrate exceptional circumstances.

5.2. Funding of Experimental Treatments

This patient group represents a distinct group of exceptions and so are assessed in line with the ICB commissioning policy on experimental and unproven treatments.

In the absence of such a policy, the IFR panel shall be entitled to approve funding an experimental treatment for patients with rare clinical conditions or clinical circumstances.

In considering whether or not to agree to fund the treatment the IFR Panel’s consideration shall include the following factors:

- The potential benefit and risks of the treatment
- The biological plausibility of anticipated benefit for the patient based on evidence of this treatment in other similar disease states
- Value for money
- Affordability and priority compared to other competing needs and unfunded developments
- Where the request is in respect of more than one patient or it is clear from the nature of the request that there is likely to be more than one patient, then the IFR panel should consider whether or not the request is a service development or trial

5.3. Clinical Exceptionality – Non-Clinical & Social Factors

The IFR process considers clinical information only. Non-clinical and social factors have to be disregarded for this purpose in order for the IFR Panel to be confident of dealing in a fair manner in comparable cases. If these factors were to be included in the decision-making process, NSICB could not be assured that it was being fair and equitable to other patients who cannot access such treatment and whose non-clinical and social factors would be the same or similar.

Consideration of social factors would also be contrary to NS ICB policy of non-discrimination in the provision of medical treatment. If, for example, treatment was to be provided on the grounds that this would enable an individual to stay in paid work, this would potentially discriminate in favour of those working compared to those not working. These are value judgements which the IFR Panel should not make.

5.4. A Good use of NHS Resources

Applications must be made by appropriate NHS treating clinicians. This is likely to be the patients' treating NHS doctor but may be an NHS therapist or other NHS healthcare professional applying appropriately within their scope of expertise. It is expected that the majority of IFRs will be submitted by secondary/tertiary care clinicians rather than primary care clinicians. It may not be uncommon for a GP to submit an IFR request. However, an IFR should be based on clinical exceptionality. If a GP feels that an IFR for an individual case is appropriate, expert advice should be sought, and included in the application, as appropriate. Patients cannot apply for their own funding, but an appropriate NHS clinician can apply on the patient's behalf if, in their professional opinion it is appropriate to do so.

Requesting clinicians are expected to submit a full and complete application form and all necessary supporting evidence. Should the IFR administration team require further information, it will be requested from the requesting clinician only, and the request will not be considered until the necessary information has been received. It is the responsibility of the requesting clinician to submit what is required in a timely manner to avoid delays in patient care. Where there is insufficient information submitted for the panel to make an informed decision the requesting clinician will be notified and the case closed until supporting information is made available.

The requesting clinician will be expected to explain why they consider the treatment for which funding has been applied for will be a good use of NHS resources.

This criterion is only applied where the panel has already concluded that the criteria of clinical exceptionality and clinical effectiveness have been met. Against this criterion the Panel balances the degree of benefit likely to be obtained for the patient from funding the treatment against cost. Having regard to the evidence submitted and the analysis they have carried out when considering clinical exceptionality and clinical effectiveness, Panel members will consider the nature and extent of the benefit the patient is likely to gain from the treatment, the certainty or otherwise of the anticipated outcome from the treatment and the opportunity costs for funding the treatment.

This means considering, for example, how significant a benefit is likely to be gained for the patient, and for how long that benefit will last. These factors need to be balanced against the cost of the treatment and the impact on other patients of withdrawing funding from other areas in order to fulfil the IFR. This reflects the fact that the only way to provide the funding for treatment under IFR, i.e. outside commissioned clinical policies which are developed through the structured prioritisation process, is to divert resources away from current services.

5.5. Funding Duration

Funding is valid whilst the patient remains registered with a GP within NS ICB area. This general rule is in line with NHS England guidance Who Pays? [NHS England » Who Pays?](#)

5.6. Specialised Treatments

NS ICB wants the best for its patients. It is important that when a patient reaches a stage in their treatment pathway that requires a specialist intervention, NS ICB would expect our patients to be referred to an officially designated, accredited centre (usually commissioned by NHSE) to ensure high quality care. NS ICB will not support specialised treatment at undesignated, non-accredited centres.

Requests for patients covered by NHS England's responsibilities should be sent directly to NHS England. If such requests are sent to the address above, the requesting clinician will be informed that they will need to submit a request to NHS England via <mailto:england.ifr@nhs.net>

It is not within the IFR Panel's remit to consider applications which have been refused by NHS England.

5.7. Urgent Requests

Where an IFR request is marked as urgent, the IFR Panel, will aim to make a decision within 5 working days of receipt. This working day period discounts any working days where the IFR team are awaiting information sought from the requesting clinician. At any point in the IFR process, the IFR team can ask for further information to clarify the request. If the requester does not provide a response to the IFR team within 3 working days the request will be closed and the requester informed. Such a request can be reopened on submission of the additional information.

An urgent request is one which requires urgent consideration and decision because the patient faces a substantial risk of death or significant harm if a decision is not made before the next scheduled meeting of the IFR Panel. If the referring clinician considers that treatment cannot be delayed and decides to treat immediately then the cost of such treatment is incurred at the risk of the Provider.

The NS ICB recognise that there will be occasions when an urgent decision needs to be made to consider approving funding for treatment for an individual patient outside the NS ICB normal policies. In such circumstances the NS ICB recognise that an urgent decision may have to be made before a panel can be convened. The following provisions apply to such a situation.

- Urgency under this policy cannot arise as the result of a failure by the Clinical Team to expeditiously seek funding through the appropriate route and/or where the patient's legitimate expectations have been raised by a commitment being given by the provider trust to provide a specific treatment to the patient, will **not** lead to the circumstances being considered as urgent under this policy. In such circumstances the NS ICB expect the provider trust to proceed with treatment and for the provider to fund the treatment.
- In situations of clinical urgency, the decision will be made by a nominated clinical member of the panel, with the support of the Executive Medical Director of the NS ICB. In the absence of the Executive Medical Director, the deputy Medical Director of the ICB can make this decision.
- The clinical member will as far as possible within the constraints of the urgent situation, follow the policy set out above in making the decision. The clinical member shall consider the nature and severity of the patient's clinical condition and the time period within which the decision needs to be taken. As much information about both the patient's illness and the treatment should be provided as is feasible in the time available and this shall be considered for funding in accordance with relevant existing commissioning policies.
- The clinical member shall be entitled to reach the view that the decision is not of sufficient urgency or of sufficient importance that a decision needs to be made outside of the usual process.

- The IFR administrative team will submit anonymised urgent requests via e-mail to NS ICB IFR panel members.
- The IFR Panel will aim to make a decision within 5 working days of receipt of the request. Trusts should treat all urgent and life-threatening situations based on the clinical need.
- Urgent requests will also be discussed at the next available panel meeting and a record added to the minutes.

5.8. Approval

Complete IFR requests are reviewed by the NSICB IFR panel which includes senior clinicians and a consultant in Public Health medicine. The IFR panel review submitted clinical evidence relevant NICE guidance, existing clinical policies and pathways and evidence of exceptionality. The panel makes one of the following decisions:

Approve funding

The IFR Panel shall be entitled to approve requests for funding for treatment for individual patients where all the following conditions are met:

- The IFR Panel is satisfied that there is no cohort of similar patients. If there is a cohort of similar patients the IFR Panel shall decline to make a decision because the application is required to be treated as a request for a service development. (The IFR Panel will continue to have the right to make decisions on any further similar applications for funding whilst a policy is in the process of being produced.)
- The request does not constitute a service development.
- The patient is suffering from a medical condition for which the NS ICB has a policy but where the patient's particular clinical circumstances fall outside the criteria set out in the existing commissioning policy for funding the requested treatment.
- The patient is suffering from a medical condition, or requesting a treatment, for which the NS ICB has no policy.
- The patient has a rare clinical circumstance, this rendering it impossible to carry out clinical trials, and for whom the clinician wishes to use an existing treatment on an experimental basis.
- Exceptional circumstances apply where there is sufficient evidence to show that, for the individual patient, the proposed treatment is likely to be clinically and cost effective or that the clinical trial has sufficient merit to warrant NHS funding.

The IFR Panel is not required to accept the views expressed by the patient or the clinical team concerning the likely outcomes for the individual patient of the proposed treatment, but it is entitled to reach its own views on:

- The likely clinical outcomes for the individual patient of the proposed treatment;

AND

- The quality of the evidence presented to support the request and/or the degree of confidence that the IFR Panel has about the likelihood of the proposed treatment delivering the proposed clinical outcomes for the individual patient.

The IFR Panel may make such approval contingent on the fulfilment of such conditions as it considers fit.

Very occasionally an individual funding request presents a new issue which needs a substantial piece of work before the NS ICB can reach a conclusion upon its position. This may include wide consultation. Where this occurs the IFR Panel may adjourn a decision on an individual case until that work has been completed.

Decline Funding – where the request does not meet the criteria outlined in this policy.

Request further information where there is insufficient information presented to enable the Panel to reach a decision.

The IFR administration team will provide the requesting clinician with a written outcome of the decision within 5 working days. The decision letter will clearly document the rationale for the decision. The requesting clinician will be responsible for informing the patient.

5.9. Review of the Decision

In any case, where further relevant information becomes available which has not been considered by the NS IFR Panel, the referring clinician may ask the NS IFR Panel to reconsider the case specifically in the light of this further information

Requests for re-consideration for drugs IFR must be submitted within 30 working days of panel decision, and for non-drugs cases must be submitted within 6 months of panel decision. The referring clinician must clearly outline the reasons for the re-consideration and/or the clinician requesting the re-consideration must submit new clinical evidence to the panel.

5.10. Appeal of the Decision

Where the NS IFR Panel has refused to support funding for a requested treatment or has approved the treatment subject to conditions, the patient shall be entitled to ask that the decision of the NS IFR Panel be reviewed by appeal. All requests for appeal must be supported by the senior treating clinician in writing to the Chair of the NS IFR Panel within 30 working days (i.e. 6 weeks) for IFR drugs cases and within 6 months (non-drugs) of the date of the NS IFR Panel's decision. The clinician must clearly outline the reasons as to why the decision taken by the NS IFR panel was:

- procedurally improper and/or
- that it misunderstood the medical evidence and/or
- was in the clinician's opinion a decision which no reasonable IFR panel would have reached.

The NS IFR Panel Chair will consider the clinician's request and refer the case to the NS IFR Panel Administrator to convene an appeal panel and reach a decision within 30 working days of receipt of the appeal.

The IFR Appeal Panel is part of the corporate governance process of the ICB. The role of the IFR Appeal Panel is to determine whether the NS IFR Panel has followed the ICB procedures, has properly considered the evidence presented to it and has come to a reasonable decision upon the evidence.

The IFR Appeal Panel shall consider whether:

- The process followed by the NS IFR Panel was consistent with the operational policy of the ICB
- The decision reached by the NS IFR Panel:
 - was taken following a process which was consistent with the policies of the ICB
 - had taken into account and weighed all the relevant evidence
 - had not taken into account irrelevant factors
 - indicated that the members of the panel acted in good faith
 - was a decision which a reasonable IFR panel was entitled to reach.

If the IFR Appeal Panel considers that there was no reasonable prospect of the NS IFR Panel coming to a different decision, then the IFR Appeal Panel shall uphold the decision notwithstanding the procedural error.

However, if the IFR Appeal Panel considers that there was a reasonable prospect that NS IFR Panel may have come to a different decision if the NS IFR Panel had not made the procedural error, the IFR Appeal Panel shall require the NS IFR Panel to reconsider the decision.

The IFR Appeal Panel shall not have power to authorise funding for the requested treatment but shall have the right to make recommendations to the NS IFR Panel and/or to request one of the Officers authorised to take urgent decisions to consider exercising that power.

Should the referring clinician or patient remain dissatisfied with the IFR Review Panel decision, either of them may pursue the matter through the NHS Complaints Procedure.

6. RELATED ICB GOVERNANCE AND POLICIES

6.1. Clinical Threshold Policies

The Clinical Policy Development Group is to support effective commissioning by developing clinical threshold policies based on the best available evidence, in an open and transparent process. These policies support NS ICB to prioritise resource allocation for treatments based on evidence of clinical effectiveness, safety, cost effectiveness and affordability, to ensure finite resources are managed to optimise health outcomes for the local population.

6.2. Consultation Process

All affected Providers, Primary Care and other appropriate stakeholders will be given the opportunity to engage in the policy development process via the Clinical Policy Development Group. The Clinical Policy Development Group will consider all feedback received and where appropriate, are willing to make amendments as suggested.

6.3. Clinical Thresholds

Once the procedures and thresholds for any new or existing phase are decided the Clinical Thresholds Policy will be amended, uploaded on to Knowledge NoW (or appropriate successor website) and disseminated to appropriate Providers and stakeholders. (Clinical Threshold Policy Implementation SOP) see appendix 1

6.4. Area Prescribing Committee (NS APC) (TAG /IMOC or equivalent)

The NS APC has a responsibility to promote rational, evidence-based, high quality, best-value medicines optimisation across Norfolk and Suffolk to ensure equity of access to medicines for all residents. The remit is to provide oversight and direction to deliver a shared medicines optimisation agenda for improving population health, preventing ill health, reducing health inequality, and promoting physical and mental health and wellbeing across Norfolk and Suffolk. It provides a system-wide collective clinical leadership approach to medicines optimisation and clinical decision making ensuring a best value approach across the ICS including; acute and mental health services, Primary Care Networks and Community Services There is also consideration of other health-system costs to support and facilitate service redesign.

The NS APC commission NICE approved treatments; adopting NICE Technology Appraisals (TAs) within the mandated timeframe, make local commissioning recommendations considering regional and national guidance, in ways that are clear, consistent, and defensible, using the NHS 'Ethical & Commissioning Principles' Framework and local decision-making criteria

6.5. Knowledge NoW

The IFR policy can be found on the Knowledge NoW website available for downloading here [IFR Policy](#) . The IFR form is available via primary care clinical systems, or Knowledge NoW, [IFR Form](#) . This website is subject to change with the evolution of the new NSICB.

7.ROLES & RESPONSIBILITIES

7.1. Individual Funding Request Process – Providers, Including General Practice

The voting members of the panel are clinically experienced professionals who have undertaken robust IFR training. This enables them to evaluate each request on a consistent and evidenced based manner, considering biological plausibility, clinical effectiveness, and financial sustainability.

Providers, including General Practice, are to ensure the following:

The Clinical Thresholds Policy, IFR form and other associated documentation is shared and communicated internally with all relevant staff to ensure compliance with the Policy.

Clinicians will take the NS ICB, clinical threshold policies into account in the advice and guidance given to patients prior to making the decision to request an IFR. The IFR process is discussed with the patient in clinic to ensure the patient understands the process regarding funding requirements and consent to share information. A patient information leaflet explaining the IFR process can be located via the link below and should be given to the patient to assist with this discussion.

[Information for Patients - Knowledge NoW](#)

An IFR form must be completed electronically, by the relevant supporting clinician for the patient. The request forms are available on Ardens, the Knowledge NoW website at; [Referral Forms - Knowledge NoW \(NSknowledgenow.nhs.uk\)](#) although this website may be subject to change with the evolution of the new NSICB, or via email request nw.ifr@nhs.net. The completed IFR form should be submitted using the agreed template. Handwritten pro-formas cannot be accepted and will be returned to the requesting clinician.

The IFR form must be completed to indicate patient consent, where patient consent has not been declared or clearly marked the incomplete proforma will be returned to the requesting clinician

Once a request has been submitted for funding, the clinician will respond to queries and/or requests for further information in a timely manner.

Funding requests reviewed by the IFR Panel will result in a formal outcome letter sent to the requesting clinician. This letter will include the rationale for the decision, and any relevant instructions or follow-up actions. Where applicable, the panel may request a clinical update of the patient's progress to support further consideration.

All communication with the patient is the responsibility of the requesting clinician. The requesting clinician is responsible for informing the patient of the ultimate decision.

The IFR- Panel cannot consider any request for indications or therapies commissioned by NHS England (See NHS England 'The Manual' for a list of the prescribed specialised services)<https://www.england.nhs.uk/commissioning/spec-services/key-docs/> Applications should be made direct to NHS England.

Requests for patients covered by NHS England's responsibilities should be sent directly to NHS England. If such requests are sent to the address above, the requesting clinician will be informed that they will need to submit a request to NHS England via <mailto:england.ifr@nhs.net>

It is not within the IFR- Panel's remit to consider applications which have been refused by NHS England.

If an IFR is returned to the referring clinician approved, the patient should be referred or listed for the requested procedure and the relevant authorisation number recorded by the hospital / other provider, according to their local policies and procedures.

If an IFR is declined, it will be returned to the referring clinician, the patient should not be referred or listed for the procedure.

7.2. Individual Funding Request Process

Please see table below of the IFR process. In summary;

- IFR Panels will be administered by IFR administration team.
- IFR Panels will be held on a monthly basis.

Stage	Time Frame
Acknowledgement Letter sent to referring Clinician.	IFR administration to complete within 5 working days of receipt.
Admin Triage – To ascertain if further information is required.	Administrate within 15 working days of receipt.
Panel papers circulated to panel members.	Administrate within 5 working days of monthly panel meeting.
Decision communicated to referring clinician.	Administrate within 5 working days after panel.
Urgent Requests.	IFR panel members to provide a decision. Administrate within 5 working days .
If any further information requested by IFR team, fails to be submitted the IFR case will be lapsed and referrer will be notified with the option to re-submit.	Cases to be processed within 40 working days of receipt

The IFR Team will process requests from receipt to decision letter within 40 working days (this timeframe will be subject to any requested information awaited from the referrer/clinician/patient).

7.3. Individual Funding Request Process NS ICB

NS ICB will ensure the following;

NS ICB will appoint a lay chair for the IFR Panel.

NS ICB will ensure there are clinical representatives at each IFR Panel meeting. The NS ICB representatives will have delegated authority to make decisions on behalf of NS ICB.

The Lay-Chair of the IFR Panel has delegated responsibility to approve funding requests up to a maximum of £50,000 per case after approval by the IFR Panel. Responsibility for approving requests for funding over £50,000 per case has been delegated to the Chief Executive Officer or Director of Finance after recommendation by the IFR Panel and subsequent approval of the Executive Medical Director or their deputy.

For a panel meeting to be quorate, there is a requirement for three medically qualified members of the panel to be present. This may include a medically qualified Consultant in Public Health.

8. Q&A SECTION

8.1. What is a service development?

A service development is any aspect of healthcare which the NS ICB has not historically agreed to fund, and which will require additional and predictable recurrent funding.

Some funding requests may fall within the Experimental and Unproven Treatments Policy the policy is available [Experimental and Unproven Treatments Policy](#)

All individual funding requests submitted to NS ICB will be subject to screening by the IFR Panel and NS ICB to determine whether the request represents a service development. Service developments include, but are not restricted to:

- New services
- New treatments including medicines, surgical procedures and medical devices.
- Developments to existing treatments including medicines, surgical procedures and medical devices.
- New diagnostic tests and investigations.
- Requests to alter existing policy (called a policy variation). The proposed change could involve adding in an indication for treatment, expanding access to a different patient sub-group or lowering the threshold for treatment.
- Requests to fund a number of patients to enter a clinical trial and the commissioning of a clinical trial are considered as service developments in this context as they represent a need for additional investment in a specific service area.

Where there is an identified service development, or an identified gap in commissioning service, the IFR panel will advise the NS ICB Clinical Policy Development Group (CPDG). This will then be recorded onto CPDG action log for further review. New or amended clinical threshold policies instigated from CPDG, will then be presented at NS ICB Scheduled Care board (or relevant successor meeting) for final ratification.

A request for a treatment should be classified as a request for a service development if there are likely to be a cohort of similar patients who are:

- In the same or similar clinical circumstances as the requesting patient whose clinical condition means that they could make a like request (regardless as to whether such a request has been made)

AND

- Who could reasonably be expected to benefit from the requested treatment to the same or a similar degree.

It is common for clinicians to request an individual funding request for a patient where the request is properly analysed, the first patient of a group of patients wanting a particular treatment. Any individual funding request which is representative of this group represents a service development. As such it is difficult to envisage circumstances in which the patient can properly be classified to have exceptional clinical circumstances. Accordingly, the individual funding request route is usually an inappropriate route to seek funding for such treatments as they constitute service developments.

8.2. What is a “cohort of similar patients”?

A cohort of similar patients for the purposes of this policy has been defined as the number of requests received or likely to be received per year which will require consideration of a commissioning policy. In these circumstances, the IFR route to funding may only be considered if the patient is clinically exceptional to the cohort.

8.3. When should consideration of a commissioning policy be given?

The NS ICB have set the level at which cases will require consideration of a commissioning policy. Once this number of requests is met, the IFR route to funding may only be considered if the patient is clinically exceptional to the cohort.

The NS ICB will consider the development of a clinical commissioning policy where:

- The numbers of patients for whom the treatment will be requested per year is likely to be for drugs IFR 2 or more patients in the population served by NS ICB and for non-drugs IFR 5 or more patients in the population served by NS ICB. Upon receipt of the trigger request for funding a business case/clinical commissioning policy will be requested. (The IFR Panel will continue to have the right to make decisions on any further similar applications for funding whilst a policy is in the process of being produced.)

OR

- The cost of funding the requested treatment for an individual is likely to result in expenditure to the NS ICB in excess of £50,000.

If the number of patients for whom the treatment is requested is likely to be below 5 per year, the IFR Panel will consider the request for funding.

The IFR Panel is not entitled to make policy decisions for NS ICB. It follows that where a request has been classified as a service development for a cohort of patients, the IFR Panel is not the correct body to make a decision about funding the request. In such circumstances the individual funding request should not and will not be presented to the IFR Panel but will be dealt with in the same way as other requests for a service development through NS ICB due processes (the IFR

Panel will continue to have the right to make decisions on further similar applications whilst a policy is in the process of being developed).

Where an IFR has been classified as a service development for a cohort of patients, the options open to the IFR Panel include:

- To refuse funding and request the provider prioritises the service development internally within the provider organisation that made the request and, if supported, to invite the provider to submit a business case as part of the annual commissioning round for the requested service development.
- To refuse funding and initiate an assessment of the clinical importance of the service development within the NS ICB with a view to developing a policy and determining its priority for funding in the next financial year
- To refer the request for funding for immediate workup of the service development as a potential candidate for in year service development.

In practice, all requests for funding for an individual patient have been called Individual Funding Requests (IFRs) but these sub-categories of request should be recognised.

The broad types of request that may be received are;

- Representing a service development for a cohort of patients
- On grounds of clinical exceptionality where there are commissioning arrangements in place
- On grounds of rarity and no commissioning arrangements exist.
- For a new intervention or for use of an intervention for a new indication, where no commissioning arrangements exist.

There can be no exhaustive definition of the conditions which are likely to come within the definition of an exceptional individual case. The word 'exception' means;

'a person, thing or case to which the general rule is not applicable'.

To meet the definition of 'exceptional clinical circumstances' there must be a NS ICB policy in place that describes the availability of the requested intervention and the patient must be (or their clinician must demonstrate that they are both):

- Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

- Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition

8.4. What are non-clinical factors?

The NS ICB do not discriminate on grounds of social factors (for example, but not limited to: age, gender, ethnicity, employment status, parental status, marital status, religious/cultural factors). Social factors will not be taken into account in determining whether exceptionality has been established.

The NS ICB will seek to commission treatment based on the presenting clinical condition of the patient and not based on the patient's non-clinical circumstances.

In reaching a decision as to whether a patient's circumstances are exceptional, the panel is required to follow the principles that non-clinical factors including social value judgements about the underlying medical condition or the patient's circumstances are not relevant.

Clinicians are asked to bear this policy in mind and not refer to non-clinical factors to seek to support the application for individual funding.

8.5. How do you prove the patient's circumstances are exceptional?

The responsibility is on the clinical applicant to set out the grounds clearly for the panel on which it is said that this patient is exceptional.

The grounds will usually arise out of exceptional clinical manifestations of the medical condition, as compared to the general population of patients with the medical condition which the patient has. These grounds must be set out on the form provided by the NS ICB and should clearly set out any factors which the clinician invites the panel to consider as constituting a case of exceptional clinical circumstances. If a clear case as to why the patient's clinical circumstances are said to be exceptional is not made out, then the panel can do no other than refuse the application.

The panel recognises that the patient's referring clinician and the patient together are usually in the best position to provide information about the patient's clinical condition as compared to a subset of patients with that condition.

The referring clinician is advised to set out the evidence in detail because the panel will contain a range of individuals with a variety of skills and experiences but may well not contain clinicians of that speciality. The NS ICB therefore requires the referring clinician, as part of their duty of care to the patient, to explain why the patient's clinical circumstances are said to be exceptional.

There may be cases where clinicians and/or patients seek to rely on multiple grounds to show their case is exceptional. In such cases the panel should look at each factor individually to determine;

- (a) whether the factor was capable of making the case exceptional and
- (b) whether it did in fact make the patient's case exceptional

The panel may conclude, for example, that a factor was incapable of supporting a case of exceptionality and should therefore be ignored. That is a judgment within the discretion of the panel.

If the panel is of the view that none of the individual factors on their own make the patient's clinical circumstance exceptional, the panel should then look at the combined effect of those factors which are, in the panel's judgement, capable of supporting a possible finding of exceptionality. The panel should consider whether, in the round, these combined factors demonstrate that the patient's clinical circumstances are exceptional. In reaching that decision the panel should remind itself of the difference between individual distinct circumstances and exceptional clinical circumstances.

8.6. What is rarity in an IFR?

The assessment of these funding requests should be distinguished from requests on the grounds of exceptionality.

A set of criteria need to be applied when a patient's medical condition is so rare or their condition is so unusual that the clinician wishes to use an existing treatment in an experimental way. This exception does not routinely apply to rare disorders or small subgroups of patients within a more common disorder because here it would be normal to have a trial involving sufficient patients formally to evaluate the proposed treatment in a trial.

[Experimental-Unproven-Treatments-Policy.docx](#)

In assessing these cases the panel should consider the following;

- Can this treatment be studied properly using any other established method? If so then funding should be refused.
- Is the treatment likely to be clinically effective?
- In addition, the usual considerations are included. Whether the treatment is cost effective, and what is this patient's priority compared to patients whose care has not been funded.

8.7. What is Triage?

Requests are subject to a triage process to determine whether the request has sufficient clinical and other information for the individual funding request to be considered fully by the IFR Panel.

All requests will be triaged prior to presenting at the IFR Panel. Triage will consider the information provided in the request against any relevant commissioning policies and make recommendations for the panel to consider. Recommendations include;

- Approved
- Declined
- Further clinical debate required at panel

Sometimes, triage will determine that more information is required to progress the request and the referrer will be contacted.

8.8. What happens with IFRs which have passed triage?

An exceptionality request can be made in relation to a medical condition where the NS ICB have a Commissioning Policy but the patient's clinical circumstances or the requested treatment falls outside the NS ICB Policy. These exceptionality requests should be completed by the clinician with reference to the relevant generic and/or treatment specific commissioning policy.

The IFR Panel will use the information provided by the requester to compare the patient to other patients with the same presenting medical condition at the same stage of progression. Specifically, the panel may consider, based upon the evidence provided to it, whether the patient has demonstrated exceptional clinical circumstances which lead the panel to believe that the patient would benefit significantly more from the treatment than the other patients not meeting funding criteria. When making their decision, the IFR Panel is required to restrict itself to considering only the patient's presenting medical condition and the likely benefits which have been demonstrated by the evidence to be likely to accrue to the patient from the proposed treatment.

The IFR Panel shall seek to make decisions in accordance with the NHS ethical framework & principles, including the requirement to have due regard to the obligations of the Equality Act 2010

save where a difference in treatment is based on objectively justifiable factors and is a justified and proportionate response to the needs of different groups of patients.

The IFR Panel shall seek to make decisions in accordance with the 1998 Human Rights Act.

The IFR Panel will not make decisions for treatments available to individual patients, or other clinically similar patients, on the basis of non-clinical factors.

8.9. What happens if an IFR is Urgent?

An IFR request is considered *urgent* when the patient could face a serious risk of death or significant harm if a funding decision is not made before the next scheduled IFR Panel meeting. The IFR Panel aims to make a decision within 5 working days of receiving the urgent request. If the clinician feels the patient must be treated immediately, they may go ahead — but the provider takes on the financial risk if funding is later declined.

A situation is **not** considered urgent if:

- the clinical team did not request funding promptly, or
- the patient has been given unrealistic expectations about treatment before funding was agreed.

In these situations, the provider is expected to treat and fund the care themselves.

Urgent decisions are made by:

- a nominated clinical member of the IFR Panel, and
- the Executive Medical Director (or the Deputy Medical Director if needed).

This is done when waiting for a full panel meeting would risk harm.

They may decide that the case does **not** require a fast-track decision and can wait for the usual IFR Panel process.

All urgent approvals or rejections are reviewed at the next scheduled panel meeting, and a record is added to the minutes.

8.10. Retrospective payments for funding?

Individual Funding Requests will not be accepted where the request is for retrospective funding e.g. requests from clinicians or providers made after a period of care has commenced or request from patients for reimbursement of the costs of a treatment which has been purchased privately.

Treatments that are undertaken, without funding approval or agreement, will be at the risk of the provider.

8.11. What information is submitted to the IFR Panel?

All applications must be accompanied by written support and evidence provided by the clinical team treating the patient. It is the clinician's responsibility to ensure that the appropriate information is provided to the NS ICB according to the type of request being made, in a timely fashion

consistent with the urgency of the request. If relevant information is not submitted, then the referring clinician will bear responsibility for any delay that this causes.

All clinical teams submitting IFR requests must be aware that information that is immaterial to the decision will not be considered by the IFR Panel. This may include information about non-clinical factors relating to the patient or information which does not have a direct connection to the patient's clinical circumstances.

An electronic request form must be completed by the referring clinician. The request forms are available via primary care clinical systems, or Knowledge NoW (or successor website), [IFR Form](#)

Requests for patients covered by NHS England's responsibilities should be sent directly to them.

If further information is required to prepare the case for consideration by the IFR Panel this may delay presentation to the IFR Panel. All required information from the provider hospital trust/clinician must be sent to the IFR Administrator at least 10 working days before the scheduled date of the IFR Panel at which the case is to be considered.

All applications must be accompanied by written support and evidence provided by the clinical team treating the patient explaining:

- Whether the request for funding is an individual request or an exceptional request.
- The clinical circumstance of the patient. The clinical team is required to present a full report to the IFR Panel which sets out a comprehensive and balanced clinical picture of the history and present state of the patient's medical condition, the nature of the treatment requested and the anticipated benefits of the treatment.
- The planned treatment and the expected benefits and risks of treatment. The clinical team shall describe the anticipated clinical outcomes for the individual patient of the proposed treatment and the degree of confidence of the clinical team that the outcomes will be delivered for this particular patient.
- The evidence on which the clinical opinion is based. The clinician shall refer to, and include, copies of any clinical research material which supports, questions or undermines the case that is being made that the treatment is likely to be clinically effective in the case of the individual patient.
- The clinical team shall set out the full attributable costs of and connected to the treatment.
- Whether or not there are likely to be similar patients either within the NS ICB or across the region. For exceptionality requests the clinician must also provide the case for treating this patient and no other apparently similar patients.

8.12. What are the possible outcomes from an IFR request?

The IFR Team will advise relevant applicants of the outcome of their application within 10 working days of the Panel meeting (although in reality, this is usually sooner.)

8.13. Approval

Where treatment requested meets the criteria outlined in the NS IFR Panel Policy.

8.14. Approval with conditions

Where an IFR Team will require an update on the clinical outcome of treatment from the requesting

clinician in order to determine whether it has resulted in the anticipated level of benefit to the patient, an appropriate review date will be determined by the NS IFR Panel and recorded. An outcomes reporting form will be provided to the requesting clinician with the decision letter. This information is essential when processing requests for continuation of treatment. Provider Trusts and their clinicians are required to comply with such requests for information on the outcomes of treatment for their patients, in compliance with the NS IFR Panel policy. Funding continuation is a condition on this being provided.

8.15. Decline

The NS IFR panel may decline funding on of two grounds:

That there is insufficient information presented to enable the Panel to reach a decision.

The NS IFR Panel may wish to seek further information to clarify specific issues relating to the case. Where this is the case the NS IFR Panel Chair will clearly outline the action to be taken. Any advice received will be shared with the requester at the same time that the IFR outcome is communicated.

That the request does not meet the criteria outlined in the IFR-Drugs Panel policy.

A written response will be sent to the clinician explaining the reason for the decision and outlining the options that are available. The responsibility for explaining the reasons for the decision and answering any questions which the patient may have about the request or their clinical options will lie with the requesting clinician. This is because the clinician will have the full details of the reasons for the decision. The clinician should contact the patient in order to discuss the outcome.

8.16. How are IFR Panel decisions communicated?

The referring clinician making the request will be informed of the IFR Panel's decision as soon as practicable via email within 5 working days. Patient confidentiality will be maintained at all times.

8.17. Will the IFR Panel give reasons as to why a decision has been made?

The NHS Constitution requires NHS organisations to make decisions 'rationally following a proper consideration of the evidence' and be clear about the reasons for their decisions. The NS ICB will give reasons for its decisions.

The purpose of a duty to give reasons is to tell the patient in general terms why the NS ICB reached the decision it did and the factors that it considered in reaching the decision.

Where a public body is required to give reasons for its decision, it is required to give reasons which are proper, adequate, and intelligible and enable the person affected to know why they have been approved or declined. These can be expressed in a few sentences, but they need to go into sufficient detail so that the patient knows that the main aspects of their case have been properly considered.

Whether the NS ICB IFR Panel has or has not discharged the duty to give reasons will all depend on the individual circumstances. There will be simple cases where a single sentence is sufficient and there will be more complex cases where a full paragraph or two is needed to explain the thinking of the IFR Panel, and the rationale for the panel's decision.

The duty will usually mean that the decision letter should explain:

- Whether the panel reached the view that the patient did or did not demonstrate exceptional clinical circumstances, and the basis for that decision. If the panel felt that the patient's clinical circumstances were broadly in line with the clinical circumstances of those in the cohort of other patients in the same clinical condition, then this should be stated.
- If the patient put forward specific factors which were said to support his or her claim to be in exceptional clinical circumstances, the letter should explain (by reference to the main factors) why the panel did not consider that these amounted to exceptional clinical circumstances.

8.18 Can the IFR Panel decision be reviewed?

Where the IFR Panel has declined a request or has approved the treatment subject to conditions, the patient shall be entitled to ask that the decision of the IFR Panel be reviewed. All requests for a review must be supported by the senior treating clinician in writing to the IFR Administrator within 6 months from the date of notification of the date of the IFR Panel's decision. The clinician must clearly outline the reasons as to why a review is requested. It will be either;

- That further evidence can be provided by the referrer and is duly submitted; and/or
- It was in the clinician's opinion a decision which no reasonable IFR Panel would have reached.

The IFR Administrator will prepare the additionally submitted evidence for discussion at the next available panel meeting. The IFR Panel will then review its initial decision based on any additional information received. The result of the review will be communicated to the referring clinician who must then notify the patient of the panel's decision.

Should the referring clinician or patient remain dissatisfied with the IFR Panel decision, the matter may be pursued through the NHS Complaints Procedure. This can be done by contacting: Nwicb.contactus@nhs.net or by telephone 01603 595857.

8.19. What is an Appeals Panel and why would it be used?

The appeals process remains the responsibility of the NS ICB.

The IFR Appeal Panel is part of the corporate governance process of the ICB. The role of the IFR Appeals Panel is to determine whether the IFR Panel has followed its own policy and procedures, has properly considered the evidence presented to it and has come to a reasonable decision upon the evidence.

An appeals panel would consist of a designated chairperson supported by a minimum of two other clinical panel members, who were not previously part of the IFR decision making of the particular case in question.

The IFR Appeals Panel considers whether the IFR Panel has:

Failed in a material way to follow its own procedures; and/or

Failed in a material way properly to consider the evidence presented to it (e.g. by taking account of an immaterial fact or by failing to take account of a material fact); and/or

Failed to give a clear rationale for its decision;

The IFR Appeals Panel may uphold the patient's appeal and refer the case for reconsideration by the IFR Panel.

The IFR Appeals Panel does not have power to authorise funding for the requested treatment but will make recommendations to the IFR Panel.

The IFR Appeals Panel will inform the NS IFR panel and referring clinician of its decision and the reasons for it as soon as practicable in writing via e-mail or letter. The referring clinician will notify the patient in a timely manner of the IFR Appeals Panel decision.

Should the referring clinician or patient remain dissatisfied with the IFR Appeals Panel decision, the matter may be pursued through the NHS Complaints Procedure. This can be done by contacting: Nwicb.contactus@nhs.net or telephone: 01603 595857.

8.20. Decisions on Funding

The IFR panel is committed to ensuring that decision making is transparent, fair and equitable. At all times, decision to fund treatments will be based upon both national and local guidance. Where there is no guidance available, or to be ratified, the panel will make decisions based upon rational and supporting evidence submitted to support the IFR application.

The standard policy is available on NS ICB website and is accessible to all.

9.0. GLOSSARY

Appeal refers to the process where the referring clinician can request that the IFR Panel decision is assessed, either on the basis that due process was not followed by the IFR Panel or that the IFR Panel failed to give a clear rationale for its decision.

Clinical circumstances means a full history of the patient's medical condition, a full description of the patient's present medical condition and as comprehensive an assessment of the patient's future medical condition and prognosis as the Clinical Team treating the patient is able to provide.

Cohort of similar patients for the purposes of this policy has been defined as the number of requests received or likely to be received per year which will require consideration of a commissioning policy.

Device in the context of this non-drug policy is something that isn't prescribable on NHS primary care prescription (FP10) or via hospital electronic prescribing (EPMA) and is for the treatment of a specific condition and provided under medical supervision. Items that are not medicines but are prescribable by the above methods are in the scope of the drugs IFR policy.

Exceptional clinical circumstances refers to a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients with the same medical condition and at the same stage of progression as the patient.

IFR Panel is the committee of NS ICB clinicians who have been given authority to make individual funding request decisions on its behalf in line with the legal duties of ICBs set out in The Health & Social Care Act 2012.

Individual funding request is a request received from a clinician which seeks funding for a single identified patient for a specific treatment.

Integrated Care Board is a statutory organisation responsible for purchasing health and care services for patients.

NHS Constitution refers to the established principles and values of the NHS in England.

NICE refers to the National Institute for Health & Care Excellence. They provide national guidance and advice to improve health and social care.

Policy refers to a written document determining whether or not a particular treatment is commissioned.

Policy variation occurs when an existing policy is changed. When there is a proposal which would result in increased access to a treatment (for example by lowering the threshold for treatment or adding a new indication for treatment) the policy variation is a service development and will be treated as such.

Rarity refers to a patient whose medical condition is so rare, or their condition is so unusual that the clinician wishes to use an existing treatment in an experimental way.

Review refers to the process where the referring clinician can request the IFR Panel decision is reviewed, either on the basis that further evidence can be provided in support of the IFR or that the decision, in the clinician's opinion, was one which no reasonable IFR Panel would have reached.

Service Development refers to any aspect of healthcare which the ICB has not historically agreed to fund, and which will require additional and predictable recurrent funding.

Social factors are, for example, (but not limited to) age, gender, ethnicity, employment status, parental status, marital status, religious/cultural factors.

Treatment means any form of healthcare intervention which has been proposed by a clinician and is proposed to be administered as part of NHS commissioned and funded healthcare.

Triage is a process to determine whether the request has sufficient clinical and other information in order for it to be fully considered by the IFR Panel.

Urgent request requires urgent consideration and a decision because the patient faces a substantial risk of death or significant harm.

10.0 EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

Norfolk & Suffolk ICB clinical threshold policy for sets out the structured process to assess whether a patient with exceptional clinical circumstances should receive a treatment that is not normally funded by the NHS.

Funding decisions are based on clinical effectiveness, and whether the treatment represents a good use of NHS resources.

The policy outlines what constitutes clinical exceptionality meaning that the patient differs significantly from others with the same condition in a way that justifies different treatment.

The policy provides transparency and accountability ensuring that funding decisions are made consistently across regions and are subject to review and appeal processes, promoting fairness and public trust.

The policy defines who can submit requests, how panels are formed, and how decisions are documented and communicated.

In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?
(This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

A Age	No impact identified
B Disability	No impact identified
C Gender reassignment	No impact identified
D Marriage and Civil Partnership	No impact identified
E Pregnancy and maternity	No impact identified
F Race	No impact identified
G Religion or belief	No impact identified
H Sex	No impact identified
I Sexual orientation	No impact identified
J Other issues	No impact identified

Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”?	No
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Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

N/A

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? Records are held by IFR

| Step 5a: Consultation Log |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| NS ICB local systems | | | |

Step 5b: EIA Action Plan: Workforce Impacts (internal)				
Potential issues or impacts (positive and negative)				
None identified				

Step 5c: EIA Action Plan: Service Delivery Impacts (external)		
Potential issues or impacts (positive and negative)		
None identified		

Step 6: Monitoring and review arrangements
How will the implementation of the proposal / policy be monitored, and by whom?
Policy is available to access via Knowledge NoW website to health professionals and the general public. Changes to legislation or feedback that relates to the policy may warrant a further review.
What is the timetable for monitoring, with dates?
The policy will be scheduled for review October 2027

Step 7: Public availability of reports / result
<u>Clinical Threshold Policies and IFR - Knowledge NoW</u>

Norfolk and Suffolk ICB

Experimental and Unproven Treatments Policy

Document Control Sheet

This clinical threshold policy has been reviewed and harmonised to ensure consistent application across the newly formed Norfolk and Suffolk Integrated Care Board (N&S ICB). While the policy was previously approved within the legacy organisations, this harmonised version takes effect and is valid for use from **1 April 2026**.

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a reviewed version is available.

Name of document:	Experimental and Unproven Treatments Policy
Version:	V1
Date of this version:	01/04/2026
Produced by:	N&S ICB Clinical Policy Development Group
What is it for?	Guidance for treating clinicians
Evidence base:	NICE
Who is it aimed at and which settings?	Primary and Secondary Care
Consultation:	CPDG Clinicians
Impact Assessment:	Completed
Other relevant approved documents:	NA
References:	NA
Monitoring and Evaluation:	2 Yearly
Training and competences:	Reviewed by ICB appointed clinicians
Reviewed by:	N&S ICB CTPOG
Approved by:	N&S ICB CTPOG
Date approved:	April 2026
Signed:	N&S ICB CTPOG
Dissemination:	Knowledge NoW, Acutes, Contracts, GP Bulletin, Primary Care Teams Channel
Date disseminated:	
Review Date:	

Contact for Review:	N&S ICB Clinical Policy Development Group
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Version Control

Revision History	Summary of changes	Author(s)	Version Number
April 2026	New Policy Norfolk & Suffolk ICB	CPDG, IFR, Med Ops	V1

Contents

Equality Statement	6
Clinical Governance Statement	6
Exceptionality	6
Scope of Policy	6
Policy Principles	7
1.What is an Experimental Treatment	7
2.Excess Treatment Costs (ETCs) in research	8
3.Commercially funded trials	8
3.1 Non-commercial NIHR- supported funded Trials	8
3.2 Funding Excess Treatment Costs (ETCs) - for studies that are not NIHR supported or fall outside the scope of the national model for England	9
4. Novel or uncertain treatments including unlicensed drugs or drugs used outside their licensed indications (off label)	10
4.1 Treatment initiated under the Early Access to medicines scheme (EAMS).....	11
4.2 Treatment initiated under expanded access schemes	11
4.3. Assessing Requests to Fund.....	11
5. Use of an Existing Treatment Experimentally for rare Clinical Circumstances – (outside the context of a clinical trial)	12
6. Funding potentially important treatments but where there is minimal evidence and / or concerns remain about the value of the treatment	13
6.1 Treatments for which there is minimal evidence of effectiveness and no current research options	13
6.2 Treatments for which there are adequate trials, and which have demonstrated effectiveness but for which concerns remain over the true value of the treatment	13
7. Glossary	15
8.References	17
Appendix A	19
EQUALITY IMPACT ASSESSMENT	19

Equality Statement

The Norfolk & Suffolk Integrated Care Board (Norfolk & Suffolk ICB) and the Clinical Policy Development Group (CPDG) are committed to ensuring equality of access and non-discrimination as enshrined in the Health and Social Care Act 2012. In carrying out its functions, the CPDG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. An Inequalities Impact Assessment (EHIA) will be maintained for this policy and reviewed as part of the clinical policy development review programme.

Clinical Governance Statement

It is important that the implementation of this policy is seen as an opportunity to encourage team working and cooperation between commissioners, primary and secondary care providers. Service Providers will be expected to collect and provide audit data on request as part of a professionally led clinical review and audit cycle.

Exceptionality

Norfolk & Suffolk ICB will consider requests for experimental & unproven treatments, ensuring that decisions are lawful, equitable, evidence based and affordable within finite resources. Treatments that are considered experimental, investigational or without a robust evidence base of clinical and cost-effectiveness will not routinely be commissioned. For patients who do not meet existing policy criteria, or where a treatment is not routinely funded, an application may be made to the Individual Funding Request (IFR) panel if the treating clinician believes there are clinically exceptional circumstances that distinguish the individual from the wider patient cohort. Any request must include sufficient, high-quality evidence demonstrating a reasonable likelihood of clinical effectiveness and cost effectiveness for that particular patient's circumstances. Where such evidence is lacking, the ICB will not support funding.

IFR policy and procedure documents can be found on Knowledge NoW. [Individual Funding Requests - Knowledge NoW](#)

Scope of Policy

This policy applies to any patient for whom Norfolk & Suffolk ICB is the responsible commissioner. It does **not** apply to services commissioned directly by NHS England (e.g., specialised services), nor to trials and costs managed through national schemes unless explicitly stated.

This policy deals with the funding of experimental treatments only. It does not cover primary research into novel treatments.

Treatments which are judged to be experimental or not to be of proven effectiveness will not be routinely funded.

Policy Principles

Core services first: Experimental/unproven interventions are lower priority than proven care given finite resources.

Evidencebased: Commissioning decisions rely on publicly available, high quality evidence; where evidence is weak/uncertain, routine funding will not be supported.

Consistency & fairness: IFR is reserved for genuine clinical exceptionalities; similar patients should be treated similarly.

No retrospective assumption: Treatment started without prior ICB approval is at the provider's risk (except as per urgent IFR process).

Transparency & audit: Decisions documented; outcomes and spend monitored.

1. What is an Experimental Treatment

Experimental and/or Unproven Treatment

A treatment for which there is no established body of robust evidence of clinical effectiveness and/or safety for the indication in question. Those funding health services seek to provide as comprehensive a healthcare service as possible across all patient groups and across the entire patient pathway, within an overriding legal obligation to stay within the financial budget allocated to them. Given that demand for healthcare will always exceed the resources available to fund treatment, it is justifiable to give the funding of experimental treatments a lower priority than funding the provision of core services and treatments of proven benefit.

Criteria for considering a treatment as experimental include:

- Novel/rare/unknown with insufficient authoritative evidence
- The treatment is still undergoing clinical trials for the indication in question.
- There are no relevant articles published in the peer-reviewed journals available on the treatment for the indication in question.
- The treatment does not have approval from the relevant government body.
- The treatment does not conform to usual clinical practice in the view of the majority of medical practitioners in the relevant field.
- The treatment is being used in a way other than that previously studied or that for which it has been granted approval by the relevant government body.
- The treatment is rarely used, novel, or unknown and there is a lack of authoritative evidence of safety and efficacy.

From the position of those funding healthcare, two other criteria can be added:

- The evidence is not yet available for public scrutiny.
- The decision maker does not have confidence in the evidence base that has been presented (which refers to the interpretation of the evidence).

2.Excess Treatment Costs (ETCs) in research

Funding of Excess Treatment Costs in research for National Institute for Health Research (NIHR) supported studies is managed via a national management model for England introduced by NHS England in 2018. Funding of ETCs for studies eligible for payment through this process fall outside the scope of this policy. Further information can be found at the dedicated National Institute for Health Research page:

[Policies and guidelines | NIHR](#)

ETCs for studies that are not NIHR supported or fall outside the scope of the national model for England will not be routinely funded by Norfolk & Suffolk ICB. When there is good reason for considering requests, these will be managed through Norfolk & Suffolk ICB individual funding request policy and process.

3.Commercially funded trials

Norfolk & Suffolk ICB position is that where a clinical trial of a treatment has been initiated and sponsored by a manufacturer of pharmaceuticals or medical devices, or by some other commercial organisation, responsibility for funding on-going access to the treatment rests with those parties. Norfolk & Suffolk ICB will not assume funding post-trial unless formally pre-agreed.

3.1 Non-commercial NIHR- supported funded Trials

NW ICB may consider ongoing access only where:

- The trial is wholly non-commercial, NIHR supported; and
- A written pre-agreement exists with the ICB before the trial starts; and
- The trial demonstrates clinical benefit, and the supervising clinician confirms ongoing clinical appropriateness; and
- Funding remains affordable within ICB priorities

Treatment will be funded only for as long as the patient's supervising clinician agrees that the treatment is clinically appropriate, and that the treatment is meeting the identified clinical outcomes.

Norfolk & Suffolk ICB expects that all research organisations planning a trial.

- define and agree the arrangements for funding the treatment after the end of the trial for those patients where the trial has shown a clinical benefit. This is in line with the ethical approval requirements of the Health Research Authority (HRA) for clinical trials <https://www.hra.nhs.uk/>

Ensure patients participating in a trial are made fully aware of the arrangements for when the trial concludes as part of the process of giving their consent to participate in the trial. This includes making patients aware of whether or in what circumstances they

can expect to continue to receive treatment after the end of the trial, in line with the HRA guidance <http://www.hra-decisiontools.org.uk/consent/content-sheet-involved.html> on the information to be provided to participants taking part in a research.

Where commissioning responsibility for a patient on a clinical trial transfers to Norfolk & Suffolk ICB from another NHS commissioner, and there is written evidence of an agreement to fund on-going treatment costs (after completion of the trial) by the previous NHS commissioner, Norfolk & Suffolk ICB will fund those commitments made by the patient's previous NHS commissioner. This only applies to non-commercial trials supported by the NIHR.

The provider of the trial treatment and the clinician should take care to ensure that participants in a trial do not assume that Norfolk & Suffolk ICB will or might fund ongoing treatment once the trial has completed, unless Norfolk & Suffolk ICB has given a prior written commitment to provide such funding which would apply to that participant.

All requests for on-going funding following a clinical trial shall be made via the IFR process before the trial commences.

3.2 Funding Excess Treatment Costs (ETCs) - for studies that are not NIHR supported or fall outside the scope of the national model for England

NHS Treatment Costs, including Excess Treatment Costs are the responsibility of commissioners and are expected to be met through the normal commissioning process *Attributing the costs of health and social care research - GOV.UK (April 2024)*. In practice, for NIHR supported research, this process is managed through the NHS England national management model.

Given a high proportion of research in the UK is supported via the NIHR and will be eligible for payment of ETCs through the national system, requests to fund ETC that fall outside the scope of this system not expected to commonly arise.

When determining whether to fund ETCs it is important to establish what the status of a trial is, who has sponsored it and which bodies contribute to funding the trial.

Those commissioning health care may be asked to explicitly fund trials in two ways:

1. A request to support a trial by funding a number of patients or any qualifying patient to enter the trial. In these instances, the request should be treated as a service development. If it is a very large trial with considerable budgetary consequence, it is more likely that prioritisation should be through the annual commissioning process.

A request for a treatment should be classified as a request for a service development if there are likely to be a cohort of similar patients who are:

- *In the same or similar clinical circumstances as the requesting patient whose clinical condition means that they could make a like request (regardless as to whether such a request has been made)*

AND

- *Who could reasonably be expected to benefit from the requested treatment to the same or a similar degree.*

2. A request to support a single patient to enter a trial. This request should be managed under the organisation's individual funding request policy and process.

The most common situation in which commissioners find themselves is as the recipients of requests to fund on-going treatment once the trial has ended. This is addressed in 3.1 above.

4. Novel or uncertain treatments including unlicensed drugs or drugs used outside their licensed indications (off label)

This section also applies to novel or uncertain use of devices outside their approved indications. (See also section 4 Clinical Trials and Unlicensed Investigational Drugs).

East of England (EoE) Clinical Commissioners will not pay for any treatment that is 'novel or uncertain'.

Novel or uncertain treatments that clinicians consider necessary for the treatment of patients, outside of approved research trials, should be managed through provider's internal governance processes, e.g. Drugs and Therapeutics Committees and research governance systems, and should be funded from within existing provider income streams, including activity and research income, rather than through Individual Funding Requests (IFRs).

Use of excluded drugs or devices for off-label indications will not be funded unless the specific unlicensed indication or off label use has been approved for use via the ICB's medicines and finance governance processes, e.g. via a business case and/or formulary submission.

Funding for novel or uncertain treatments and new, rarely used, unlicensed and/or investigational drugs, outside of a research trial, will remain the responsibility of the provider. Where it is considered that there is a sufficient evidence base for such use to be considered for routine management of patients, a business case and/or formulary submission must be submitted in advance, to the provider's coordinating commissioner to take through local due process, including financial planning and prioritisation processes that take account of the views of all the commissioners involved in a collaborative contract agreement. It should be noted that such service development reviews may take a considerable period of time; in the interim, patients for whom such

treatments are judged clinically appropriate by their consultant should be managed and funded by the provider.

4.1 Treatment initiated under the Early Access to medicines scheme (EAMS)

EoE Commissioners will not automatically fund treatment initiated under the Early Access to Medicines Scheme (EAMS) on licencing of that drug, unless it is subject to a positive NICE TA. In the absence of a relevant positive NICE TA, providers are required to submit a local business case and/or formulary submission for consideration through the commissioner's local medicines governance and finance processes. Where routine funding is not approved, responsibility for ongoing funding rests with the manufacturer as set out in the exit strategy agreed with the MHRA as part of the EAMS arrangements

4.2 Treatment initiated under expanded access schemes

Expanded access schemes include "free of charge" medicines schemes, "zero risk" schemes or very discounted or significantly discounted schemes.

A free of charge medicines scheme is defined as an arrangement where a UK licensed or unlicensed medicine is provided free of charge (or at a price so low that they are effectively free of charge) by the pharmaceutical company to an individual patient or an identified cohort of patients.

A "zero risk" scheme is where the cost of the treatment is refunded to the provider if treatment goals are not achieved.

In line with NHSE recommendations, EoE commissioners do not support free of charge or expanded access schemes and will not automatically fund treatment initiated under any such scheme. This includes, but is not limited to:

free of charge stock supplied to providers for use in anticipation of a positive NICE TA

zero risk schemes where their use would undermine existing patient pathways very or significantly discounted schemes.

Providers wishing to sign up to any expanded access scheme are required to consult and discuss the implications of this with their local ICB commissioner. In the event that a provider has agreed to an expanded access scheme for a drug or technology which then receives a negative NICE TA, the responsibility for funding ongoing treatment if it remains of benefit to an individual patient will reside with the initiating provider trust, unless a suitable ongoing zero risk funding arrangement can be agreed with the relevant manufacturer or commercial organisation.

4.3. Assessing Requests to Fund

Requests to fund ongoing treatment following a clinical trial, or to fund Excess Treatment Costs for studies that fall outside of the scope for payment through the

national system will be assessed against the following criteria:

The potential strategic importance of the treatment. This requires a judgment to be made on whether the trial will address key national priorities for the health issues for a particular patient group or programme area (e.g., cancer, cardiovascular disease).

The status of the clinical trial including whether or not the trial is supported by the NIHR and other relevant professional and research bodies.

The quality of the trial and whether or not it is reasonably expected to generate the sort of information needed to enable those funding healthcare to reach a view on the clinical effectiveness and cost effectiveness of the treatment. Specialist advice may need to be sought on the methodology to be adopted within any trial.

- Ownership of the data. Trials which do not guarantee that the data will be made available to public authorities and research communities for independent evaluation will not be considered for funding
- Affordability and priority when compared to competing unmet needs

In all circumstances where funding is granted, the Provider must keep a record of acceptance to ensure pick-up funding is honoured, either for an individual patient or for the trial.

5. Use of an Existing Treatment Experimentally for rare Clinical Circumstances – (outside the context of a clinical trial)

Norfolk & Suffolk ICB will give consideration to supporting an existing treatment in an experimental context for rare clinical situations provided that the clinician making the application is able to demonstrate that running a good quality clinical trial for the treatment in the clinical situation in question is impossible.

It is important for decision-makers to distinguish between those instances where trials are either impossible or improbable and those where the research community and industry have not prioritised a trial.

This type of request will be considered under Norfolk & Suffolk ICB individual funding request policy and process.

In assessing these cases Norfolk & Suffolk ICB will make a decision having regard to the following factors:

- the biological plausibility of benefit based on other evidence
- the potential benefit and risks of the treatment
- an estimate of cost of the treatment and the anticipated value for money
- the priority of the patient's needs compared to other competing needs and unfunded developments.

The clinician will be expected to provide as much information as possible about the treatment, relevant research upon which the claim for biological plausibility of the treatment is based, and costs, as well as clinically relevant information on the patient. In addition, the clinician will identify the clinical markers and clinical outcomes that will be monitored to assess treatment response.

The options for consideration by Norfolk & Suffolk ICB in these instances are, in principle;

- Not to Fund
- Fund on the condition that the patient enters a properly conducted 'n of 1' trial. In practice this would be challenging due to the need for expert advice and support on design, set-up, management and analysis of such a trial, as well as additional funding considerations.
- Fund a trial of treatment but make ongoing treatment subject to the demonstration of clinical benefit for the individual patient using criteria agreed in advance with the clinical team.
- Fund with no evaluation requirements, although an outcomes report should be requested from the clinician

In all instances, contribution to any relevant clinical database or population registry which is operating will be an additional condition before Norfolk & Suffolk ICB gives approval to funding for the treatment

6. Funding potentially important treatments but where there is minimal evidence and / or concerns remain about the value of the treatment

6.1 Treatments for which there is minimal evidence of effectiveness and no current research options

Very rarely do those funding healthcare services may consider an experimental treatment so important that they wish to see a publicly funded trial established. In the first instance, advice should be sought from the National Institute of Health Research <https://www.nihr.ac.uk/partners-and-industry/charities/identify-research-needs.htm> whereby topics of interest for research can be raised. Norfolk & Suffolk ICB may, however, consider initiating (and possibly funding) the whole trial themselves. Expert advice on design and development of trials, and applying for funding will, in this instance need to be sought.

6.2 Treatments for which there are adequate trials, and which have demonstrated effectiveness but for which concerns remain over the true value of the treatment

It is possible to have a situation where treatment is supported by reasonably good trials, but important questions remain about the treatment and how best to implement. In these instances, the requirement for ongoing evaluation is legitimate.

Issues that might result in Norfolk & Suffolk ICB feeling that a treatment should only be made available if there is ongoing evaluation include but are not limited to:

- Where concerns remain about the nature of the benefit and/or risks
- Where a treatment's true place in management has yet to be established
- Where there is potential for significant variation in clinical practice (which might otherwise be difficult to control).
- Where it is not known how best to deliver the treatment (e.g. dose, frequency, sequencing, concurrent treatment, duration of treatment)
- Where there is a good chance that real-life effects and/or costs may differ from those seen in clinical trials because of difference in context, patient mix, treatment delivery, service provision etc.

Decision-makers should, therefore, be able to apply conditions when funding treatments in this category.

7. Glossary

TERM	DEFINITION
Annual commissioning round	The <i>annual commissioning round</i> is the process by which major funding decisions are taken, including the allocation of new money coming into the NHS. This involves a complex process of prioritisation which involves a series of decisions. This process occurs during the months of October to March for the following financial year.
Clinical Effectiveness	<i>Clinical effectiveness</i> is a measure of how well a healthcare intervention achieves the pre-defined clinical outcomes of interest in a real-life population under real life conditions.
Clinical Trial	<p>A <i>clinical trial</i> is any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Interventions include but are not restricted to drugs, cells and other biological products, surgical procedures, radiological procedures, devices, behavioral treatments, process-of-care changes, preventive care, etc.</p> <p>The ethical framework for conducting trials of medicinal products is set out in the Medicines for Human Use (Clinical Trials) Regulations 2004 (as amended). It includes, but does not refer exclusively to, randomised control trials. All research in the NHS, including Clinical Trials must adhere to the UK Policy Framework for Health and Social Care Research, 2017 DHSC https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/</p>
Cost Effectiveness	<i>Cost effectiveness analysis</i> is a method for assessing or measuring the reasonably anticipated benefits and clinical effectiveness of a particular expenditure. In the health setting this will be the cost of a particular healthcare intervention together with any other costs of delivering the healthcare intervention. Cost effectiveness analysis requires an examination of expenditure to determine whether the money spent could have been used more effectively (and ideally - whether the resulting benefits could have been attained through less financial outlay).
Effectiveness - General	<i>Effectiveness</i> means the degree to which pre-defined objectives are achieved and the extent to which targeted problems are resolved.
Effectiveness - Clinical	<i>Clinical effectiveness</i> is a measure of the extent to which a treatment achieves pre- defined clinical outcomes in a target patient population.
Efficacious	A treatment is <i>efficacious</i> where it has been shown to have an effect in a carefully controlled and optimal environment. However, it is not always possible to have confidence that data from trials which suggest that treatments will be efficacious will translate into clinically meaningful health gain and more specifically the health gain of interest. This is the difference between disease-oriented outcomes and patient oriented outcomes. For example, a treatment might have demonstrated a change in some physiological factor which is used as a proxy measure for

	increased life expectancy, but this relationship might not be borne out in reality.
Experimental and unproven treatments	<p>Experimental and/or Unproven Treatment A treatment for which there is no established body of robust evidence of clinical effectiveness and/or safety for the indication in question. Indicators include:</p> <ul style="list-style-type: none"> • Treatment still in clinical trials (including medicines yet to complete Phase III for the indication). • No relevant peer reviewed evidence available. • No marketing or relevant regulatory approval for the indication. • Use outside usual clinical practice or outside approved/previously studied parameters. • Novel/rare/unknown with insufficient authoritative evidence. • Evidence not publicly available or insufficiently reliable for commissioning decision.
Healthcare intervention	<i>A healthcare intervention</i> means any form of healthcare treatment which is applied to meet a healthcare need.
NHS commissioned care	<i>NHS commissioned care</i> is healthcare which is routinely funded by the patient's responsible commissioner. Norfolk & Suffolk ICB has policies which define the elements of healthcare it is and is not prepared to commission for defined groups of patients.
NICE	National Institution for Health Care and Excellence
NICE's Guidance on Interventional Procedures	<i>NICE's Guidance on Interventional Procedures</i> are a form of NHS Guidance. They aim to provide information about the safety of new interventional procedures. They are not covered by NHS Directions.
Priority setting	<i>Priority setting</i> is the task of determining the priority to be assigned to a service, a service development, a policy variation or an individual patient at a given point in time. Prioritisation is needed because the need and demands for healthcare are greater than the resources available.
Service Development	A proposal to routinely fund a healthcare intervention for a defined group (cohort) of patients—outside the IFR route—and which requires predictable recurrent funding.
Statutory Guidance	<i>Statutory Guidance</i> is written Guidance which is issued by the Secretary of State or a body authorised by the Secretary of State (or by another part of government which is directly relevant for the relevant decision-making process). NHS bodies are required to have regard to statutory guidance in their decision making. Statutory Guidance is intended to assist public authorities in the exercise of their statutory duties. It suggests steps which might be taken; factors which could be taken into account and procedures which could be followed to deliver specified steps of administration, or policy delivery. NHS bodies are entitled to depart from statutory guidance if they have a good reason to do so. However:

	<p>The NHS body should always record that it has considered statutory guidance as part of its decision-making processes, and</p> <p>The NHS body should always record the reason or reasons why it has departed from the course of action recommended in the Guidance.</p>
Treatment	<i>Treatment</i> means any form of healthcare intervention which has been proposed by a clinician and is proposed to be administered as part of NHS commissioned and funded healthcare
Treatment – Costs	<i>Treatment costs</i> , in the context of clinical trials, are the patient care costs which would continue to be incurred by the NHS if the service in question continued to be provided after the clinical trial had ceased.
Treatment Costs – Excess	<i>Excess treatment costs</i> are incurred where patient care is provided, which differs from the standard treatment, in that it is either an experimental treatment or a service in a different location from where it would normally be delivered. The difference between the total Treatment Costs and the cost of the standard treatment (if any) constitutes the <i>excess treatment costs</i>
Trial of Treatment	A <i>trial of treatment</i> refers to a situation where a clinician has exposed a patient to a treatment for the purpose of assessing whether or not the patient is likely to benefit from longer term treatment

8. References

UK Policy Framework for Health and Social Care Research, DHSC, 2017

<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

Saving and Improving Lives: The future of UK Clinical Research Delivery, 2021

<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/>

Collaborative Commissioning Policy: Ethical Framework for priority setting and resource allocation.

Collaborative Commissioning Policy: On-going access to treatment following the completion of industry sponsored clinical trials or funding

Collaborative Commissioning Policy: On-going access to treatment following the completion of a trial explicitly funded by the Clinical Commissioning Group.

Collaborative Commissioning Policy: On-going access to treatment following the completion of non-commercially funded clinical trials covered by Department of Health Guidance HSG (97) 32. Attributing the costs of health and social care research (Acord), Department of

Health and Social Care, 2012 <https://www.gov.uk/government/publications/guidance-on-attributing-the-costs-of-health-and-social-care-research>

Collaborative Commissioning Policy: On-going access to treatment following 'a trial of treatment' which has not been sanctioned by the Clinical Commissioning Group for a treatment which is not routinely funded or has not been formally assessed and prioritised.

Department of Health letter, Requirements to support research in the NHS, Gateway number 12153, July 2009.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102098.pdf

Department of Health: HSG(97)32:Responsibilities for meeting Patient Care Costs associated with Research and Development in the NHS.
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Researchanddevelopment/A-Z/DH_4016456

Department of Health, The NHS Constitution for England, July 2015,
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Department of Health and Social Care, Excess treatment costs Guidance on the national management model for England, September 2021
[NHS England » Excess treatment costs: Guidance on the national management model for England](https://www.nhs.uk/england/excess-treatment-costs-guidance-on-the-national-management-model-for-england)

National Institute for Health and Care Excellence <https://www.nice.org.uk>

Appendix A

EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

The Norfolk & Waveney ICB clinical threshold policy sets out guidance and information for clinicians for Experimental & Unproven Treatments

This policy outlines how Norfolk & Waveney ICB makes funding decisions for:

- Experimental/unproven treatments
- Access to treatment following clinical trials
- Excess treatment costs
- Use of existing treatments in rare clinical circumstances

The policy emphasises evidence-based commissioning, affordability, prioritisation, and the role of the IFR process.

In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., and will advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?

(This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

A Age

- Older adults may have multiple comorbidities and may be excluded from clinical trials; therefore, they may disproportionately rely on experimental/unusual treatment pathways.

	<ul style="list-style-type: none"> Children with rare diseases often fall into the “experimental treatment” category due to limited evidence; strict criteria could disadvantage them. <p>IFR route allows case-by-case assessment, including “clinically exceptional circumstances.” and takes into consideration rare clinical situations.</p> <p>No impact identified</p>
B Disability	<ul style="list-style-type: none"> People with disabilities (especially learning disabilities, severe mental illness or neurodivergence) may struggle to navigate complex consent processes or IFR pathways. Those with rare genetic or progressive conditions may disproportionately require experimental treatments. <p>IFR route allows case-by-case assessment, including “clinically exceptional circumstances.” and takes into consideration rare clinical situations.</p> <p>No impact identified</p>
C Gender reassignment	No direct impact identified
D Marriage and Civil Partnership	No direct impact identified
E Pregnancy and maternity	<p>Pregnant people are often excluded from clinical trials, experimental treatments may be deemed too high risk</p> <p>No direct impact identified</p>
F Race	<p>Some communities are under represented in clinical trials meaning that some trials may lack evidence for certain ethnic groups.</p> <p>No direct impact identified</p>
G Religion or belief	No direct impact identified
H Sex	No direct impact identified
I Sexual orientation	No direct impact identified

J Other issues	No direct impact identified
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Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”?

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

This clinical threshold policy has been reviewed and harmonised to ensure consistent application across the newly formed Norfolk and Suffolk Integrated Care Board (N&S ICB). While the policy was previously approved within the legacy organisations, this harmonised version takes effect and is valid for use from 1 April 2026.

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? All records remain with N&S ICB CPDG

| Step 5a: Consultation Log |
|---------------------------|---------------------------|---------------------------|---------------------------|
| | | | |

Step 5b: EIA Action Plan: Workforce Impacts (internal)

**Potential issues or impacts
(positive and negative)**

No impact identified

Step 5c: EIA Action Plan: Service Delivery Impacts (external)

Potential issues or impacts

(positive and negative)

No impact identified

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

N&S CPDG have a programme of policy review. This policy will be reviewed as part of this rolling programme or if there is new clinical evidence or a judicial review.

What is the timetable for monitoring, with dates?

As part of a rolling programme of review

Step 7: Public availability of reports / result

This policy will be available to view via Knowledge NoW

Individual Funding Request Panel Terms of Reference

**NHS Norfolk and Suffolk Integrated Care
Board**

DRAFT

Contents

1. Purpose	3
2. Permissions	3
3. Remit and Responsibilities	4
4 Relationship with other ICB/Partner bodies	5
5 Membership.....	5
6 Chair (and Deputy Chair)	5
7 Attendees	5
8 Secretary and Administration.....	6
9 Meeting Quoracy and Decisions.....	6
10 Decision Making & Voting.....	7
11 ICB Values	8
12 Equality, Diversity and Inclusion.....	8
13 Review.....	8

1. Purpose

The Individual Funding Request (IFR) panel is established to ensure that decisions regarding the funding of healthcare interventions for individual patients are made in a fair, transparent, and consistent manner in line with Norfolk & Suffolk Integrated Care Board (NSICB) Individual Funding Request Commissioning Policy. The panel will consider clinically supported individual funding requests for treatments that are not routinely commissioned by the NSICB.

Decisions will be based on the available clinical evidence submitted by the clinician leading the patient’s care.

- 1.1 Assess the individual funding requests for healthcare interventions that fall outside the standard commissioning arrangements.
- 1.2 Ensure that decisions are based on clinical evidence, cost-effectiveness, and the principles of equity and fairness.
- 1.3 Provide a clear and transparent process for decision making.

2. Permissions

The NSICB IFR panel will have delegated authority to approve a request up to a maximum of £50,000 per case per annum. Any approved treatment which will exceed the sum of £50,000 must be agreed by the ICB Medical Director/Deputy Medical Directors and the ICB accountable officer/Chief Finance Officer before the referring clinician is notified that the requested treatment can proceed.

2.1

IFR Panel have delegated authority to a maximum of £50,000 per case per annum		
1. Request for treatment does not exceed £50,000 per case per annum	1. Request declined by IFR panel (regardless of costs)	1. IFR panel recommend approval for a treatment where costs will exceed £50,000 per case per annum
2. Individual Funding Request Approved by IFR panel	2. IFR administration team to notify requester of outcome within 5 working days after panel	2. Funding approval to be made jointly by Executive Medical Director or Deputy Medical Directors AND Executive Director of Finance or Director of Commissioning Finance OR

<p>3. IFR administration team to notify requester of outcome within 5 working days after panel decision</p>		<p>3. Funding not approved - requester advised accordingly</p> <p>4. IFR administration team to notify requester of outcome</p>
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3. Remit and Responsibilities

3.1 The IFR Panel responsibilities are to:

- The ICB members of the IFR Panel will be responsible for making decisions as to whether treatments are approved for funding. The appointed voting panel members will have delegated authority to make funding decisions up to a maximum of £50,000 case request per annum.
- The duty of the IFR panel is to consider and determine exceptional clinical circumstances, make decisions on requests for treatment to be funded where the patient’s particular clinical presentation falls outside of the NSICB commissioned clinical threshold policy, or, where the NSICB does not have a policy for the presenting medical condition. These deliberations must be undertaken in line with the IFR and Experimental and unproven treatment policies. [ADD LINKs](#)
- The NSICB will consider the development of a clinical commissioning policy where the number of patients for whom the treatment will be requested per year is likely to be 5 or more patients in the population served by NSICB. Upon receipt of the fifth request for funding, a business case/clinical commissioning policy will be requested. The IFR panel will continue to have the right to make decisions on any further similar applications for funding whilst a policy is in the process of being produced.
- Agendas and papers for the meetings will be anonymised and circulated by the IFR Administrator via secure nhs.net email or uploaded to the IFR database 5 working days before IFR panel meeting.
- All panel members must complete IFR training or familiarise themselves with the relevant training packs prior to participation.
- All information discussed by the IFR Panel will be treated as confidential. Panel members must adhere to the NSICB’s confidentiality policies and procedures. As such, the minutes of the meeting are exempt under the Freedom of Information Act.
- A report detailing Drugs IFR activities will be shared at the Medicines Optimisation Programme Board or successor equivalent meeting in NSICB. Mental Health and Non-

Drugs IFR activities will be provided monthly to the Scheduled Care Board and to the Strategic Commissioning Committee or successor equivalent meetings in NSICB.

4 Relationship with other ICB/Partner bodies

The IFR panel is accountable to the Norfolk & Suffolk IFR governance structure and acts under delegated authority from the NHS Norfolk & Suffolk ICB. The panel makes decisions on behalf of the Norfolk & Suffolk IFR service in accordance with the ICB's commissioning policies, ethical frameworks, and governance requirements. The panel is responsible for ensuring that all decisions are lawful, evidence based, equitable, and compliant with national guidance, and for providing assurance to the relevant ICB's through regular reporting, audit and oversight processes.

A monthly activity report will be provided for the ICB and will include any recommendations for the Scheduled Care or other Board to consider in relation to programme of work, for example potential gaps in commissioned services and clinical threshold policies.

5 Membership

As the discussion is predominantly clinical, this is reflected in the composition of the panel which has appointed clinical Stewards and a Consultant in Public Health medicine as voting panel members, all of whom are required to complete annual training:

5.1 The membership of the group will comprise:

- Nominated Clinical Stewards (clinician representatives) from the NHS Norfolk & Suffolk ICB
- Consultant in Public Health Medicine
- NSICB Executive Medical Director
- NSICB Deputy Medical Directors

6 Chair (and Deputy Chair)

6.1 The Chairperson will be a lay member appointed by NSICB.

6.2 In the absence of a chair, one of the nominated voting members will be required to deputise.

7 Attendees

7.1 Other Non-voting/Advisory attendees

- Lay Chair
- IFR Manager
- IFR administrator
- Head of Medicines optimization and Pharmacy: Strategic Medicines Commissioning and High Cost Medicines, Head of Pharmacy and Medicines Optimisation (Quality and Safety) or suitable nominated deputy
- Quality Nurse – Mental Health
- Other Public Health, relevant ICB Clinical stewards, Specialist Clinicians where specific subject matter expertise is required and ICB representatives as appropriate

Requesting clinicians and patients will not be permitted to attend IFR panels but may submit written evidence or factual information in support of clinical exceptionality to the IFR panel.

8 Secretary and Administration

The IFR panel shall be supported with a secretarial function from the Individual Funding Request and Clinical Priorities Team, which includes ensuring that:

- The agenda and papers are prepared and distributed in a timely way.
- Attendance of members highlighting to the chair those that are not attending regularly.
- Good quality minutes are taken in accordance with the Standards of Reservation and delegation and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The IFR panel is updated on pertinent issues and areas of interest and policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- Any transcription or automated summary produced during the meeting is strictly for the purpose of supporting the preparation of official meeting minutes. These materials must not be shared, circulated, or used outside of the meeting participants and are not to be distributed beyond this purpose.

9 Meeting Quoracy and Decisions

9.1 The Meetings will be held monthly. Meeting agendas and supporting documents will be circulated at least one week in advance of panel meeting.

9.2 For the panel to be quorate, there is a requirement for three of the clinical voting members to be present (which may include the consultant in public health medicine).

9.3 The chair will have final decision regarding whether any member of the IFR panel should be disqualified from participating in an item on the agenda, by reason of a declaration of

conflicts of interest (COI). There must be a clear record of the specific COI and the chair decision within the minutes, in line with NSICB Conflicts of Interest Policy.

- 9.4** Should the instance occur where the IFR meeting is not quorate, the panel will only be authorised to make a recommendation regarding each treatment request. The NSICB will be expected to ratify that recommendation within 4 working days of a decision being made.
- 9.5** Urgent requests requiring a decision before the next IFR panel meeting will be circulated via email by the administration team to the IFR panel members to gain a majority decision. Urgent cases considered via email will then be retrospectively discussed at the next scheduled IFR meeting and recorded within the meeting minutes in line with the IFR policy **ADD LINK**.
- 9.6** The NSICB is responsible for decisions regarding IFRs for any patient for whom the NHS Norfolk and Suffolk ICB is the Responsible Commissioner, or where they need medical treatment where the ICB is the responsible Commissioner for the provision of that medical treatment as part of NHS care. The ICB NS IFR Panel cannot consider any request for indications or therapies commissioned by NHS England (See <https://www.england.nhs.uk/commissioning/spec-services/key-docs/> for a list of the prescribed specialised services documents) Applications for these should be made direct to NHS England.
- 9.7** The IFR Administrator will write on behalf of NSICB to the referring clinician within five working days, setting out the decision and the rationale for that decision.
- 9.8** If a request is denied, the requesting clinician or patient may request a reconsideration, where there is new clinical evidence that has not previously been presented to the IFR panel or appeal the decision where it is considered that due process has not been followed. A request for reconsideration of decision must be submitted within 6 months The appeal must be submitted within 6 months of the decision, and the appeal will be reviewed by appointed NSICB clinicians who were independent of the original decision-making panel.
- 9.9** Any IFR panel members who believe they may have had clinical involvement with a particular case, or have any interest, direct or indirect, which is the subject of consideration at the meeting must disclose the fact at in advance of or at the beginning of the meeting. The chair of the meeting will have a final decision as to whether the individual should withdraw from the meeting discussion and withdraw from the decision-making process related to the case. The conflict of interest will be noted within the minutes in accordance with the conflicts of interest policy.

10 Decision Making & Voting

The ICB IFR panel have a formal process to review IFR submissions and will make a decision to fund a request based on patient's clinical exceptionality.

Within the IFR application there should be clear evidence demonstrating how the patient is

BOTH:

Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition.

Therefore, the referring clinician is requested to submit information in relation to the patient's clinical circumstances and provide compelling clinical evidence as to why the patient should receive the proposed treatment, even though the condition falls outside of the published thresholds.

- 10.1** Decisions will be guided by national NHS policy and best practice this ensures that decisions are not arbitrary or based on personal opinion.
- 10.2** The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3** Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 10.4** Where there is a split vote, with no clear majority, the Medical Director or Deputy Medical Directors will be approached outside of the meeting for a casting vote, This process must be completed within four working days of the scheduled IFR panel meeting.

11 ICB Values

- 11.1** Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2** Members of, and those attending the IFR panel, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12 Equality, Diversity and Inclusion

All IFR panel members are required to complete NSICB Equality & Diversity as a mandatory requirement. Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

13 Review

- 13.1** The IFR Panel will review its terms of reference annually to ensure they remain relevant and effective. The panel will also monitor the outcomes of its decisions to ensure consistency and fairness.

Date Approved:	TBC
Next Review:	TBC

Clinical Policy Development Group

Terms of Reference

NHS Norfolk and Suffolk
Integrated Care Board

Contents

CONTENTS	2
1. PURPOSE	3
2 PERMISSIONS	3
3 REMIT AND RESPONSIBILITIES	3
4 RELATIONSHIP WITH OTHER ICB/PARTNER BODIES	4
5 MEMBERSHIP	4
6 CHAIR (AND DEPUTY CHAIR)	4
7 ATTENDEES	4
8 SECRETARY AND ADMINISTRATION	5
9 MEETING QUORACY AND DECISIONS	5
10 DECISION MAKING AND VOTING	6
11 ICB VALUES	6
12 EQUALITY, DIVERSITY AND INCLUSION	6
13 REVIEW	7

1. Purpose

- 1.1 The purpose of the NHS Norfolk & Suffolk Integrated Care Board (N&S ICB) Clinical Policy Development Group (CPDG) is to support effective commissioning by developing clinical threshold policies based on the best available evidence, in an open and transparent process.
- 1.2 These policies support N&S ICB to prioritise resource allocation for treatments based on evidence of clinical effectiveness, safety, cost effectiveness and affordability, to ensure finite resources are managed to optimise health outcomes for the population.
- 1.3 When formulating policies, the CPDG will consider the criteria and thresholds as set out in the Evidence Based Interventions: Guidance for ICBs document first published by NHS England in November 2018.

2 Permissions

- 2.1 The CPDG has no permission to commit ICB funds.

3 Remit and Responsibilities

- 3.1 The CPDG's responsibilities are to:
 - Develop a rolling 18 month programme for the development and review of clinical threshold policies.
 - Take into account trusted evidence such as NICE, NHS England guidelines or changes to legislation when reviewing and developing policies.
 - Follow the Standard Operating Procedure – Clinical Threshold Policy Implementation.
 - Support identification of appropriate clinicians and other relevant stakeholders (which may include patient groups and local commissioned providers) to be involved in working groups to develop or review specific clinical threshold policies.
 - Undertake horizon scanning for likely changes in clinical practice, national policy of guidance
 - Share ideas for best practice, innovation and research - collaborating with academic and clinician experts in their respective field.

4 Relationship with other ICB/Partner bodies

- 4.1 The CPDG is accountable to the ICB's Scheduled Care board (or appropriate successor group), which in turn is accountable to the Strategic Commissioning Committee. A report from each meeting of the CPDG will be written by the Individual Funding Request and Clinical Policies Manager.
- 4.2 This report will include recommendations for the board to consider in relation to programme of work and individual clinical threshold policies.

5 Membership

- 5.1 The membership of the group will comprise:
- Deputy Medical Director
 - Consultant in Public Health Medicine
 - Clinical Stewards for Long Term Conditions, Mental Health, Planned care and medicines optimisation, and Cancer

6 Chair (and Deputy Chair)

- 6.1 The CPDG will be chaired by the Deputy Medical Director.
- 6.2 If the Chair has a conflict of interest, then the deputy chair or, if necessary, another member of the CPDG will be responsible for deciding the appropriate course of action.
- 6.2 The Deputy Chair will be the Clinical Steward for Planned care and Medicines Optimisation.

7 Attendees

- 7.1 The CPDG will have regular attendees, including:
- Individual Funding Request and Clinical Policies Manager
 - IFR and Clinical Policies Officer
 - IFR, Clinical Priorities and Policies Senior Administrator
 - Relevant ICB officer(s) responsible for the commissioning of services that have clinical threshold policies in development or review.

- Other subject matter experts will be consulted for input prior to the review meeting, and may also be invited to join the discussion, though they are not formal members.

8 Secretary and Administration

8.1 The CPDG shall be supported with a secretariat function from the Individual Funding and Clinical Policies Team, which will include ensuring that:

- Forward Planner is created and co-ordinated
- The agenda and papers are prepared and distributed in a timely way
- Attendance of members is monitored, highlighting to the Chair those that are not attending regularly.
- Good quality minutes are taken in accordance with the Standards of Reservation and Delegation 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 papers and reports to [insert committee] as required.
- The CPDG is updated on pertinent issues and areas of interest and policy developments
- Action points are taken forward between meetings and progress against those actions is monitored.
- Any transcription or automated summary produced during the meeting is strictly for the purpose of supporting the preparation of official meeting minutes. These materials must not be shared, circulated, or used outside of the meeting participants and are not to be distributed beyond this purpose.

9 Meeting Quoracy and Decisions

9.1 The CPDG will meet at least five times per annum for a duration of 90 minutes, additional meetings may be convened on an exceptional basis at the discretion of the Chair.

9.2 The quorum for the meeting is chair or deputy chair plus minimum of two other members.

- 9.3 If any member of the CPDG discloses a conflict of interest, the chair will decide the most appropriate ruling, this may be a disqualification 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.
- 9.4 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out in the paragraph below about **urgent decisions** may be followed.
- 9.5 In the event that an urgent decision is required, if it is not possible for the CPDG to meet virtually an urgent decision may be exercised by the Chair and relevant subject matter expert member, subject to every effort having been made to consult with as many members as possible in the given circumstances, and at the minimum, one other member.

10 Decision Making and Voting

- 10.1 Decisions will be guided by national NHS policy and best practice; this ensures that decisions are not arbitrary or based on personal opinion.
- 10.2 The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 10.3 Only members of the Group can vote. Each member is allowed one vote, and a majority will be conclusive on any matter.
- 10.4 Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11 ICB Values

- 11.1 Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 11.2 Members of, and those attending the CPDG, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12 Equality, Diversity and Inclusion

- 12.1 Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make; this will be evidenced within the final clinical policy document.

13 Review

- 13.1 The CPDG will undertake a look back with its membership and review its effectiveness at least annually.
- 13.2 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 [insert committee] for approval.
- 13.3 The CPDG 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 Approved:	TBC
Next Review:	TBC



Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

Complaints and Enquiries Handling Policy and Procedure

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Complaints and Enquiries Handling Policy and Procedure
Version	1.0
Date of this version	1 April 2026
Produced by	Katy Walton, PALS and Complaints Team Manager, and Jon Punt, Senior Lead for Patient Experience
What is it for?	If a person is unhappy about any matter reasonably connected with the exercise of the Integrated Care Board's (ICB's) functions, they are entitled to make a complaint, have it considered, and receive a response. This policy details that process.
Evidence base	The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 and Parliamentary and Health Service Ombudsman – Principles for Remedy
Who is it aimed at and which settings?	The policy is for use by all patients, carers and service users of Norfolk and Suffolk.
Consultation	N/A
Impact Assessment:	EIA later in document
Other relevant approved documents	N/A
References:	The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 Mental Capacity Act 2005 Human Rights Act 1998 Data Protection Act 1998 / 2018 Freedom of Information Act 2000 Counter Fraud and Anti-Corruption Policy Patient Safety Incident Response Framework Policy Children and Adults Safeguarding Policies Freedom to Speak Up Policy Individual Funding Request Policy NHS Continuing Healthcare Policy
Monitoring and Evaluation	This policy will be monitored and reviewed for effectiveness by the Complaints and Enquiries Manager in April 2029
Training and competences	
Reviewed by:	ICB Board
Approved by:	
Date approved:	

Signed:	
Dissemination:	NSICB Intranet and Internet
Date disseminated:	[to be completed by Corporate Governance]
Review Date:	April 2029
Contact for Review:	Complaints and Enquiries Manager

Version Control

Revision History	Summary of changes	Author(s)	Version Number

Contents

		Page
1	INTRODUCTION	5
2	PURPOSE	5
3	SCOPE	5
4	DEFINITION	6
5	ROLES AND RESPONSIBILITIES	6
6	COMPLAINTS HANDLING POLICY	7
7	COMPLAINTS HANDLING PROCEDURE	9
8	EQUALITY	16
9	MONITORING AND REVIEW	16
10	DATA PROTECTION	16
11	ASSOCIATED DOCUMENTATION	17
12	REFERENCES	17

Appendix A	Equality Impact Assessment	18
Appendix B	Matters That Cannot Be Addressed Within the Complaints Procedure	22
Appendix C	Managing Habitual, Aggressive or Repetitive Complaints	23
Appendix D	Grading Matrix Tool	25

1 INTRODUCTION

NHS Norfolk and Suffolk Integrated Care Board (hereafter known as 'the ICB') complaints policy and procedure is written in accordance with The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 which came into force on 1st April 2009.

If a person is unhappy about any matter reasonably connected with the exercise of the ICB's functions, they are entitled to make a complaint, have it considered, and receive a response. In particular, these complaints may relate to the commissioning of health care or other services under an NHS contract, or making arrangements for the provision of such care or other services with an independent provider or with an NHS trust. Matters excluded from consideration under these arrangements are listed in Appendix B.

The ICB aims to manage complaints by the procedure of local resolution. The primary objective of this process is to provide the opportunity for investigation and resolution of the complaint, as quickly as is sensible in the circumstances and minimising the need for the complainant to escalate concerns to the Parliamentary and Health Service Ombudsman (PHSO). It aims to satisfy the complainant while being fair to staff. Local resolution should be open, honest, fair, flexible and conciliatory.

Complaints are recognised by the ICB as a vital form of feedback to help improve both the service the organisation and providers offer. The ICB aims to ensure all complainants feel listened to, have their complaint investigated thoroughly and that any response is delivered in a personalised way.

2 PURPOSE

The purpose of this policy is to describe the systems in place to effectively manage the key statutory duties, accountabilities and responsibilities for all complaints received into the organisation in accordance with NHS complaints regulations. It outlines the responsibilities and processes for receiving, handling, investigating and resolving complaints relating to the actions of the organisation (ICB), its staff and services.

The Policy also outlines the responsibilities and processes used for complaints received, which relate to commissioned services (such as Primary Care, NHS Trusts, Community Services and Independent Sector Providers) and how the ICB support complainants with this process.

The purpose of this policy is to ensure the ICB promotes best practice within its complaints management function, is compliant with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the NHS Constitution including the pledges and rights covering complaint and redress. This policy sets out how the NHS complaints procedure will be implemented locally and must be followed by all staff employed or hosted by ICB.

If a complaint that is received indicates that fraud, bribery or corruption may be involved then the matter must be reported to the Local Counter Fraud Specialist (LCFS) for investigation. Further information on the procedure to follow is given in the ICB's Counter Fraud and Anti-Corruption Policy. This Policy is an integral document in support of the ICB's Quality Management System.

3 SCOPE

This policy applies to all employees of the ICB, including fixed term employees when working within the ICB and whilst on ICB business together with the expectations of our commissioned services in providing a quality complaints service

4 DEFINITIONS

Abbreviation / Item	Definition
CE	Chief Executive
ICB	Integrated Care Board
NSICB	Norfolk and Suffolk Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHS	National Health Service
SC	Social Care
We	The ICB
PHSO	Parliamentary and Health Service Ombudsman
PSIRF	Patient Safety Incident Response Framework
PSI	Patient Safety Incident

5 ROLES AND RESPONSIBILITIES

The Chief Executive: Accountable for the quality of the care commissioned and will, therefore, have an overview of all recorded dissatisfaction expressed by patients and service users.

Director for Quality and Nursing: The senior person appointed by the Chief Executive to ensure the process for handling and reporting on complaints on behalf of the ICB complies with this policy.

The ICB Board: The role of the Board is to receive assurances around the quality of services delivered by the ICB's Complaints team and that of its commissioned services, holding providers to account in relation to their responsibilities as indicated.

The ICB Quality Committee: The role of the Committee is to ensure that mechanisms are in place within commissioned services to review and monitor the effectiveness of the quality of care delivered. This includes reviewing patient experience data, assurance that lessons learned from complaints is captured and that learning is disseminated and embedded. The Committee takes an active role in reviewing themes, trends and learning from complaints through regular reporting from providers. The Quality Committee triangulates information from complaints with other intelligence to inform the wider quality agenda.

Complaints and Enquiries Team: Responsible for the management of the ICB complaints and concerns process, recognising the requirement for two separate pathways through which service users and carers can seek assistance with issues of concern but delivers benefits through shared management of services.

The team report quarterly compliance against statutory duties, accountabilities and responsibilities for all complaints received into the organisation, in accordance with NHS complaints regulations into the ICB Quality Committee.

Senior Managers: All ICB Associate and Deputy Directors are responsible for ensuring that the ICB's Complaints and Enquiries Policy is implemented across their Directorates and complaints are investigated in accordance with this policy; to ensure satisfactory resolution of complaints, including the implementation of any lessons learned.

If a member of their staff is the subject of a complaint, senior managers must ensure that their staff member is informed and offered timely support including, where appropriate, referral to Occupational Health Services.

All staff: Who receive a direct complaint must refer this to the ICB Complaints and Enquiries Team. All ICB staff, including temporary and agency staff, are expected to assist the team to ensure complaints are properly investigated and ensure improvement of services and patient care through learning and development.

Providers: All providers of commissioned services by the ICB under an NHS contract are required to evidence they:

- provide a quality complaints service, meeting the requirements of the 2009 Complaints Regulations and working towards achieving the PHSO Complaints Standards.
- Capture and share learning from complaints.
- Seek feedback about the quality of their own complaint handling by engaging with complainants (via survey or other methods), advocacy providers and local Healthwatch.
- Ensure actions arising from Parliamentary Health Service Ombudsman (PHSO) upheld complaints investigations are completed as appropriate for providers (PHSO are expected to copy the ICBs into their reports/ findings).

Complainant: The person making the formal complaint. Whether this is the patient or the patient's representative, the complainant will be the contact for the Complaints and Enquiries Team. They will be asked to ensure they direct all their communication through the Complaints and Enquiries team when making contact with the ICB.

6 COMPLAINTS HANDLING POLICY

6.1 What is a complaint?

A complaint is a verbal or written expression of concern or dissatisfaction about a matter relative to the ICBs functions or decisions, which requires a response and/or remedy.

6.2 Who can complain?

A complaint can be made under this policy by:

- A patient or person affected or likely to be affected by the actions or decisions of the ICB
- Someone acting on behalf of the patient or person concerned, with their consent
- Someone acting on behalf of a person mentioned above, and in any case where that person has died
- A child, or in the case of a child, someone acting on their behalf, who must be a parent, legal guardian or other adult person who has care of the child. Where the child is in the care of a local authority or a voluntary organisation, the representative must be an authorised person identified

by the local authority or voluntary organisation, and must be making the complaint in the best interests of the child

- Someone who is unable by reasons of physical or mental incapacity to make the complaint themselves.

Anonymous complaints will be accepted however, if possible, the person should be encouraged to provide their name and other relevant details. If the person is unwilling to provide contact details, the Complaints and Enquiries Team will record the complaint and investigate if appropriate and possible.

A list of issues and complaints that cannot be addressed via this policy can be found in Appendix B.

6.3 Local resolution

The first stage of the NHS Complaints Procedure is called 'local resolution', and concerns should be brought to the attention, in the first instance, to the organisation providing the service.

Local resolution aims to resolve complaints quickly and as close to the source of the complaint as possible. Local resolution enables concerns to be raised immediately by speaking to a member of staff who may be able to resolve issues without the need to make a formal complaint.

There are two stages to the NHS complaints procedure:

- Local resolution of complaint through investigation and response by the ICB, NHS Trusts or service provider.
- Independent review of complaint by Parliamentary and Health Service Ombudsman (PHSO)

6.4 Making a formal complaint

A formal complaint should be made directly to the organisation concerned however if the complainant wishes, this can be made to the ICB using the following contact details:

Complaints and Enquiries Team
Norfolk and Suffolk Integrated Care Board
Address TBC

Tel – PHONE NUMBER TO BE CONFIRMED
Email – nsicb.complaints@nhs.net

The complaint will be recorded as being made on the date on which it was received by the Complaints and Enquiries Team.

6.5 Time limit for making a complaint

A complaint should be made within 12 months of the event(s) concerned, or within 12 months of the date on which the matter came to the notice of the complainant.

The Complaints and Enquiries Manager has the discretion to waive this time limit if there are good reasons for the complaint not having been made within that time frame if it is still practical and possible

to investigate the complaint, for example, the records still exist, and the individuals concerned are still available to help with the investigation.

When a complaint is made outside these limits and the time limits are not waived, the complainant will be advised of their rights to request that the Parliamentary and Health Service Ombudsman (PHSO) consider their case.

6.6 Duty of Candour and Openness

The ICB welcomes the government's commitment to introducing a duty of candour within the NHS. This recommends that all providers of NHS care should owe a duty of candour to their commissioners under which they provide, among others;

- Timely reports, prepared to an agreed protocol, of all complaints made by NHS patients
- In cases when complaints are upheld, Complaint Action Plans will be completed to address the actions/learning that have been identified
- Progress reports in relation to implementation of complaints action plans

The ICB is committed to improving the quality of care and the services it commissions.

Providers/Contractors commissioned by the ICB must establish and operate a quality complaints service, to receive and manage any complaints made to them directly in relation to any matter reasonably connected with the provision of services under the Contract. The complaints procedure must comply with the requirements of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

7 COMPLAINTS HANDLING PROCEDURE

Complaints can be received by the team in writing, via email or verbally.

Where a complaint needs to be made verbally, a written statement will be taken from the complainant ensuring all salient points requiring a response are documented. The written statement will be sent to the complainant asking them to make any changes to ensure it is an accurate reflection of their complaint. The complainant will then need to sign and return the statement to the Complaints and Enquiries Team. The complainant will be advised that their complaint will not be processed until the signed statement is returned. A scanned copy of the form or emailed consent will also be accepted.

There may be instances when it is not appropriate to take a formal complaint over the telephone, for example, if the concerns raised are complex. In cases such as this and when the complaint cannot be provided in writing, a face-to-face meeting can be arranged to clarify the complaint or with the complainant's permission, a referral can be made to the NHS Complaints Advocacy Service.

7.1 Acknowledgement

The Complaints and Enquiries Team will send the complainant a written acknowledgement of their complaint within three working days of the date on which the complaint was received.

This acknowledgement will include:

- A consent form to be signed and returned to allow the investigation to commence
- If consent is not required, the date by which the response is to be provided

- Information on how to access the local NHS advocacy provider
- Contact details for the Complaints and Enquiries Team with an offer to discuss further
- Where a very detailed or complex complaint is identified via the grading matrix (Appendix D), the Complaints and Enquiries Team will outline any points for investigation. These will be put in writing and the complainant will be asked to confirm they are correct. This may trigger a review by ICB Quality Lead(s) and on a rare occasion may progress to a clinical review.

7.2 Consent

When consent is required to investigate a complaint the timeframe for responding to a complaint starts upon receipt of appropriate signed consent.

If consent is not provided but the complainant wishes to continue with their complaint, the Complaints and Enquiries Manager will determine whether investigation can still be undertaken, and a response provided where the complaint is of a non-clinical nature.

Care will always be taken to ensure that any information disclosed about the patient/service user is confined to that which is relevant to the investigation of the complaint. Information will only be disclosed to people who have a demonstrable need to know it for the purpose of investigating the complaint or ensuring that the complaints process is followed.

In transferring complaints between agencies (including the PHSO) confidentiality will be always maintained. Every effort will be made to obtain the patient's/service user's (or their representative's) consent before sharing the confidential information with another body or organisation. Consent will be obtained in writing or where this is not possible the Complaints and Enquiries Team will seek verbal consent.

7.3 Investigation and timeframe

The Complaints and Enquiries Team will:

- Determine the level of risk using a grading matrix tool (Appendix D).
- Forward the complaint to the appropriate lead for investigation and where necessary, provide them with details of the issues to be investigated (points for investigation).
- For any level 3,4 or 5 concerns, notify the lead for the investigation if this has triggered a quality I review and confirm who this is likely to be.
- Concurrently, forward any 'level 4 or 5' complaints to Executive Director or Nursing and level 5 complaints also to Executive Medical Director. They will link in with the lead for the investigation and agree if this warrants an independent clinical review and/or consideration of referral to professional regulator. Should a clinical review be required, a complaint MDT will be convened and chaired by the ICB's Executive Medical Director/Executive Director of Nursing (or suitably qualified deputy) to agree the scale and scope of clinical review required, inviting subject matter experts from system partners as necessary.
- Chase the investigator at regular intervals for updates on the progress of their investigations. Where an investigation report is delayed the team will raise this within the respective ICB MDT and escalate to the Executive Director of Nursing as indicated.
- Keep the complainant informed and up to date with the progress of the investigation. As part of contacting the complainant the team will, where appropriate, advise a date by which they will be in touch again with a further update.

The Investigator will:

- Establish what happened, what should have happened and who was involved and make written records of the investigation/staff statements.
- Make sure a sincere and appropriate apology is made as appropriate.
- Identify what actions can be implemented to ensure there is no recurrence and address any training issues and learning points. The action plan template will be completed by the Investigating Officer to capture this information.
- Draft a report addressing the issues raised by the complainant and comment on what action is being taken to prevent a reoccurrence in the future.

Staff involved in a complaint:

- Are required to cooperate with the complaints procedure.
- Will be made aware of the complaint by the Investigating Officer and will be asked to prepare a written statement, if appropriate.
- The ICB aims to respond to complaints within 30 working days. If for any reason a response cannot be made within the agreed timescale (for example a person involved in the complaint is absent from work) the complainant will be contacted by the Complaints and Enquiries Team and an extension to the specified reviewed timescale will be made.
- Where the ICB is investigating a complaint with a service provider, the timeframe for response will be determined by the service provider. The ICB will confirm this with the complainant at the time of acknowledgement/once consent has been received.
- The Complaints and Enquiries Team will help support and ensure timely communication and updates by the provider.
- A response must be sent within six months of the date of a complaint being received.

7.4 Multi-organisation complaints

When complaints are received about both health and local authority services, or where a complaint spans several organisations, with the complainant's consent, the organisations involved will work together to address the aspects of the complaint that relates to them. All parties will agree who will lead on the complaint and will aim to provide a single coordinated response.

7.5 Response

The Complaints and Enquiries Team will ensure a final response is drafted and where necessary, approved by the Service Lead/Investigator.

The written response will include the investigation report (where appropriate) and will;

- Address all the issues raised by the complainant.
- Provide explanation and apologies, where appropriate.
- Indicate lessons learned from the complaint.
- Include what steps have been taken to prevent a reoccurrence.
- Where appropriate, offer a meeting with the ICB Director of Nursing and/or Medical Director and/or Service Lead
- Outline what options are available if the complainant is not satisfied with the response, including details of the Parliamentary and Health Service Ombudsman.

The final response will be reviewed, signed and sent by the Chief Executive. This will include details of how to progress the complaint to the second and final stage of the complaints process, the Parliamentary and Health Service Ombudsman (PHSO).

Upon completion of each complaint its status will be reported on the ICB complaints system as either upheld (agree there were deficiencies and actions taken to rectify this and prevent similar occurrences happening again), partially upheld or not upheld.

If a complainant is dissatisfied with the response, the complaint will be reopened and every effort will be made to achieve a satisfactory outcome at local level by identifying outstanding issues, arranging local resolution meetings and/or providing a further written response. If, following all attempts to resolve the complaints locally, the complainant remains dissatisfied, they will be notified that local resolution is at an end and that they can ask the Parliamentary and Health Service Ombudsman to consider their case. Information on the Parliamentary and Health Service Ombudsman will be routinely given to complainants at the completion of local resolution.

7.6 Parliamentary and Health Service Ombudsman (PHSO)

The ICB will follow the principles of good administration outlined by the PHSO and will consider the impact of the organisation's actions on the individual concerned. The key principles are as follows:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The PHSO is completely independent of the NHS and of government and derives his powers from the Health Service Commissioners Act 1993. The Ombudsman is the final arbiter in the complaints process where it has not been possible to resolve concerns locally. The ICB will co-operate fully with any investigation undertaken by the Ombudsman. Further information on the role and work of the Ombudsman is available at:

Parliamentary and Health Service Ombudsman
Citygate
Mosley Street
Manchester
M2 3HQ

Tel: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

Website: www.ombudsman.org.uk

7.7 Organisations that can help

There are a number of organisations that can provide help and advice to individuals who want to complain about NHS services.

The NHS Complaints Advocacy Service provides a free, independent and confidential advocacy service for people who require help and support to make a complaint about the NHS. The Complaints and Enquiries Team will provide complainants with information about their local NHS Complaints Advocacy Service at the time of acknowledgment. The service can be contacted as follows:

POhWER

Tel: 0300 456 2370

E-mail: pohwer@pohwer.net

Website: www.pohwer.net/nhs-complaints-advocacy

Healthwatch can provide information and signposting to patients to help understand what to do when things go wrong. Healthwatch have the strength of the law behind them and can challenge services to ensure the patients voice is heard where it matters and where decisions are made.

Healthwatch Suffolk can be contacted on:

Tel: 0800 448 8234 or info@healthwatchesuffolk.co.uk

Healthwatch Norfolk can be contacted on:

Tel: 0808 168 9669 or enquiries@healthwatchnorfolk.co.uk

Independent Mental Health Advocates (IMHAs); patients subject to certain aspects of the Mental Health Act 1983 have statutory access to an Independent Mental Health Advocate (IMHA). IMHAs can help and support patients to understand and exercise their legal rights.

To request the help of an IMHA, the local office can be contacted on;

Tel: 01473 857631 or tvspartnership@voiceability.org for Suffolk patients

Tel: 0300 4562370 or pohwer@pohwer.net for Norfolk patients

The Care Quality Commission (CQC); is the independent regulator of health and social care in England. The CQC does not have a role in handling individual complaints, but it does have powers to ensure registered service providers are handling individual complaints properly. It will also use feedback from users of NHS services to spot patterns of incidents indicating that there could be a problem.

Action against Medical Accidents (AvMA); is an independent UK wide charity. It can help patients to consider the options that may be open to them after suffering a medical accident, including providing contacts for specialist solicitors. AvMA can be contacted on Tel: 0845 123 2352.

7.8 Safeguarding

All adults and children at risk of abuse and neglect should be able to access public organisations to obtain appropriate interventions which enable them to live a life free from fear, violence and abuse. A child is considered to be under the age of 18 years old and an adult over the age of 18 years old. There is clear safeguarding legislation for both children and adults.

During a complaint investigation, it may become apparent that a vulnerable adult or child at risk may have been abused or may have made allegations of abuse. In these circumstances, it is essential that appropriate pathways are accessed in order that appropriate personnel can intervene to alleviate any

distress being experienced and to progress the matter in line with the ICB's Safeguarding Policies and Procedures.

If the Complaints and Enquiries Team is made aware that a vulnerable adult or child at risk, may have been abused or is experiencing abuse, they will notify the Multi Agency Safeguarding Hub (MASH). Contact details for the MASH are as follows;

Suffolk: 0345 606 1499

Norfolk: 0344 800 8020

Sometimes complainants may make statements regarding their mental health and present in mental health crisis. If staff are concerned for the caller's safety, callers will be encouraged to seek help by calling NHS 111 (option 2) Crisis Line or (if they already have one) their mental health team. Details of The Samaritans and the Mental Health Team PALS can also be given.

Samaritans: 116 123

Norfolk and Suffolk Foundation Trust: 0800 279 7257

7.9 Patient Safety Incident Response Framework (PSIRF)

The procedure for investigating patient safety incidents is separate from the complaints procedure and is managed in accordance with the relevant organisations PSIRF policy. If, during the course of a safety investigation response, including a Patient Safety Incident Investigation (PSII), a complaint is also received, the incident procedure will normally take precedence over the complaint investigation. In these circumstances the investigators of the incident should, following PSIRF standards, engage with the patient and/or family concerned to ensure any questions form part of the safety investigation.

If a complaint reveals there is a patient safety incident which requires investigation using the PSIRF this should be reported as a clinical incident. In the alternative, complaint details should be shared with the provider organisation concerned for onward incident reporting and investigation.

In these circumstances the complainant will be notified of the PSIRF investigation by the organisation leading that investigation and will also be kept updated on the progress. The Complaints and Enquiries team will also track the progress of the investigation. It should be remembered that the issues raised in a complaint will not always be exactly the same as those investigated under the PSIRF procedure and in this instance a separate and full response to the complaint will be required.

7.10 Withdrawal of a Complaint

Any concern or complaint received by the ICB, either verbally or in writing, can be withdrawn at any stage of the procedure. Any issues against an individual, those complained against will be informed. Where possible, learning will be shared with the appropriate teams or individuals.

7.11 Managing Habitual, Aggressive or Repetitive Complaints

Habitual, unnecessarily aggressive or repetitive complainants are an increasing problem for staff, reflecting a pattern experienced throughout the NHS.

The difficulty in handling such complainants can place a strain on time and resources and cause undue stress for staff that may need support in difficult situations. Staff are trained to respond in a professional and helpful manner to the needs of all complainants. However, there are times where nothing further can reasonably be done to assist the complainant or to rectify a real or perceived problem.

Appendix C sets out the procedure for the management of habitual, unnecessarily aggressive or repetitive complainants. It is ultimately the decision of the Chief Executive as to whether a complainant is classified as unreasonably persistent.

7.12 Staff support

It can be very stressful for those involved in the complaints process and advice and support is available to staff by contacting the Complaints and Enquiries Team. Further support is available via line their manager and HR, who can also provide details of external support options if necessary.

7.13 Learning from complaints and monitoring compliance

Every opportunity will be taken by the ICB to learn from complaints, enquiries, feedback and compliments, and ensure that future commissioning arrangements are positively influenced by patient feedback.

The insight and experience of complainants will be used to resolve the complaint or issue and reduce the risk of it reoccurring. Where possible and practicable complainants will be offered the chance to review and contribute to problem solving arising from their complaint and commenting on changes made as a result.

There is regular interface between the ICB Complaints and Enquiries Team with the ICB Quality Leads to ensure complaints information and learning is shared in real time with commissioning teams.

Annual reports containing Complaints and Enquiries data are produced by the Complaints and Enquiries Manager as part of quality governance reporting into the ICB Quality Committee. The report will provide information about the number of complaints; the services involved; the reasons for complaints and any ongoing trends, including compliments and areas of best practice. Other ad-hoc reports are produced as and when required to support service reviews.

Annual reports will also include learning from any Parliamentary and Health Service Ombudsman (PHSO) reports, highlighting where the ICB has been required to undertake further investigations or changes to the way a complaint has been handled will be reported and reviewed to determine if amendments to this policy are required as a result.

The ICB commits to reporting complaints data to NHS England via the Strategic Data Collection System (SCDS) on an annual basis.

The ICB will publish an annual complaints report in line with The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; demonstrating evidence of a good quality complaints service, capturing and sharing learning, feedback about the quality of complaint handling, assurance that actions arising from PHSO upheld complaints investigations are completed as appropriate for both the ICB and providers.

7.14 Records Management

Staff dealing with complaints must maintain accurate and up to date complaints files at all times in accordance with the principles of good record keeping. The complaints record will not be filed within a clinical record but held within a separate complaints file.

All complaint files will be kept electronically via the organisational IT system. Access to the network drive where the files are held is restricted to relevant personnel.

Complaint records will be stored in accordance with the NHS Records Management Code of Practice. Complaint files relating to the ICB complaints investigations will be held by the organisation for a minimum of 10 years.

7.15 Access to personal information

Under the General Data Protection Regulation and the Data Protection Act 2018, individuals (both service users and employees) have certain rights regarding the way information about them is collected and used.

Both the GDPR and Data Protection Act 2018 provides the following rights for individuals:

- The right to be informed
- The right of access – Subject Access Request (SAR)
- The right to rectification
- The right to erasure
- The right to restrict processing
- The right to data portability
- The right to object

Some of these individual rights will have exemptions applied to them.

Where clinical records are used in a complaint investigation, investigating officers must comply with regulations within the procedure for sharing of information across services or external agencies (incorporating the code of practice on openness in the NHS).

Any request received for access to complaint documentation will be sent to the Information Governance Department for appropriate action.

8 EQUALITY

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the [Equality Act \(2010\)](#); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is included in Appendix A

9 MONITORING AND REVIEW

This policy will be reviewed every 3 years by the Complaints and Enquiries Team, or sooner if necessary due to guidance/legislative change(s).

10 DATA PROTECTION

In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

11 ASSOCIATED DOCUMENTATION

Links to local policies and documents:

To be added when links to new organisational policies available

12 REFERENCES

Links to external reference documents:

- [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)
- [Principles for Remedy | Parliamentary and Health Service Ombudsman \(PHSO\)](#)
- [Mental Capacity Act 2005](#)
- [Human Rights Act 1998](#)
- [Data protection: The UK's data protection legislation - GOV.UK](#)
- [Freedom of Information Act 2000](#)

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

If a person is unhappy about any matter that is reasonably connected with the exercise of the ICB's functions, they are entitled to make a complaint, have it considered, and receive a response. This policy sets out the ICB principles and processes with regards to managing complaints in a way that is open, honest, fair, flexible and conciliatory. As a statutory function of the organisation, the policy content is aligned with The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009.

Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?

(This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

General statement: The policy aims to ensure all complainants are treated fairly and receive a personalised outcome. While this policy does not include or exclude any individual based on protected characteristics, it is important that our complaint processes challenge any barriers to successful resolution by putting in place good practice and reasonable adjustments around managing areas including consent, language, communication methods and physical/digital accessibility. It is also important to note that any person who has had a difficult or challenging experience of care may face psychological/emotional barriers to making a complaint and that this may be amplified for people who are already facing discrimination as part of an underserved and underheard group.

A Age	See general statement. It is noted that barriers may also include generational attitudes towards making a complaint.
B Disability	See general statement. It is noted that barriers may also include assumptions about the capacity or autonomy of the complainant.
C Gender reassignment	See general statement. It is also noted that care should be given to the name, identity, and language used by the complainant.
D Marriage and Civil Partnership	See general statement. It is also noted that consideration should also be given to consent and confidentiality between partners where relevant.
E Pregnancy and Maternity	See general statement.

F Race	See general statement. It is noted that barriers may also include cultural attitudes towards making a complaint.
G Religion or belief	See general statement.
H Sex	See general statement. It is noted that barriers may also include gender-based stereotypes and attitudes towards making a complaint.
I Sexual orientation	See general statement.
J Other issues	Emotional impact and information overload can both be common issues faced when raising a complaint. This may be especially challenging for those with more complex communication needs or people experiencing trauma.

Step 3: If you have answered, “Yes”, to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked “Yes”?	Yes. All protected characteristics are relevant to the policy as it relates to the accessibility and personalisation of the complaints process. There are also other areas for additional general awareness flagged.
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Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

[The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)

[Your rights under the Equality Act 2010 | EHRC](#)

[Professional Standards: Barriers to complaints and how we can break them down](#)

This policy is also developed based on the subject expertise of the team and on insights and experiences gathered by feedback from complainants.

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? No formal consultation was undertaken to support the development of this policy which is based on statutory regulations. However, the supporting processes are continuously refined based on complainant feedback and experiences.

Date of consultation	Method	Who was consulted	What was the outcome
N/A	N/A	N/A	N/A

Step 5b: EIA Action Plan: Workforce Impacts (internal)

Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports team to deliver their statutory role.	N/A	Low	Socialisation and embedding of policy.
Positive	EIA highlights areas of wider impact in terms of accessibility and experience of complainants.	Awareness raising and access to resources for the team.	Medium	Continuous development of skills and best practice.

Step 5c: EIA Action Plan: Service Delivery Impacts (external)

Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Positive	Policy supports a consistent and equitable experience of raising a complaint.	N/A	Low	Socialisation and embedding of policy.
Positive	Reasonable adjustments must be made to	SOPs to support best practice.	High	Personalised and equitable

	support individual complainants.			application of policy.
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Step 6: Monitoring and review arrangements				
How will the implementation of the proposal / policy be monitored, and by whom?				
BAU as part of Complaints service delivery and management oversight.				
What is the timetable for monitoring (with dates)?				
BAU as part of Complaints service delivery and management oversight.				
Is there a plan to undertake an evaluation of this policy (with dates)?				
BAU as part of policy review schedule or in response to any changes in legislation, best practice guidance, or learning from internal review of complaint management.				

Step 7: Public availability of reports / result				
N/A				

Appendix B: Matters That Cannot Be Addressed Within the Complaints Procedure

This policy does not address:

- Complaints that have already been locally investigated under the complaint's regulations. Complainants can only make their complaint to one organisation, either the provider of the service or the commissioner, not both.
- A complaint which is being investigated or has been investigated by the PHSO or Local Government Ombudsman.
- A complaint made by a responsible body to another responsible body. For example disputes on contractual matters between independent contractors should not be handled through this procedure.
- Complaints regarding privately funded treatment or non-NHS services. The complainant will be advised of the correct agency to contact and will offer to forward the complaint for investigation. Beyond this, the ICB will have no further input.
- Complaints regarding an alleged failure to comply with a request for information under the Freedom of Information Act (2000). These will be dealt with via Information Governance processes.
- A complaint made by an employee about any matter relating to their employment. These matters will be handled via human resources procedures.
- Where a complaint is received that is disputing a funding decision for example an Individual Funding Request/NHS Continuing Healthcare case, this will be handled in accordance with the appropriate appeals process. However, the complainant can use the complaints procedure to raise concerns about the processes used.

If the organisation decides that a complaint meets any of the criteria detailed in the sections above the complainant will be notified in writing of this decision and the reasons why.

Appendix C: Managing Habitual, Aggressive or Repetitive Complaints

Introduction

This guidance should only be used as a last resort and after all reasonable measures have been taken to assist the person concerned. All staff are expected to be familiar with the NHS Complaints Procedure.

The decision to categorise a person as a habitual, unnecessarily aggressive or repetitive complainant will follow discussion between the ICB's Chief Executive, Complaints and Enquiries Team and an appropriate member of the Executive Management Team.

It should be emphasised that the classification of an individual as a 'habitual, unnecessarily aggressive or repetitive' complainant will NOT mean that any new issues, having no connection with original concerns, will not be dealt with through the usual process.

Criteria for definition of a habitual, unnecessarily aggressive or repetitive caller or complainant

Complainants may be deemed to be habitual, unnecessarily aggressive or repetitive callers where previous or current contact with them shows that they meet two or more of the following criteria:

- Persist in pursuing a complaint where the NHS Complaints Procedure has been fully and properly implemented and exhausted
- Change the substance of a complaint or continually raise new issues or seek to prolong contact by repeatedly raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. (Care must be taken not to discard new issues that are significantly different from the original complaint. These might have to be addressed separately)
- Do not clearly identify the precise issues they wish to be investigated, despite reasonable efforts by staff and others (e.g. advocacy agencies) to help them specify their concerns
- The complaint or issue is trivial or appears to consume an excessive amount of resources
- Having, in pursuing their concerns, had an excessive number of contacts with the ICB by telephone, letter or email. Staff should be instructed to keep a clear record of the number of contacts to demonstrate their excessive nature
- Display unreasonable demands or expectations and fail to accept these may be unreasonable, for example insist on immediate responses from senior staff when they are not available and this has been explained
- Have threatened or used actual physical violence. All cases must be documented, in case of further action.
- Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with them. All cases must be documented, in case of further action.
- The use of actual physical violence, albeit on one occasion only, will result in the application of measures described under (3) to limit the personal contact ordinarily available to complainants.

Procedure for staff handling habitual, unnecessarily aggressive or repetitive callers or complainants

- Ensure all relevant procedures and reasonable action has been correctly implemented. If you are at all uncertain, please check with the ICB's Complaints and Enquiries Team or HR department.
- Even the most difficult of callers may have issues that contain genuine substance.
- Remain professional and polite. This does not mean that you have to listen continually to the same story of complaint, nor that you cannot politely, but firmly terminate the call.
- Record the date, time and how long you were on the telephone and inform the ICB's Complaints and Enquiries Team as soon as possible.
- When a caller has been officially declared a habitual, unnecessarily aggressive or repetitive caller, the ICB's Chief Executive may decide no further telephone communication will be accepted.
- Where there is ongoing correspondence or investigation, the ICB's Complaints and Enquiries Manager will write to the caller setting the parameters for a code of behaviour and the lines of communication. These will be communicated to all appropriate staff to ensure consistency of approach.

- Where investigation or correspondence is completed, the ICB's Chief Executive will, at an appropriate stage, write to the complainant informing them the ICB has responded fully to the points raised and that there is nothing further that can be added, therefore correspondence is at an end. The ICB may wish to state that further correspondence will be acknowledged but not answered.
- It should be emphasised that the classification of an individual as habitual, unnecessarily aggressive or repetitive will not mean that any new issues having no connection with the original complaint or dispute will not be dealt with in the normal way.

Appendix D: Grading matrix tool

Grading	Examples	Response
Level 1 concern	<ul style="list-style-type: none"> ○ Low level concern about commissioning policies/decisions ○ Requests for information ○ Signposting to other services 	Manage within the Complaints and Enquiries Team
Level 2 concern	<ul style="list-style-type: none"> ○ Minor concern about an unsatisfactory experience. ○ Or relates to a single resolvable issue with minimal impact to risk to provision of care or service; for instance prescribing query. 	Manage within the Complaints and Enquiries Team
Level 3 concern	<ul style="list-style-type: none"> ○ A complaint or concern which raises issues regarding standards or quality of care. 	Manage within the Complaints and Enquiries Team

Grading	Examples	Response
	<ul style="list-style-type: none"> ○ Patient experience appears to be below reasonable expectation in several ways, but not causing lasting problems. 	<p>Discuss findings with Quality Team/Leads before formal response sent</p>
<p>Level 4 concern</p>	<ul style="list-style-type: none"> ○ A significant complaint or concern which could include multiple issues and multiple providers. ○ Could also include concerns of moderate physical or psychological harm. ○ 	<p>Complaints and Enquiries Team to share with Quality Lead for decision and action at beginning of process and once investigation is complete</p>
<p>Level 5 concern</p>	<ul style="list-style-type: none"> ○ A serious issue which may cause long term or permanent damage, misconduct and a high risk of litigation or adverse publicity. ○ For example; Events resulting in serious physical or psychological harm or fatal harm. Alleged criminal offence (i.e. assault). ○ Alleged abuse or neglect. ○ 	<p>Complaints and Enquiries Team to share with Quality Lead for decision and action. Complaints and Enquiries Team to share with Executive Medical Director and Executive Director of Nursing at beginning of process and once investigation is complete.</p>



Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

**Freedom of Information Act
2000 Policy**

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online. Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Freedom of Information Act 2000 Policy
Version	1.3
Date of this version	January 2026
Produced by	Corporate Governance Manager, Norfolk and Waveney ICB
What is it for?	To set out how Norfolk and Suffolk ICB will comply with the Freedom of Information Act 2000 and the Environmental Information Regulations 2004.
Evidence base	Freedom of Information Act 2000 Environmental Information Regulations 2004 ICO Codes and Guidance Data Protection Act 2018/UK GDPR.
Who is it aimed at and which settings?	All ICB employees and workers (including those on honorary contracts, secondments, agency and contractor staff) and members of the public seeking information.
Consultation	Not applicable
Impact Assessment:	See section 12 Equality and Diversity
Other relevant approved documents	ICB Constitution Information Governance Framework Records Management Data Protection Policy Publication Scheme
References:	Freedom of Information Act 2000 Data Protection Act 2018 Human Rights Act 1998
Monitoring and Evaluation	See section 11 – Training and Compliance
Training and competences	Awareness via induction, mandatory IG training and local briefings as required.
Reviewed by:	Information Governance Working Group
Approved by:	
Date approved:	
Dissemination:	NSICB intranet and website
Date disseminated:	[to be completed by Corporate Governance]
Review Date:	April 2027 or sooner if legislative changes apply, or there has been an organisational change or a significant event.
Contact for Review:	Information Governance Officer & FOI Lead

Version Control

Revision History	Summary of changes	Author(s)	Version Number
Jan 2026	Creation of NSICB FOI Policy by merging best practice elements from predecessor organisations, NWICB and SNEEICB	Corporate Governance Manager, NWICB	1.0
Jan 2026	Updated wording to 6.13 re Publication Strategy	Corporate Governance Manager, NWICB	1.1
Jan 2026	Minor updates to wording in sections 1, 4 and 6 and link removed from section 14 (duplicated)	Corporate Governance Manager, NWICB	1.2
Jan 2026	Evaluation plan added Bullet points added, page 22 Information Asset Owners removed	Corporate Governance Manager, NWICB	1.3

Contents

		Page
1	Introduction	6
2	Purpose	6
3	Scope	6
4	Roles and responsibilities	6
5	Information captured by the FOI Act 2000	7
6	Freedom of Information Act 2000	8
	6.1 Publication Scheme	8
	6.2 General rights of access	8
	6.3 Duty to provide advice and assistance	8
	6.4 Time limits for complying with requests	8
	6.5 Charges and fees	8
	6.6 Means by which information will be communicated	8
	6.7 Handling requests which appear to be part of an organised campaign	8
	6.8 Dealing with politically sensitive requests	8
	6.9 Transferring requests for information	8
	6.10 Consultation with third parties	8
	6.11 Public sector contracts	8
	6.12 Accepting information in confidence from third parties	9
	6.13 Refusal of requests	9
	6.14 Complaints procedure	9
7	Environmental Information Regulations (EIR) 2004	9
8	Datasets, re-use of information and copyright	10
9	Disclosure of staff names and details	10
10	Records Management	10
11	Training and compliance	10
12	Equality and Diversity	11
13	Contacts and sources of support	11
14	Reference documents	11

Appendix A	Equality Impact Assessment	12
Appendix B	FOI background and our duties	15
Appendix C	Summary of key actions and timescales	16
Appendix D	Exemptions	18
Appendix E	Internal review procedure	21

1 INTRODUCTION

- 1.1 This policy is for Norfolk and Suffolk Integrated Care Board (hereafter "the ICB"). See Appendix B for further information re background and duties.
- 1.2 It sets out how the ICB will comply with its obligations under the Freedom of Information Act 2000 (FOI Act) and the Environmental Information Regulations 2004 (EIR).
- 1.3 The FOI Act and EIR provide a general right of access to recorded information held by public authorities, promoting openness, transparency and accountability.
- 1.4 FOI is retrospective and applies to all recorded information held by the ICB, regardless of when it was created. It does not oblige public authorities to create information for the purposes of responding to requests for information or to retain information which is no longer necessary for it to keep.
- 1.5 This policy does not override the common law duty of confidence or the statutory provisions that prevent disclosure of personal data, i.e. Data Protection Act 2018 and UK GDPR.
- 1.6 Compliance with the FOI Act and the EIR is overseen and regulated by the Information Commissioner's Office (ICO) the UK's independent body established to uphold information rights. The ICO can monitor organisational compliance, issue undertakings, serve Decision and Enforcement Notices and, if needed, initiate court proceedings to ensure compliance.

2 PURPOSE

- 2.1 This policy provides the ICB and public with a framework within which the ICB will ensure compliance with the FOI Act and EIR. It outlines
- legislative context
 - roles and responsibilities
 - processes for implementation
 - and how compliance will be monitored.

3 SCOPE

- 3.1 This policy applies to all staff and workers engaged by the ICB and to anyone acting on its behalf.
- 3.2 The ICB is committed to proactively publishing information via its Publication Scheme and responding to requests within statutory timescales.
- 3.3 Operational procedures underpin this policy and are summarised at Appendix C.

4 ROLES AND RESPONSIBILITIES

Role	Responsibilities
Chief Executive Officer (Qualified Person)	Overall accountability for FOI and EIR compliance; acts as the ICB's "qualified person" for the purposes of applying necessary exemptions.
Senior Information Risk Owner (SIRO)	Executive lead, information risk; consulted where information risk is identified.

Executive Director of People, Governance and Corporate Services	The Executive lead for this policy and for effective delivery of FOI arrangements.
Executive Directors	Executive Directors of the ICB are responsible for overseeing FOI activities within their directorates in accordance with this policy. Executive Directors are not required to review and approve all responses coming out of their own directorates, for example, where information is not held. They are required to review complex and detailed responses and may also be asked to make decisions on complex issues and be the independent person to review decisions if an appeal is received.
Associate Director of Data Security, Risk and Protection/DPO	FOI function sits within this directorate and within the Information Governance team. The AD has operational oversight and responsibility for FOI.
IG Officer and FOI Lead	Operational lead for FOI; coordinates requests, provides advice and assistance, drafts exemptions and notices, maintains the FOI log, Publication Scheme and performance data.
Associate Directors	Coordinate searches and responses in their area; ensure timely, accurate returns; approve responses as required.
Commissioning Support Unit (if appointed)	Provides administrative support to FOI handling under agreement with the ICB.
All Staff and Managers	Recognise FOI/EIR requests; forward promptly to the FOI inbox; provide information within internal deadlines; handle records in accordance with policy.

5 INFORMATION CAPTURED BY THE FOI ACT 2000

5.1 The ICB is a public authority for the purposes of the FOI Act and EIR.

5.2 “Recorded information” includes information held in any form (paper or electronic), including, but not limited to, drafts, minutes, emails, diaries, handwritten notes, audio/video, CCTV images, SMS and WhatsApp messages.

5.3 Requests may arrive by email, post or other channels (including social media where identity and address for correspondence are provided). Such requests must be forwarded without delay to the FOI inbox. The ICB’s social media accounts are monitored by the Communications and Engagement team as part of their routine activities. Any requests received via social media will be sent to the FOI inbox to be processed in the normal manner.

6 FREEDOM OF INFORMATION ACT 2000

6.1 **Publication Scheme:** The ICB adopts the ICO model publication scheme and proactively publishes information as set out therein.

6.2 General rights of access: Any person is entitled to be informed whether the ICB holds the recorded information requested and, where held, to have it communicated to them, subject to exemptions. The FOI Act only covers requests for recorded information and does not cover instances where explanations, opinions, comment, interpretations or unrecorded discussions are requested.

In line with section 8 of the FOI Act, a request for information under the general rights of access must be received in writing, stating the name of the requester and an address for correspondence and describing the information requested.

The ICB will accept an FOI request verbally in circumstances where the enquirer would have great difficulty in putting a request in writing specifically due to disability. On these occasions, the member of staff taking the call will note as many details as possible which must include contact details and confirm the information sought back to the requester.

6.3 Duty to provide advice and assistance: In line with section 16 of the FOI Act the ICB will provide reasonable advice and assistance to requesters, including helping to refine requests.

6.4 Time limits: The ICB will respond within 20 working days of receipt of a request for information. Where a fees notice is issued, or clarification is sought, the statutory clock is stopped in line with the FOI Act and ICO guidance. The clock starts again, i.e. the 20 working days for complying with a request for information, when a clarified request or payment of fees is received.

6.5 Charges and fees: The ICB may charge disbursements and apply the cost limit (currently £450/18 hours at £25 per hour) as per the Fees Regulations to requests which would exceed 18 hours to locate and collate the information sought.

6.6 Means of communication: Where practicable, information will be provided in the format reasonably sought by the requester.

6.7 Organised campaigns: The ICB may consider aggregating the cost of handling requests where multiple related requests are received as part of an apparent campaign and publish information if appropriate.

6.8 Politically sensitive requests: The Communications team will be alerted where appropriate while protecting requesters' anonymity.

6.9 Transferring requests: Where information is not held but is likely held by another public authority, the ICB will advise the requester. The ICB may also assist the requester and, with their consent, may transfer the request to the appropriate public authority.

6.10 Consultation with third parties: In line with the Section 45 Code of Practice, the ICB will consult third parties where disclosure may affect their rights/interests, particularly for confidentiality or personal data considerations. The fact that the third party has not responded to consultation does not relieve the ICB of its duty to disclose information under the FOI Act, or EIR, or its duty to reply within the time specified. In all cases, it is for the ICB, not the third party (or representative of the third party) to determine whether information should be disclosed. A refusal to consent to disclosure by a third party does not mean that information should absolutely be withheld.

6.11 Public sector contracts: The ICB will avoid contractual clauses that unduly restrict disclosure beyond FOI exemptions and will draft confidentiality terms narrowly.

When entering contracts with non-public authority contractors, the ICB may accept confidentiality clauses so that information relating to the terms of the contract, its value and performance will be exempt from disclosure. As recommended by the Ministry of Justice's Department, the ICB will reject such clauses wherever possible. Where, exceptionally, it is necessary to include non-disclosure provisions in a contract, the ICB will investigate the option of agreeing with the contractor a schedule of the contract that clearly identifies information that

should not be disclosed. The ICB will take care when drawing up any such schedule and be aware that any restrictions on disclosure provided for could potentially be overridden by obligations under the FOI Act, i.e. if an exemption is found not to be applicable. Any acceptance of such confidentiality provisions must be for good reasons and capable of being justified to the ICO.

6.12 Accepting information in confidence from third parties: The ICB accepts information in confidence only where necessary and justifiable; general “confidential” markings alone are insufficient. Acceptance by the ICB of any confidentiality provisions must be for good reasons, capable of being justified to the ICO.

6.13 Refusal of requests: Requests may be refused in whole or part where information is exempt see Appendix D for further information, over cost limit, or vexatious/repeated. Refusal notices will cite reasons and rights of appeal. The ICB may rely on section 14 of the FOI Act where requests are disproportionate or repeated, considering context and history.

If the ICB anticipates that it will take more than 20 working days to reach a decision as to whether any part of the information requested is exempt under Part II of the FOI Act, the requester will be notified. When considering the public interest in disclosure beyond the original compliance date the requester will be advised which exemption is under consideration and the extended date for compliance will be provided.

Where a business area of the ICB has produced and published an FOI Publication Strategy detailing when information will be published, any request for that information will be refused pursuant to the exemption set at Section 22(1)(a)(b) “Information intended for future publication” and the requester will be directed to the published strategy.

6.14 Complaints procedure: The ICB will outline the procedure to be followed in the case of complaints relating to the way in which the request for information has been handled. The complaints process is known as an Internal Review. See Appendix E.

7 ENVIRONMENTAL INFORMATION REGULATIONS (EIR) 2004

7.1 Requests for environmental information may be made verbally or in writing. The ICB will respond within 20 working days (extendable to 40 for complex/voluminous cases) and apply EIR exceptions where relevant, subject to the presumption in favour of disclosure.

EIR requests can include:

- the state of the elements of the environment – e.g. air, atmosphere, water, soil, land, landscape and natural sites such as wetlands, coastal and marine areas, biological diversity and the interaction of these elements
- factors affecting (or likely to affect) the environment – including energy, noise, radiation, waste, emissions, discharges and other releases into the environment
- Measures – such as policies, legislation, plans, programmes, environmental agreements and activities affecting or likely to affect the elements and factors referred to above
- reports – on the implementation of environmental legislation
- economic analysis – including cost benefit and other analyses and assumptions used within the framework of measures and activities referred to above. Including contamination of the food chain, conditions of human life, cultural sites and built structures insofar as they are or may be affected by the state of elements of the environment.

8 DATASETS, RE-USE OF INFORMATION AND COPYRIGHT

8.1 Where reasonably practicable, datasets will be released in re-usable formats and under the Open Government Licence (OGL) unless otherwise stated. Requests to re-use information will be considered in line with the OGL, relevant regulations and copyright law.

9 DATA PROTECTION/DISCLOSURE OF STAFF NAMES AND DETAILS

9.1 In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

9.2 Band 9 and above senior leadership names and roles are published and can be disclosed in response to requests for information.

9.3 Other staff names may be disclosed where appropriate and lawful, taking account of role seniority, public-facing duties and data protection considerations. The FOI team will seek consent from other ICB staff where it is reasonably practicable to do so.

9.4 Requests for salary information will be answered, if applicable, by providing 'Agenda for Change' pay bands. Where a person falls outside of Agenda for Change pay bands, their salary will be given in £5,000 bands. Requesters will be referred to the ICB's Annual Report where possible.

10 RECORDS MANAGEMENT

10.1 Records are managed in line with the Section 46 Code of Practice and the NHS Records Management Code of Practice. Email is a record and may be disclosable under FOI. It is an offence to alter or destroy information after a request is received.

10.2 FOI/EIR case records will be retained for 3 years, or 6 years where an appeal has taken place.

10.3 For monitoring and compliance purposes, the FOI team will keep a record of all requests for information, complaints and outcomes, see 10.2. This will include applications where all or part of the requested information is withheld.

11 TRAINING AND COMPLIANCE

11.1 The ICB will regularly review its FOI arrangements to ensure compliance with this policy.

11.2 The FOI team will maintain records of all FOI requests to assess performance in meeting the standards and statutory timeframes set out in the Lord Chancellor's Code of Practice.

11.3 Review findings will also be used by the FOI team to inform measures for improvement, including identifying any communications and training needs and whether new or revised procedures are needed to comply with the policy.

11.4 The FOI team will ensure training is available to those colleagues tasked with handling FOI requests within the ICB, as required. It is the responsibility of line managers to ensure that their staff are aware of this policy and procedure and how to deal with a FOI request should they receive one.

12 EQUALITY AND DIVERSITY

12.1 The ICB recognises the diversity of the local community and those in its employment. It aims to design and implement policies that meet the diverse needs of its services, population and workforce, ensuring that nobody is placed at a disadvantage over others and providing a safe environment free from discrimination.

12.2 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the [Equality Act \(2010\)](#); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is included in Appendix A

13 CONTACTS AND SOURCES OF SUPPORT

Any enquiries regarding the ICB's FOI Policy and Publication Scheme should be directed to:

FOI Team/Lead
Information Governance
NHS Norfolk and Suffolk ICB
Email [\[insert email when known\]](#)

14 REFERENCE DOCUMENTS

[Freedom of Information Act 2000](#)
[The Environmental Information Regulations 2004](#)
[Data protection: The UK's data protection legislation - GOV.UK](#)
[Section 45 – Code of Practice, request handling | ICO](#)
[Section 46 Code of Practice – records management | ICO](#)
[Freedom of information guidance and resources | ICO](#)

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

This policy sets out the way in which NHS Norfolk and Suffolk Integrated Care Board ("the ICB") handles Freedom of Information (FOI) requests. This includes responsibilities of staff. It aims to inform requesters how the ICB will deal with requests for information made to the organisation. To inform staff of the FOI policy and process and to ensure the organisation is compliant with legal requirements.

Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?

(This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

A Age	No
B Disability	No
C Gender reassignment	No
D Marriage and Civil Partnership	No
E Pregnancy and maternity	No
F Race	No
G Religion or belief	No
H Sex	No
I Sexual orientation	No
J Other issues	No

Step 3: If you have answered, "Yes", to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked "Yes"?

No

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

N/A – see section 14 of the policy for reference documents

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored? N/A, a consultation was not required.

Date of consultation	Method	Who was consulted	What was the outcome
N/A	N/A	N/A	N/A

Step 5b: EIA Action Plan: Workforce Impacts (internal)

Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Nil impacts or issues				

Step 5c: EIA Action Plan: Service Delivery Impacts (external)

Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome
Nil impacts or issues				

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

See section 11 of the policy. Implementation and monitoring will be by the FOI team.

What is the timetable for monitoring, with dates?

As required with a minimum of annually, usually April, or sooner if legislative changes apply, or there has been an organisational change or a significant event.

Is there a plan to undertake an evaluation of this policy (with dates)?

Evaluation of this policy will take place quarterly in the Financial year 2026/27. The evaluation will be conducted by the IG Officer & FOI Lead and the Associate Director of Data Security, Risk and Protection/DPO. At the end of quarters 1 and 2, the evaluation focus will be on 'process' and 'impact' allowing time for 'outcomes' to materialise - quarters 3 and 4 will focus on all aspects of evaluation.

The frequency of evaluation will be reviewed in the Financial year 2027/28.

The evaluation will review 3 aspects:

1. The process
Is the handling of FOI requests working as intended by this policy?
What are the lessons learned and what could be improved?
2. Impact
Has the policy been delivered as intended?
Is the ICB complaint with the legislation and ICO Guidance?
What are the lessons learned and what could be improved?
3. Outcomes
Has the policy achieved its objectives?
What aspects of the policy achieved those objectives?
Is the ICB complaint with the legislation and ICO Guidance?

Step 7: Public availability of reports / result

This policy will be published on the ICB's intranet and public facing website.

APPENDIX B: FOI BACKGROUND AND OUR DUTIES

The Freedom of Information Act 2000 (FOI Act) is a commitment to greater openness in the public sector, and this is supported by the ICB. The FOI Act sets out the basic rights of an individual or organisation to request and receive information held by a public body.

Transparency and accountability are fundamental principles for public bodies to adhere to. It is important that members of the public, media sources and Members of Parliament can question how public bodies operate and spend public money.

Replacing the non-statutory Code of Practice on Openness in the NHS, the FOI Act was formally passed in November 2000 and came into force on 1 January 2005.

The main features of the FOI Act are:

- A general right of access to recorded information held by public authorities, subject to certain conditions and exemptions
- Public interest test – in cases where information is exempt from disclosure, except where an absolute exemption applies, a duty on public authorities to inform the requester whether they hold the information requested and communicate it to them. Unless the public interest in maintaining the exemption in question outweighs the public interest in disclosure.
- A duty on every public authority to adopt and maintain a Publication Scheme
- An office of Information Commissioner with wide powers to enforce the rights created by the FOI Act and to promote good practice and a new Information Tribunal
- A duty on the Lord Chancellor to promulgate Codes of Practice for guidance on specific issues.

APPENDIX C: SUMMARY OF KEY ACTIONS AND TIMESCALES

Timescale	Action	FOI team actions
Day 0	Request for information received in the ICB’s FOI inbox or by post.	See within 3 working days below.
Immediately	<p>If received by other colleagues or alternative mailboxes forward the request to the FOI email inbox.</p> <p>If it’s a postal request, scan and email to the FOI inbox.</p>	
Within 3 working days	<p>Request acknowledged by the FOI team and response date provided to requester.</p> <p>Request for information with deadline for receipt of response information, sent directly to the relevant ICB colleague(s) from the Subject Matter Expert (SME) list.</p> <p>Where a different colleague is identified as appropriate to assist, the RFI is sent directly to them.</p>	<p>The FOI team will</p> <p>Keep the requester informed of progress</p> <p>Provide advice and assistance if required</p> <p>Request clarification if required</p> <p>Decide if a fee/charge is applicable and discusses with ICB FOI Lead</p> <p>Decide if the request can be met within applicable limits set in Fees Regulations</p> <p>Consider if information is exempt in part or whole</p> <p>Decide if the request is repeated/vexatious.</p>
Within 10 working days	Information is located and provided by the SME(s) and returned to the FOI team.	
Day 10	Information not received, a reminder is sent to the appropriate SME(s).	<p>The FOI team will</p> <p>Consider the requester’s preferences regarding response format</p>
Day 15	First breach warning is sent to the SME(s) and any agreed escalation manager.	

Day 18	Final breach warning sent to the SME(s) and agreed escalation manager.	Draft a response and share it with the FOI lead for review
Before day 20	Final response sent to the FOI lead for approval.	Provide advice and assistance if required
Within 20 working days	Response sent to requester.	Draft a response to include the Public Interest Test argument if applicable
Within 40 working days (being the maximum extension)	If a complex public interest test was considered, the response is sent to the requester.	Notify the requester if the request is refused for any reason.
If a request for clarification is made to the requester, then the 20-working day clock stops and restarts from the beginning once clarification required is received by the ICB.		
If a fee or charge is applicable to the information requested and the ICB has agreed, a Fees Notice/notification of a charge will be issued. The 20-working day timescale is suspended until the fee/charge is paid.		
Additional time to respond can be sought from the requester if the information is difficult to retrieve. This will only occur in exceptional circumstances.		

APPENDIX D: EXEMPTIONS

There are two types of exemptions:

- **Absolute exemptions**, which do not require a test of prejudice or balance of public interest to be in favour of non-disclosure
- **Qualified exemptions by the public interest test**, which require the public authority to decide whether it is in the balance of the public interest to either disclose or withhold the information.

Except for section 21 (information available by other means) absolute exemptions apply not only to the communication of information but also to the duty to confirm or deny, if that itself would disclose information that is reasonable to withhold.

The absolute exemptions set within the FOI Act are:

Section 21	Information reasonably accessible by other means – it may be reasonably accessible even if the requester must pay for it.
Section 23	Information supplied by, or relating to, bodies with security matters – this is aimed at the Security Services, Government Communications headquarters and the National Criminal Intelligence Service.
Section 32	Court records – covers documents in the custody of a court, created by a court or served on or by a public authority for court proceedings.
Section 34	Parliamentary privilege – to avoid infringing the privileges of either House of Parliament.
Section 40	<p>Personal information- Any information to which a request for information relates is exempt if it constitutes personal data of which the requester is the data subject.</p> <p>Any information to which a request for information relates is also exempt information if it constitutes personal data relating to third part and meets one of the following conditions:</p> <p><u>Condition 1</u></p> <p>a) the disclosure of the information to a member of the public would contravene any of the data protection principles or</p> <p>b) would do so if he exemptions in section 24(1) of the Data Protection Act 2018 (manual unstructured data held by public authorities) were disregarded.</p> <p><u>Condition 2</u></p> <p>It is also exempt if the disclosure of the information to a member of the public would contravene article 21 of the GDPR (general processing: right to object to processing)</p> <p><u>Condition 3</u></p> <p>a) it is also exempt if the information was requested under article 15(1) of the GDPR (general processing: right of access by the data subject) but would be withheld in reliance on a relevant provision in the Data Protection Act 2018</p> <p>It is also exempt if the information was requested under section 45(1)(b) of the GDPR (law enforcement processing: right of access of the data subject).</p>

Section 42	Information provided in confidence – if the disclosure of the information would constitute a breach of confidence that could lead to action against the ICB is disclosed
Section 44	Prohibitions on disclosure – information is exempt if its release is prohibited under any enactment, it is incompatible with community obligation or would constitute contempt of court.

The exemptions that are qualified by the public interest test are:

Section 22	Information intended for future publication – covers information held with a view to publication by the public authority or another person at some future date.
Section 24	National security – information can be exempt if it is required to safeguard national security
Section 26	Defence – information can be exempt if its release would affect the defence of the British Isle, any British colony or the capability and effectiveness of the armed forces
Section 27	International relations – information is exempt if its release would prejudice relations with another state, international organisation, international court or the interests of the UK abroad.
Section 28	Relations within the UK – covers information that would prejudice the economic interests of the UK or of any administration in the UK
Section 29	The economy – covers information that would prejudice the economic interest of the UK or of any administration in the UK
Section 30	Investigations and proceedings conducted by public authorities – covers information held for an investigation that the authority has a duty to conduct to decide if a person should be charged with or found guilty of an offence, relates to criminal proceedings that the authority has power to conduct or relates to civil proceedings brought by or on behalf of the authority.
Section 31	Law enforcement – information is exempt if its release would prejudice law enforcement. This includes the prevention and detection of crime, apprehension and prosecution of offenders, administration of justice, the operation of immigration controls and the security of prisons.
Section 33	Audit functions – this applies to authorities that have functions in relation to the audit of other authorities' accounts and the examination of efficiency and effectiveness of the use of their resources. This does not cover internal auditing functions of authorities.
Section 35	Formulation of government Policy – relates to government departments and the National Assembly for Wales.
Section 36	Prejudice to effective conduct of public affairs – information is exempt if, in the opinion of a qualified person, it would prejudice how the Trust conducts its public affairs.
Section 37	Communications with Her Majesty, with other members of the Royal Household, and the conferring by the Crown of any honour or dignity.
Section 38	Health and safety – information is exempt if its disclosure would endanger the physical health, mental health or safety of any individual.
Section 39	Environmental information – covers information that can be accessed via the Environmental Information Regulations
Section 42	Legal professional privilege -

Section 43	Commercial interests – information is exempt if it constitutes a trade secret or would prejudice or be likely to prejudice the commercial interests of any person or organisation.
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APPENDIX E: INTERNAL REVIEW PROCEDURE

The right to appeal

The right to appeal is a fundamental part of the Freedom of Information (FOI) Act and the Environmental Information Regulations (EIR). This right can be exercised in two ways:

1. by an internal review using the ICB's procedures
2. by an external appeal to the regulatory body (Information Commissioner).

A requester can make an appeal/complaint or request a review regarding any of the following:

- a refusal of a request for information under FOI or EIR
- dissatisfaction with a response to a request
- the ICB's FOI and/or EIR Policy
- non-compliance with the publication scheme.

The ICB has one internal appeals process covering both FOI and EIR requests. Following this, requesters who remain dissatisfied can complain to the Information Commissioner.

Informal requests

Where possible and in line with ICO guidance, the ICB will take all reasonable steps to manage enquires which clearly do not require formal escalation in an informal manner. For instance, where a request is unclear or where the ICB may have misinterpreted a question. This is done to save ICB time and recourses but also to reply in a timelier manner. However, where this is not possible, the ICB will follow the steps below.

Formal requests

Requesters who are dissatisfied with the response they receive to their request are advised within the response to write to the ICB via the FOI team. Upon receipt, the following will take place:

- acknowledge the complaint within two working days
- review the procedure of the request in conjunction with the FOI Act and EIR
- ensure that the review will be undertaken, where possible, by a panel who were not involved in the original decision-making process
- communicate a fresh decision (taken by the panel) to the requester.

This will include:

- Whether there was an actionable breach of the FOI Act, for example the decision was reached within the statutory timeframe
 - Whether the requester was given adequate advice and guidance about their request
 - Whether the procedure (FOI Policy) for responding to the request was followed correctly, and the ICB acted lawfully in respect of the FOI Act
 - If an exemption was applied, the reasons were explained adequately to the requester
 - Provide a fresh outcome/decision into the request. Either upholding or overturning the original decision
 - Provide the requester with their rights to appeal to the ICO
- aim to provide a full response within 20 working days. If for any reason the ICB is unable to meet this target the requester will be kept informed of the progress. For complex complaints,

or where it is necessary to reconsider the public interest test, reviews should be complete within 40 working days of receipt.

If the requester remains dissatisfied with the outcome, they have the right to refer their complaint to the Information Commissioner.

The Commissioner will investigate the case and may serve the ICB with a notice specifying information which the Commissioner requires the ICB to provide to be able to decide. The Commissioner's judgement upholding or not upholding the complaint will eventually be published as a Decision Notice on the ICO website.

If the complaint is upheld in whole or in part, the Decision Notice may require the ICB to release information to the requester which has previously been withheld or not provided within 35 days. The ICB and the requester have the right to appeal the Commissioner's decision to the first-tier information tribunal. Decisions of the tribunal can then be appealed to upper tier tribunal.

Requesters have the right to refer their complaint to the Information Commissioner at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Helpline: 0303 123 1113

Email: [Contact us | ICO](#)

Website: [Information Commissioner's Office](#)

The Information Commissioner has responsibility for enforcing the Freedom of Information Act 2000 and Environmental Information Regulations 2004 and is an independent public official responsible directly to Parliament. The Commissioner's role is to:

- Promote good practice
- Approve and assist in the preparation of publication schemes
- Provide information about the public's rights under the Act and EIR
- Enforce compliance with the Act and EIR.

The Information Commissioner's guidance "Freedom of Information and Environmental Information Regulations – When and how to complain" can be obtained from the address above.



Norfolk and Suffolk
Integrated Care Board

Norfolk and Suffolk ICB

Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Policy

Document Control Sheet

This document can only be considered valid when viewed via the ICB's intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one online.

Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document	Norfolk and Suffolk Integrated Care Board Emergency Preparedness, Resilience and Response (EPRR) and Business Continuity Policy
Version	1
Date of this version	April 2026
Produced by	EPRR Team
What is it for?	This document details how the ICB will act in accordance with legislation and associated strategic guidance in ensuring its EPRR and Business Continuity responsibilities and functions are fulfilled in line with the underpinning principles for NHS EPRR.
Evidence base	Developed using predecessor organisation EPRR policies.
Who is it aimed at and which settings?	For NS ICB staff only
Consultation	n/a
Impact Assessment:	EQIA included
Other relevant approved documents	n/a
References:	<ul style="list-style-type: none"> • The Civil Contingencies Act (2004) • Health & Social Care Act 2022 • NHS England Emergency Preparedness, Resilience and Response Framework • NHS National Incident Response Plan
Monitoring and Evaluation	Annually reviewed in line with EPRR Core Standards Processes.
Training and competences	n/a
Reviewed by:	
Approved by:	ICB Board
Date approved:	
Signed:	
Dissemination:	<ul style="list-style-type: none"> • Via ICB Intranet • EPRR team

	<ul style="list-style-type: none"> • Accountable Emergency Officer • Norfolk and Suffolk ICB on call Managers and Directors
Date disseminated:	[to be completed by Corporate Governance]
Review Date:	Annually, or before if changes are required.
Contact for Review:	

Version Control

Revision History	Summary of changes	Author(s)	Version Number
April 2026	New Policy following creation of the Norfolk and Suffolk ICB.	Grant Rundle Chris Chapman	1

1.1	INTRODUCTION.....	7
2.1	PURPOSE.....	8
3.1	SCOPE.....	8
4.1	DEFINITIONS.....	9
5.1	POLICY DETAILS	10
1.1	Risk Assessment.....	10
2.1	Emergency Planning.....	10
3.1	Command, Control and Coordination.....	11
4.1	Business Continuity Management	11
	PP1 – Policy and Programme Management	11
	PP2 – Embedding	12
	PP3 – Analysis.....	12
	PP4 – Design.....	13
	PP5 – Implementation	13
	PP6 – Validation	13
5.1	Information Sharing and Cooperation	13
6.1	Training and Exercising	14
7.1	On Call Officer Training.....	14
8.1	Budget and Financial Commitment	14
9.1	Records Management.....	15
10.1	Compliance monitoring and performance review.....	16
11.1	Roles and Responsibilities.....	16
	Roles in EPRR and Business Continuity Management	16
	General ICB Responsibilities	17
	Chief Executive Officer.....	17
	Accountable Emergency Officer.....	17
	EPRR Specialist Resources	18
	ICB Communications team.....	19
	Head of UEC Operations and Resilience	19
	ICB Governance and Compliance Manager	19
	Digital and Technology Team	20
	Information Governance	20
	Strategic and Tactical on Call Officers.....	20
12.1	Systems Operations Centre	20

13.1	Recovery	20
6.1	EQUALITY STATEMENT	21
7.1	MONITORING AND REVIEW.....	21
8.1	DATA PROTECTION	21
9.1	REFERENCES.....	21

1.1 INTRODUCTION

NHS Norfolk & Suffolk Integrated Care Board (NS ICB) is committed to developing and maintaining a prepared and resilient organisation and wider health economy. Resilience is about ensuring that we are prepared for any service interruption or emergency that may occur, both internally and/or externally, which threatens our ability to maintain our services or response to an incident.

It is the policy of the ICB to ensure that we can continue to deliver our prioritised activities and to support our communities, partner organisations and health economy, before, during and after an emergency, in so as is reasonably practicable.

By taking a proactive approach to resilience, the ICB will be able to prioritise, deliver and support critical health care systems and services which are essential to emergency response which our stakeholders and community rely upon. This approach is compatible with the legislative regime associated with civil contingencies, NHS England Emergency Preparedness Framework 2022, and NHSE Core Standards for Emergency Preparedness with which the ICB must comply.

The ICB is categorised as a Category 1 Responder under the Civil Contingencies Act (2004). This places the following duties upon the ICB:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance coordination.
- Cooperate with other local responders to enhance coordination and efficiency.

The Aim of this policy will be achieved by:

- As far as practicable safeguard the people, property, reputation, and financial stability of the ICB, while servicing the needs of the Norfolk and Suffolk communities in the event of an emergency.
- Continue to develop a whole health economy approach to resilience by proactively supporting our provider organisations to be more resilient by developing a Norfolk LHRP and Suffolk EPRR Forum. For example, this includes but is not limited to those providers from the Voluntary, Community and Social Enterprise (VCSE) sector, Private sector, Primary Care, Patient Transport and NHS Trusts.
- Preparing, maintaining, and testing both emergency response and business continuity plans. To ensure the ICB discharges its responsibilities under the Civil Contingencies Act (2004), NHS Act (2006), Health and Social Care Act (2012) and the Health and Care Bill when enacted, and the NHS EPRR Core Standards.

- Ensure staff with responsibilities for delivering an emergency and business continuity receive appropriate training as indicated by the ICBs EPRR Training Needs Analysis.

2.1 PURPOSE

This document details how the ICB will act in accordance with legislation and associated strategic guidance in ensuring its EPRR responsibilities and functions are fulfilled in line with the underpinning principles for NHS EPRR of:

- **Preparedness and Anticipation** – the NHS needs to anticipate and manage consequences of incidents and emergencies through identifying the risks and understanding the direct and indirect consequences, where possible. All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle.
- **Continuity** – the response to incidents should be grounded within organisations' existing functions and their familiar ways of working – although inevitably, actions will need to be carried out at greater pace, on a larger scale and in more testing circumstances during response to an incident.
- **Subsidiarity** – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale.
- **Communication** – good two-way communications are critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know, including the public
- **Cooperation and Integration** – positive engagement based on mutual trust and understanding will facilitate information sharing. Effective coordination should be exercised between and within organisations and local, regional and national tiers of a response.
- **Direction** – clarity of purpose should be delivered through an awareness of the strategic aim and supporting objectives for the response. These should be agreed and understood by all involved in managing the response to an incident to effectively prioritise and focus the response.

This policy encompasses both the EPRR and Business Continuity Policies (BCP) for the ICB, to ensure a combined and coherent approach to resilience functions.

3.1 SCOPE

This policy applies to all employees of the N&S ICB, including fixed term employees when working within the ICB and whilst on ICB business.

4.1 DEFINITIONS

Abbreviation / Item	Definition
BCI	Business Continuity Institute
BCMS	Business Continuity Management System
BIA	Business Impact Assessment
CCA	Civil Contingencies Act 2004
CE	Chief Executive
EPRR	Emergency Preparedness, Resilience and Response
EPS	Emergency Planning Society
ERF	Essex Resilience Forum
IAEM	International Association of Emergency Management
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICPEM	Institute of Civil Protection and Emergency Management
ICS	Integrated Care System
JESIP	Joint Emergency Services Interoperability Principles
LHRP	Local Health resilience Partnership
LRF	Local Resilience Forum
NHS	National Health Service
NRF	Norfolk Resilience Forum
SC	Social Care
SRF	Suffolk Resilience Forum
We	The ICB

5.1 POLICY DETAILS

1.1 Risk Assessment

As a Category 1 Responder, the ICB has a legal duty to risk assess and produce plans to mitigate and respond to the identified risks. To enable this, the ICB will be represented at LRF Risk Groups and use the community risk registers produced by the LRFs as a source of information. The ICB will also consider risks from within the ICS and create plans to mitigate and respond should an adverse event occur.

All risks will be recorded and reviewed in line with the ICB Risk Policy.

2.1 Emergency Planning

Through membership of both the Norfolk and Suffolk Local Health Resilience Partnerships (LHRP's), the ICB will actively contribute to Health emergency planning. As a Category 1 Responder, the ICB also engages in emergency planning activity through both LRFs, attended by the EPRR Team. To ensure appropriate response with the LRFs, the ICB will align with the Joint Emergency Services Interoperability Programme (JESIP) principles as much as possible.

The ICB will maintain a common incident response plan detailing how they will collectively respond to an Incident, including:

- Definition of business continuity, critical and major incidents, emergencies, and NHS incident levels
- Activation, notification, and stand-down procedures
- Roles and responsibilities
- Command Control and coordination structure
- Communications arrangements
- Response activities
- Standard operating procedures
- Recovery arrangements

The objectives of the Incident Response Plan are:

- To provide a flexible framework for enabling the effective management and coordination of the local health response to either a slow onset (rising tide) or immediate onset (big bang) major incident or emergency.
- To enable the critical decision-making process to be undertaken within an established command, control, and coordination framework.
- To enable the establishment of command-and-control facilities and structures commensurate with the incident.
- To ensure the continued provision of identified essential services to the local health community.

- Where appropriate, the ICB will develop, disseminate, and maintain specific emergency arrangements for identified hazards and threats, either as stand-alone plans or action cards, or as appendices to the Incident Response Plan.

The Incident Response Plan (IRP) will be reviewed annually, unless activated during an exercise or in response to a real incident during that time. An audit trail of amendments to the plan will be maintained by the EPRR team.

3.1 Command, Control and Coordination

The ICB will have a scalable Command, Control and Coordination (C3) structure in place that can be escalated and de-escalated to meet the needs of the ICS. The ICB System Operations Centre will act as the central point of contact for UEC, EPRR, and Business Continuity issues with the ability to escalate resourcing of the System Operations Centre to create an ICC as described within the ICB incident response plan. The ICB C3 structure will need to interface with the multi-agency C3 as described below.

- Strategic Co-ordinating Group (SCG) sets the strategic direction. This group coordinates responders and prioritizes resources to the tactical and operational level.
 - The ICB will need to provide a strategic commander to this group to represent the NHS.
- Tactical Co-ordinating Group (TCG) interprets the strategic direction, develops a tactical plan, and coordinates activities and assets.
 - Upon the declaration of a Major Incident an LRF will stand up a TCG to tactically manage the multi-agency response. The ICB will need to provide a tactical commander to this group to represent the NHS.
- Operational groups will implement the tactical plan.

4.1 Business Continuity Management

The ICB as a Category 1 Responder has a duty to develop and maintain a Business Continuity Management System (BCMS) and associated response plans. To comply with the NHS EPRR Core standards this should be reviewed annually. The BCMS as described within this section will enable the ICB to meet its Legislative requirements under the CCA, The Health and Safety at Work Act (1974), The Health and Social Care Act (2012) and the Health and Care Bill. In addition to legislation, it is a contractual requirement for all NHS commissioned providers to have Business Continuity Plans which align with ISO22301:2019 within the NHS Standard Contract to minimise service interruption to patients.

To meet these requirements, the ICB will use the Business Continuity Institute Good Practice Guidelines as a basis for developing the BCMS. The Good Practice Guidelines are constructed around six professional practices and described below as to how the ICB will work within them.

PP1 – Policy and Programme Management

To provide Strategic Oversight of the programme, business continuity will be included within the quarterly EPRR Report to the Audit Committee of the ICB.

The objectives of the ICB Business Continuity Management System are to:

- Identify the prioritised activities of the ICB.
- Ensure that the ICB can restore their prioritised activities in accordance with agreed timescales in the event of a disruptive incident.
- Provide a structure to enable the mobilisation of organisational resources to manage the recovery of ICB operations.
- Enable the ICB to resume normal business operations as quickly as possible.
- Avoid/minimise any negative impact arising from either a financial perspective, or on the reputation of the ICB, or their employees, as a result of a Business Continuity Incident.

PP2 – Embedding

To embed Business Continuity within the ICB to ultimately make it part of the ICB culture. A training and exercising programme will be developed that includes business continuity within it. Specifically, to Business Continuity there should be four levels of training required:

- All Staff: Delivered during Staff Induction programme, and via annual updates via team leaders.
- Team Leaders/ Managers¹: Training designed to aid them in undertaking Business Impact Assessments, and how their team will respond to an incident.
- Directors: Training linked to strategic incident management.
- Tactical and Strategic On-Call Team: How to implement a Business Continuity incident response out of hours.

The Incident Response Plan will be made available via the ICBs Intranet site for all staff to access.

PP3 – Analysis

The ICB NHS organisation consisting of Directorates that work across Norfolk and Suffolk as part of the ICS and approximately 500 staff with all Directorates linked to delivering the organisations core aim of commissioning safe appropriate care for the residents of Norfolk & Suffolk.

A Business Impact Assessment (BIA) will be undertaken at a team level within each Directorate to provide a sufficient level of detail to create a Directorate BIA. On completion of this suite of BIAs the organisation will be able to define not only the Maximum Period of Tolerable Disruption (MPTD) but also Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) for activities and dependent services and the Minimum Business Continuity Objectives (MBCOs) to enable the organisation to continue operating its critical functions. This process will be undertaken annually or following significant organisation change or activation of the business continuity elements of the Incident response plan.

¹ This includes all Team Leaders, Managers and Deputy Directors.

The second aspect of the analysis phase is performing a risk assessment on those areas where weaknesses were found, to assess what the level of risk the organisation is exposed to, and organisational risk registers updated to reflect this. A horizon scan should also be undertaken to see what external risk the organisation may be subject to using a range of sources including the Community Risk Register produced by the Local Resilience Forum which includes risks linked to Flooding, Pandemics, electrical supply interruption, and consideration to the potential for these risks must cause a disruptive incident. Identified risks will be taken to the ICB Risk Forum for review and full consideration of the impacts upon the organisation.

PP4 – Design

Following the BIA process, solutions will be designed to mitigate any risks identified to the organisation's functions. The table adapted from the BCI Good Practice Guidance in Appendix 2 details the type of solutions available to the ICB. During the design phase solutions should undergo a cost/ benefit analysis and designed in conjunction with relevant internal stakeholders.

PP5 – Implementation

To develop a consistent approach to Incident Management within the ICB, responses to a business continuity incident will be described within the ICB Incident Response Plan. The response plan will cover the following in respect to Business Continuity incidents:

- Definition of a business continuity disruptive incident
- Identification of prioritised activities
- Activation, notification, and stand-down procedures
- Roles and responsibilities
- Command and control arrangements
- Communications arrangements
- Recovery strategies

The IRP will have appended to it a range of action cards.

PP6 – Validation

To ensure the BCMS and accompanying response arrangements are fit for purpose, BC elements within the response plan will be tested on an annual basis as part of the wider ICB training and exercising programme. Following exercises or a live activation, a process to identify any lessons will be undertaken and learning used to update the plan further.

5.1 Information Sharing and Cooperation

To meet our obligations under the Civil Contingencies Act (2004), the ICB EPRR team will engage fully with Norfolk and Suffolk Resilience Forums and associated subgroups including the Local Health Resilience Partnerships. The EPRR are team will also provide the

secretariat for the both LHRPs enabling EPRR information flow between all providers within the N&S ICS.

The ICB AEO will Co-Chair both LHRP in conjunction with the Norfolk Director of Public Health and Suffolk Director of Public Health respectively. The ICB will provide the secretariat for the LHRP meetings.

6.1 Training and Exercising

To enable EPRR duties to be conducted by competent and appropriately trained staff, the ICB will commit to facilitating the attendance of all levels of staff on necessary courses that are aligned to their function and response requirements.

The ICB will meet the requirements as stated within the NHS EPRR Framework. In addition to this the ICB will be an active participant within both Norfolk and Suffolk Resilience Forum Training Exercising groups.

The ICB EPRR Managers in conjunction with the AEO will maintain oversight of the training needs of staff in relation to their EPRR roles.

In order to evidence the training and exercising of our personnel who are either on our on-call rota, Loggists or work within the System Operations Centre we will maintain a training record. For those roles that are required to maintain a portfolio we will use the CPDme platform to collate portfolios. These portfolios will be mapped against the NHS Minimum Occupational Standards for EPRR. These roles include:

- Strategic Commanders
- Tactical Commanders
- EPRR Specialist Resources

7.1 On Call Officer Training

For the on-call team to remain both competent and confident within their role a Training Needs Analysis will be produced annually and shared with the on-call team detailing the training required for that year. The on-call training will be designed to meet the National Occupational Standards for Civil Contingencies.

8.1 Budget and Financial Commitment

The ICB will identify the budget required to fulfil the organisations EPRR and Business Continuity duties. Including but not limited to:

- A locally agreed payment for on-call staff.
- Provide funding for a resilient telecoms system.
- Contribute to the running costs of both Norfolk and Suffolk Resilience Forums.
- Training budget for the on-call and EPRR team.

- Funding (including capital if required) to enable the provision of a resilient Systems Operations Hub that can be escalated to an Incident Coordination Centre.
- Norfolk LHRP training budget.

In the event of an incident requiring activation of the ICB Incident Response Plan or the deployment of resources, funding will be identified, and a budget code allocated to enable the tracking of expenditure.

9.1 Records Management

Based on the NHS EPRR Framework, when planning for and responding to an incident, all decisions made or actions taken must be recorded and stored in a way that can be retrieved later to provide evidence. It may be necessary to provide all documentation; therefore, robust and auditable systems for documentation and decision-making must be maintained. The organisation's document retention policies and procedures should cover the requirements of EPRR.

Category	Examples	Minimum retention period	Final action
Incidents (declared)	Decision logbook, on-call logbook, incident related documents including plans and organisational structures Paper and electronic records	30 Years	Review, archive or destroy under confidential conditions
Exercise	Paper and electronic records	10 Years	Review, archive or destroy under confidential conditions
On-call (routine – non-Major Incident)	Decision log, on-call log, handover records Paper and electronic records	30 Years	Review, archive or destroy under confidential conditions
EPRR	Incident response plans, guidance, standard operating procedures, core standards for assurance Electronic records	10 Years	Review, archive or destroy under confidential conditions
EPRR	Information sharing protocols, memorandum of understanding, service-level agreements Paper and electronic records	30 Years	

EPRR	LHRP and sub-group minutes, papers, action logs Risk registers Electronic records		Review, archive or destroy under confidential conditions
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10.1 Compliance monitoring and performance review

The EPRR and Business Continuity arrangements will be audited as part of the NHS EPRR Core Standards process on an annual basis. This will be further supported by the ICB EPRR and Business Continuity arrangements being audited at least once every three years via the internal audit processes. The EPRR Team will produce a report to the ICB Audit Committee four times a year detailing the ICBs BC and EPRR Activities.

Lessons will be identified by conducting:

- Internal debriefs following incidents and / or exercises.
- External multiagency debriefs facilitated by either the Norfolk Resilience Forum (NRF) or Suffolk Resilience Forum (SRF) following incidents and / or exercises.
- Shared learning and best practice from other ICSs and NHSE via the regional and national EPRR forums and briefings.

11.1 Roles and Responsibilities

The EPRR Team will complete as required national capability surveys that may be requested by either the Norfolk or Suffolk LRFs.

The ICB will participate in the annual EPRR assurance process, submitting a report to the ICB Board

The ICB will lead and manage the EPRR Core Standards review process across the N&S Integrated Care System annually as directed by NHS England.

Roles in EPRR and Business Continuity Management

The following roles and responsibilities describe how the ICB, and key individuals will prepare for emergencies. Descriptions of emergency response roles and responsibilities are provided in the Incident Response Plan.

The following generic roles and responsibilities have been identified from NHSE Guidance:

- Fulfil the responsibilities of a Category 1 Responder as identified in the Civil Contingencies Act. Complete the annual NHS EPRR Core Standards and report them to the ICB Board and NHSE.
- Maintain an Incident Coordination Centre along with a Command, Control and Coordination (C3) structure.
- Maintain a robust BCMS.
- Participate in LHRPs and any associated working groups.

- Undertake Training and Exercising in conjunction with local NHS and external multiagency partners.
- Ensure that resilience is 'commissioned in' as part of the contracting process and reflects local risks.

General ICB Responsibilities

To fulfil its EPRR responsibilities, the ICB will maintain a common 24/7 on call rota. This rota will be in two tiers.

- The first tier, known as 'Tactical on Call', will be staffed by staff who have been identified by the EPRR Managers and the Head of UEC Operations & Resilience. This tier will be the first point of contact in business continuity, critical or major incident or emergency, and for system escalation issues out of hours.
- The second tier, known as 'Strategic on Call', will be undertaken by Directors and senior members of the ICB, according to their training and experience. This tier will provide support to the 'Tactical on Call' and to NHSE if required.

To facilitate on-call arrangements, the Rota will be produced in conjunction with the EPRR managers and the Head of UEC Operations and Resilience.

On-call will be facilitated via the 8x8 phone system², supported by the ICB digital team.

In preparing for emergencies and disruptive events, it is essential to develop and embed a culture of resilience within the ICB. As such, emergency preparedness and business continuity should be a consideration for all ICB staff. ICB staff should therefore:

- Ensure that they are familiar with the arrangements detailed in the Emergency Response and Business Continuity Plans.
- Ensure that they are familiar, where relevant, with their roles and responsibilities.
- Undertake training commensurate with their role.

Chief Executive Officer

The ICB CEO is responsible for the identification of an 'Accountable Emergency Officer' (AEO), who is a board level director responsible for EPRR and Business Continuity. The AEO will have executive authority and responsibility for ensuring the organisation complies with the legal and policy requirements. The CEO will also ensure there is designated Emergency Planning lead – identified as the EPRR Manager is appointed to carry out the necessary work as required.

Accountable Emergency Officer

The Executive Director of People, Governance & Corporate Services is the designated ICB AEO. The AEO is responsible for:

² Subject to ongoing digital and IT ICB changes

- Ensuring that the organisation is compliant with the EPRR requirements as set out in the Civil Contingencies Act (2004) and NHS core standards.
- Ensuring that the organisation is properly prepared and resourced for dealing with a significant/major incident or emergency.
- Ensuring the organisation, and any providers they commission, have robust business continuity planning arrangements in place which reflect standards set out in ISO 22301.
- Ensuring that the organisation complies with any requirements of NHSE, or agents thereof, in respect of the monitoring of compliance.
- Providing NHSE, or agents thereof, with such information as it may require for the purpose of discharging its functions.
- Ensuring that the organisation is appropriately represented at any governance meetings, sub-groups or working groups of the local health resilience partnerships (LHRP) or local resilience forums (LRF).
- The AEO will Co-Chair the Suffolk LHRP meeting in conjunction with the Suffolk Director of Public Health.
- The AEO will Co-Chair the Norfolk LHRP meeting in conjunction with the Norfolk Director of Public Health.

EPRR Specialist Resources

The EPRR Manager is appointed to ensure implementation of the EPRR policy, compliance with the Civil Contingencies Act (2004) and NHS England guidance. The role will:

- Provide emergency planning and resilience advice and support to the CEO, Accountable Emergency Officer, ICB staff on the 'on-call' rotas and to Norfolk & Suffolk providers in the absence of their own emergency planning lead.
- Chair the Norfolk & Suffolk System EPRR group(s).
- Provide ICB representation to Local Resilience Forum Working groups to develop multiagency planning and provide a health-related input where required.
- Develop, disseminate, and maintain ICB emergency and resilience plans and arrangements.
- Ensure a consistent approach to emergency preparedness across the ICB.
- Provide advice and guidance to primary care providers where appropriate in EPRR and business continuity.
- When required, assist in providing assurance of preparedness to the ICB Governing Bodies, NHSE and external stakeholders.
- Develop, maintain, and deliver emergency response and business continuity training as required.
- Support on-call managers to maintain their CPD records of training received.
- Maintain a record of training delivered to and undertaken by key staff with EPRR responsibilities and arrange refresher training when necessary.
- Review CPD records to create training plans to meet the needs of staff with an on-call role.
- Coordinate tests and exercises of emergency arrangements and equipment.

- EPRR team will develop professionally by maintaining CPD records with a relevant Professional Society (EPS, ICPEM, BCI or IAEM).
- Providing tactical advice regarding EPRR matters in the event of a Business Continuity, Critical or Major Incident.

ICB Communications team

The Communications Team will:

- Develop, disseminate, and maintain arrangements for handling the media and communicating with the public.
- Maintain procedures supported by the EPRR Team for internal and external communications before, during and after a disruptive challenge.
- Ensure that ICB staff who are likely to be handling the media, before, during and after an emergency receive appropriate training.
- Represent the ICB on the Local Resilience Forum Communications groups as required.
- Ensure that the ICB has arrangements in place to coordinate the communications response with, and for, NHS funded provider services in Norfolk & Suffolk in the event of an emergency or disruptive incident.
- Provide Crisis Communications Advice in the event of an incident occurring.

Head of UEC Operations and Resilience

The Head of UEC Operations and Resilience will:

- Develop and maintain escalation information sheets for use by Tactical and Strategic officers out of hours to support a response to provider issues.
- Ensure that prior to the weekend, the tactical and strategic on call officers are briefed of any ongoing issues with providers.
- Provide training to Tactical and Strategic officers regarding escalation processes required as part of their on-call role.
- In conjunction with the EPRR Managers, to identify suitable tactical on call officers.
- Be responsible for the Day to Day running of the System Operations Centre as described in section 11.10.

ICB Corporate Governance Manager

The ICB Corporate Governance Manager will work with the EPRR team to ensure organisational risks are considered in the development and maintenance of EPRR and BC planning arrangements. To achieve this the EPRR team will be active members of the ICB Risk and Resilience Group chaired by the Executive Director of People, Governance & Corporate Services. Any EPRR and BC (including the consequences of climate change) risks identified concerning both providers and the ICB will be added to the risk register / BAF as appropriate and managed via either the Risk and Resilience Forum or Board. The Corporate Governance Manager will oversee this process.

Digital and Technology Team

In conjunction with the EPRR Team coordinate digital resilience planning within the ICB contributing to business continuity, cyber preparedness and emergency planning activities.

Information Governance

The EPRR and IG Teams will collaborate to promote resilient and secure information storage solutions. The IG team will also provide advice to the EPRR team when developing incident response strategies in relation to the safe and secure transfers of data.

Strategic and Tactical on Call Officers

All members of the on-call team are required to undertake CPD to ensure they are current with the ICBs role in Civil Contingencies and how to respond to an incident. This will also be entitled an on-call payment paid over 12 months. This will be achieved by:

- Receiving initial 'on call' training.
- Maintaining personal CPD record within CPDMe mapping activity against the Minimum Occupational Standards for EPRR
- Attending multi agency Tactical Coordination Group training.
- Attended a NHSE Principles of Health Command (or equivalent)
- Participating in exercises.
- Participating in the ICB response to a real incident
- Attending 3 out of 4 quarterly on call training sessions facilitated by both the EPRR manager and Head of UEC Operations and Resilience

Further details are included in the On-Call SOP.

12.1 Systems Operations Centre

The Systems Operations Centre will function seven days a week between the hours of 08:00 and 1800 subject to operational requirements. The Systems Operations Centre provides a central point for the flow of system information and providing tactical level oversight to the N&S ICS. The Systems Operations Centre will form the first level of coordination to the system that can be escalated to an incident coordination centre in the event of an adverse incident.

13.1 Recovery

Recovery from any incident is imperative and requires a coordinated approach from the affected organisation and multiagency partners, depending upon the type and scale of the incident.

The ICB will commit to undertaking the recovery phase at the earliest opportunity following the start of an incident and this should be run in parallel with the response.

The recovery phase does not end until all disruption has been rectified, demands on services have returned to normal levels and the physical and psychosocial needs of those involved have been met.

6.1 EQUALITY STATEMENT

This Policy will operate alongside the ICB's Equal Opportunities, Diversity at Work Policy, and Equality Delivery System. The ICB values the diversity of its employees, volunteers and people who are entitled to our services, irrespective of their race, disability, age, gender including sexual orientation, religion or belief, status, or grade.

The ICB assures employees, volunteers and people entitled to our services are treated fairly, equally and with respect and dignity. The ICB will challenge discriminatory attitudes and provide rules and standards of behavior.

The use of this Policy will not discriminate directly or indirectly on the grounds of race, gender, sexual orientation, ethnic or national origin, religion, culture, disability, age, membership of a trade union or staff organisation or political affiliation.

The ICB will monitor the use of this Policy, as far as it is able, and take action if it appears that it has a disproportionate effect.

An Equality Impact Assessment is included in Appendix A

7.1 MONITORING AND REVIEW

This policy will be reviewed annually by the EPRR team, or sooner if necessary due to change(s).

8.1 DATA PROTECTION

In applying this policy, the ICB will have due regard for the [Data Protection Act 2018](#) and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

9.1 REFERENCES

This Policy is linked to the following national and local legislation and guidance:

- [Civil Contingencies Act 2004](#)
- [The NHS Act 2006](#) (as amended)
- The requirements for EPRR as set out in the [NHS Standard Contract\(s\)](#)
- [NHS England Core Standards for Emergency Preparedness, Resilience and Response](#)
- NHS England [Business Continuity Management Framework](#)
- [National Occupational Standards for Civil Contingencies](#)
- [Emergency preparedness, Guidance on part 1 of the Civil Contingencies Act 2004 \(Cabinet Office, 2006\)](#)

- [Expectations and indicators of good practice set for category 1 and 2 responders](#) (Cabinet Office, 2013).

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed

(This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).

The Policy describes how the ICB will meet it's obligations as a Category One responder as defined by the Civil Contingencies Act (2004).

Step 2: Screening process for relevance to equality & diversity issues

Does this proposal / policy have any equality & diversity relevance in the following areas?

(This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).

A Age	No
B Disability	No
C Gender reassignment	No
D Marriage and Civil Partnership	No
E Pregnancy and maternity	No
F Race	No
G Religion or belief	No
H Sex	No
I Sexual orientation	No
J Other issues	None known

Step 3: If you have answered, "Yes", to any of the protected characteristic boxes in Step 2, a full impact assessment is required

Are any of the protected characteristic boxes in Step 2 marked "Yes"?

n/a

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).

- When considering the requirements for on-call the agenda for change contractual conditions have been considered.

Step 5: Full Impact Assessment Process

Step 5a: Consultation Log

Where are the consultation records stored?

Date of consultation	Method	Who was consulted	What was the outcome

Step 5b: EIA Action Plan: Workforce Impacts (internal)

Potential issues or impacts (positive and negative)

Positive/negative	Positive/negative	Positive/negative	Positive/negative	Positive/negative

Step 5c: EIA Action Plan: Service Delivery Impacts (external)

Potential issues or impacts (positive and negative)

Positive/negative	Description of issue/impact	Mitigating actions	Risk (Low/Medium/High)	Outcome

Step 6: Monitoring and review arrangements

How will the implementation of the proposal / policy be monitored, and by whom?

The EPRR and BC policy is reviewed annually as part of the NHS EPRR Core Standards process, every three years it will be subject to a BC audit. Bi-annually it will be reviewed by the EPRR Team and approved via the Audit Committee.

What is the timetable for monitoring (with dates)?

The EPRR and BC policy is reviewed annually as part of the NHS EPRR Core Standards process, every three years it will be subject to a BC audit. Bi-annually it will be reviewed by the EPRR Team and approved via the Audit Committee.

Is there a plan to undertake an evaluation of this policy (with dates)?

Step 7: Public availability of reports / result

EPRR Core Standards reported annually via ICB Annual Report

APPENDIX B: Business Continuity Design Options

Description of Business Continuity Design Solutions adapted from the Good Practice Guidance and how they can be used within the ICB.

Solution	Description	Relevance to N&S ICB
Diversification	Separate locations running live activities simultaneously. This option can deliver on RTOs with extremely short time frames. It does not however provide a solution to an event that is not isolated to one location for example a cyber-attack.	The ICB are based within four buildings across N&S where similar activities are occurring in all locations. The distance between each of the offices (circa 15 -20miles) also helps provide a safe separation distance should we lose one site due to a widespread incident (except cyber).
Replication	Replicated resources in differing locations enable activities to be recovered quickly. If the site is maintained in a state of readiness known as a 'hot site' this can be ready in a matter of hours.	The only activity the ICB needs to maintain in a state of readiness is the ability to set up an Incident Coordination Centre. The main site is within the head office with a second site available within one of the satellite offices that can be stood up quickly if required.
Standby	Where RTOs allow for a longer response time a separate site can be kept on standby and made operational within a few days.	Following the implementation of BC activities following the outbreak of COVID19 and the ability to work remotely its unlikely the ICB would need to have a Work Area Recovery site on standby going forward.
Post Incident Acquisition	RTOs measured in days or weeks or could use post incident acquisition as a solution in the event of an incident occurring. This solution does rely on have a predefined list of requirements and suppliers being identified in advance able to provide the relevant equipment.	The ICB can access supplies via the NHS Supply chain but also our purchasing frameworks for IT equipment.

Do Nothing	<p>This option should only be used when the solution is too difficult or impossible to have a solution in place before hand. This should only be used for RTOs measured in weeks or months. Crucially the reason why this solution has been chosen should be documented and included within planning documentation.</p>	<p>Being an NHS organisation plans should be in place for all potential scenarios on the organisations risk register that might cause a service disruption. Do nothing is not an option that can be considered if patient care services are going to continue.</p>
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