

NHS FRIMLEY

INTEGRATED CARE BOARD

Governance Handbook v2

Version Control

Date	Version no.	Reviewed by	Status	Comments/ Changes since last version
October 2022	V2	Executive	Draft	Functions and decision map – refreshed following approval by the ICB Board on 17 October 2022 Terms of reference amended to reflect new governance arrangements and new committees of the Board.

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1. Purpose of the Governance Handbook

- 1.1 This handbook sets out the NHS Frimley Integrated Care Board (ICB) governance arrangements that support the implementation of the ICB's Constitution. It contains practical procedure details for applying the ICB's Constitution including the Terms of Reference for committees.
- 1.2 If there is any ambiguity between the Constitution and this Governance Handbook, the interpretation in the Constitution must be applied and takes precedence.
- 1.3 The handbook will be updated and approved on an annual basis. Where there are any changes to Sections, which are referenced in the Constitution, an application will be made for approval to NHS England. (This version has no sections that are affected by this provision.) This Governance Handbook will be published on the ICB's public website on the same page as the ICB's Constitution.

2. Integrated Care Board

- 2.1 The statutory functions of NHS Frimley Clinical Commissioning Group were conferred onto NHS Frimley ICB on 1 July 2022, along with the transfer of all ICB staff, assets, and liabilities (including commissioning responsibilities and contracts). Relevant duties of ICBs include those regarding health inequalities, quality, safeguarding, children in care and children and young people with special educational needs and (SEN) or disability.
- 2.2 Although the ICB takes on the ICB's functions, the new organisation also brings health and care organisations together in new ways, with a greater emphasis on collaboration and shared responsibility for the health of the local population. The ICB has greater flexibility to deliver commissioning activities differently – for example, to exercise their functions through, or jointly with, providers, NHS England, a local authority or a combined authority.
- 2.3 NHS England has delegated the following commissioning functions to the ICB:
 - delegated responsibility for Primary Medical Services (currently delegated to all ICBs, and continuing to exclude Section 7A Public Health functions)
 - delegated responsibility for Dental (Primary, Secondary and Community), General Optometry, and Pharmaceutical Services (including dispensing doctors and dispensing appliance contractors)
- 2.4 These changes offer a variety of opportunities for organisations within the NHS, and system partners, to work more collaboratively in the planning and delivery of services to tackle health inequalities and improve quality and outcomes.

3. Overview

- 3.1 The Frimley ICB is part of the wider Frimley Integrated Care System (ICS) (described in more detail in section 4) that covers a significant part of the geography of the South East Region (as shown in the map below). Around 810,000 people are registered with 72 GP practices in the Frimley system. The Frimley ICB comprises of five Places:

- Bracknell
- Windsor & Maidenhead
- Slough
- Surrey Heath
- North East Hampshire & Farnham



3.2 The Frimley Integrated Care System has been in place since 2017 and the Health and Care Bill in 2022 introduced new statutory arrangements for integrated care systems. The Bill established two new components of the ICS:

- ICB and
- an integrated care partnership (ICP).

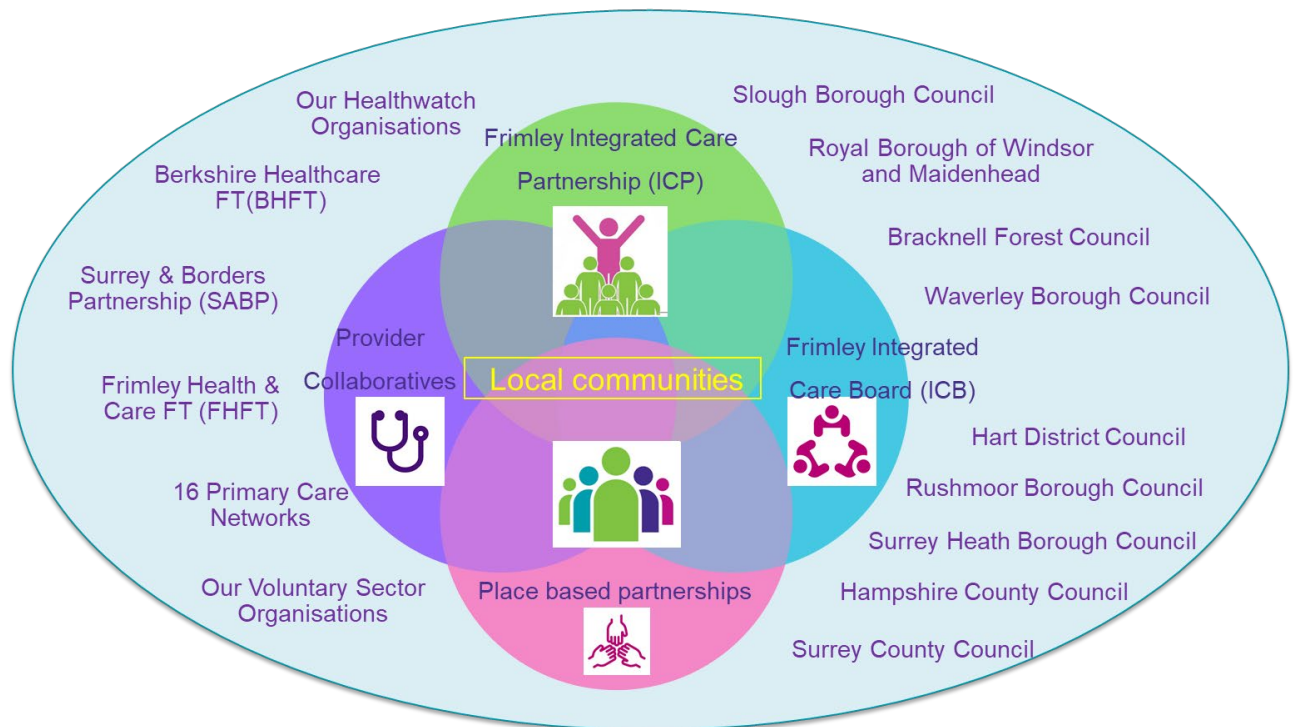
3.3 The ICS represents the wider partnership of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. It exists to achieve four aims:

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



4. Integrated Care Partnership

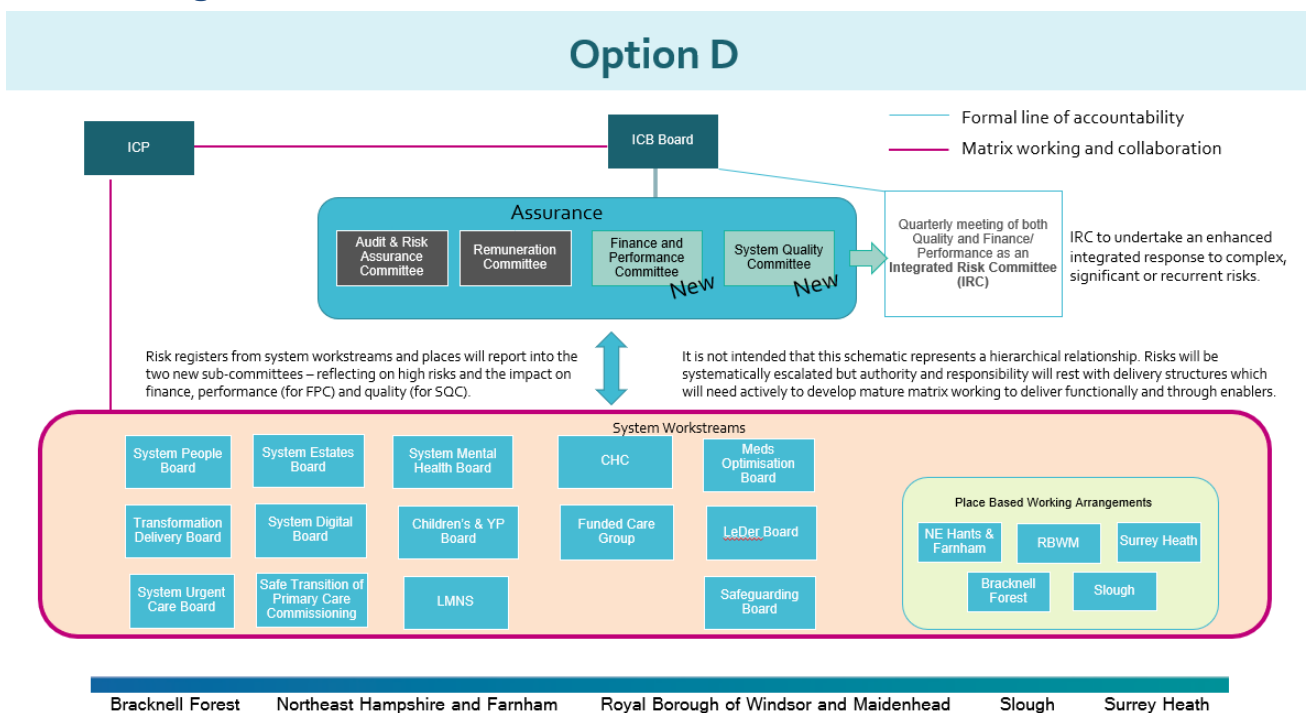
- 4.1 The Integrated Care Partnership (ICP) considers and sets the strategic intent of the ICS; holding the role of final approver of the ICS Strategy, including the proposed programmes of work and intended outcomes and benefits which are intended from the approach.
- 4.2 It acts as an objective “guardian” of the ICS vision and values, putting the needs of the population and the successful operation of the ICP ahead of any sector or organisation specific areas of focus.
- 4.3 It provides a forum for the consideration of Wider Determinants of Health and Health Inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest array of local stakeholders and democratic representatives.



- 4.4 Membership of the ICP consists of:
- All Local Authority organisations within the ICB area (Unitary, County Council and District / Borough Councils) including:
 - Chief Executive or Director of Adults and / or Director of Children Services
 - Health and Wellbeing Board Representatives
 - All NHS organisations within the ICB area (ICB, Berkshire Healthcare, Frimley Health, Surrey & Borders)
 - GP Practices within the ICB area, represented by Primary Care Networks through a representative model (to be determined)

- All Healthwatch Organisations within the ICB area (either individually, collectively or through a rotation model)
 - Voluntary, Charity and Social Enterprise organisation representation
- 4.5 Each of the partner organisations as shown in the diagram above demonstrate through their own boards and committees the alignment of individual and collective work which will contribute to the progression of the ICS Strategy as set by the ICP.
- 4.6 The ICP meets on an “assembly” format – bringing together members to discuss an issue or issues in order to reach a conclusion about what they think should happen - to learn, deliberate, and decide.
- 4.7 It is led by an elected Convenor as opposed to a permanent Chair. Meetings are less frequent but with enough time set aside to effectively consider and deliberate important issues, i.e. for a half day session on a quarterly basis.

5. Integrated Care Board committee structure



- 5.1 The ICB publishes a Scheme of Reservation and Delegation (SoRD) which sets out (i) functions that are reserved to the board (ii) functions that have been delegated to an individual or to committees and sub committees (iii) functions delegated to another body or to be jointly with another organisation. The ICB remains accountable for all of its functions, including those that it has delegated. The SoRD sets out the lowest level of responsibility to which a

decision is delegated. A committee or individual, which has received the delegated responsibility, may seek advice and support in making a decision.

- 5.2 The arrangements made by the ICB as set out in this Scheme of Reservation and Delegation of decisions shall have effect as if incorporated in the ICB's Constitution. The document can be viewed on the ICB's Website <http://www.frimley.icb.nhs.uk>

6. ICB Board

- 6.1 The Board is made up of 17 members:
- a) Independent Chair
 - b) Chief Executive
 - c) Chief Finance Officer
 - d) Chief Medical Officer
 - e) Chief Nursing Officer
 - f) Chief People Officer
 - g) Chief Transformation Officer
 - h) Two Non Executive members
 - i) Three partner members from NHS Trusts and Foundation Trusts who provide services within the ICB's area
 - j) Three partner members from the local authorities which are responsible for providing Social Care and whose area coincides with or includes the whole or any part of the ICB's area.
 - k) Two partner members from the primary medical services (general practice) providers within the area of the ICB.
- 6.2 Further information on the appointment process for each of the Board members are described in the Standing Orders – see section 8 below.

7. Standing Orders

- 7.1 The ICB Constitution contains an Appendix "Standing Orders". This appendix sets out:
- the statutory framework and status upon which the ICB carries out its business;
 - composition of the Membership,
 - key roles and appointment process;
 - calling meetings of the ICB and how these are managed through clear internal control processes;
 - appointments of Committees and Sub committees;
 - the duty to report non-compliance with Standing Orders and Standing Financial Instructions;

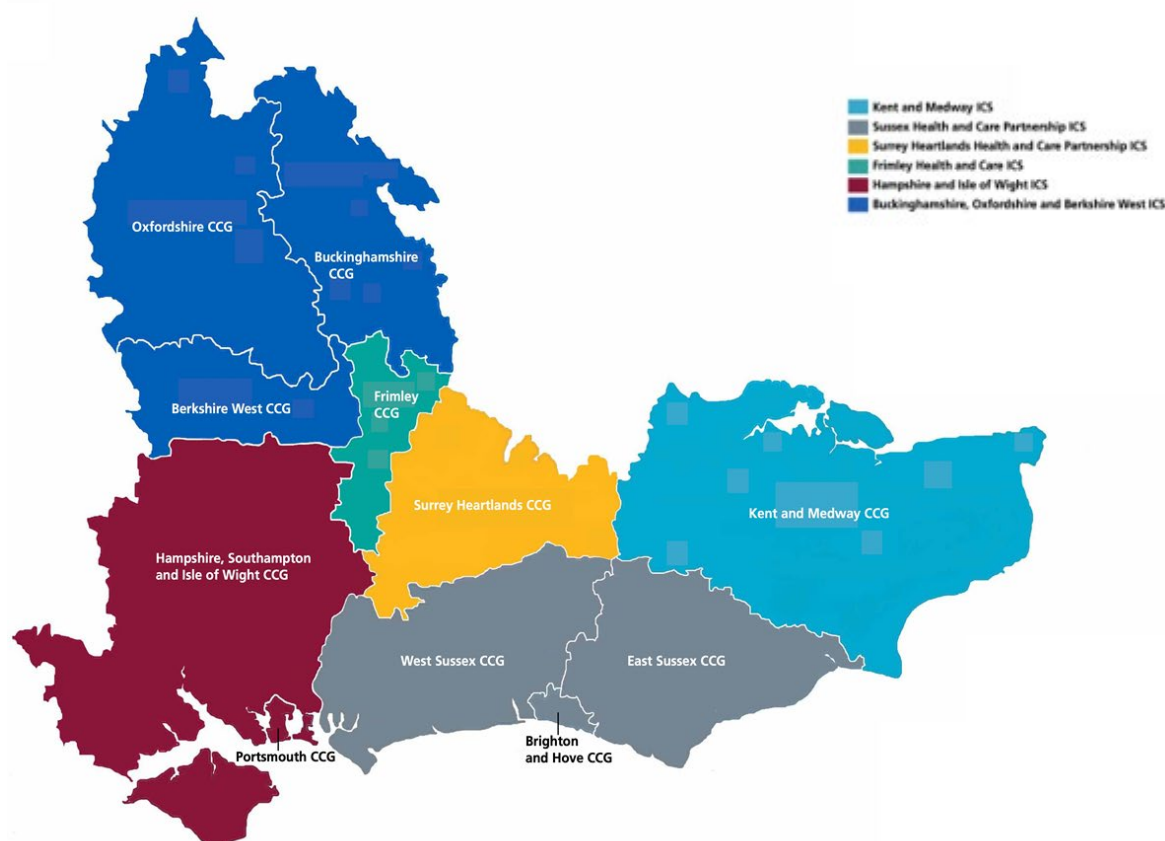
- use of seal and authorisation documents.

These Standing Orders are detailed in an Appendix of the Constitution.

The constitution can be found here <http://www.frimley.icb.nhs.uk>

8. Delegated Commissioning

- 8.1 NHS Frimley ICB will take on delegated commissioning responsibilities for Community Pharmacy, Optometry and Dental services from July 2022.
- 8.2 The ICB will be one of six ICBs in the Southeast Region with these delegated responsibilities (see diagram below). All six have agreed to work together to ensure a safe transition of staff and responsibilities from NHS England to the ICBs.



- 8.3 Surrey Heartlands ICB has agreed to provide administration for the Southeast Region hub and manage the committees in common for the six ICBs. Details of the terms of reference for these committees in common are found in section 10.

9. Committee Terms of Reference

- 9.1 The formal governance committees of the ICB are grouped into three classes as required by NHS England. For Audit, Remuneration and Primary Care Commissioning the terms of reference shall have effect as if incorporated in the ICB's Constitution. With the exception of the ICB Board (which is included in the Standing Orders within the Constitution), all other terms of reference as described below will be published within this Governance Handbook.

- **Class 1: Statutory**
 - a) ICB Board
 - b) ICP Joint Committee
 - c) Audit and Risk Assurance Committee
 - d) Remuneration Committee
- **Class 2: Locally determined committees with delegated responsibilities**
 - a) Safe Transition of Primary Care Committee
 - b) Committees in Common for Pharmacy, Optometry and Dentistry
 - c) Committees in Common for Surrey Commissioning
- **Class 3: Locally determined committees of the Board**
 - a) System Quality Committee
 - b) Finance and Performance Committee
 - c) Integrated Risk Committee

9.2. Audit and Risk Assurance Committee DRAFT Terms of Reference

Constitution

The Audit and Risk Assurance Committee (the Committee) is established by NHS Frimley Integrated Care Board (ICB) as a committee of the board in accordance with its Constitution.

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

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

Authority

The Audit and Risk Assurance Committee is authorised by the board to:

- Investigate any activity within its terms of reference;

- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

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

Purpose

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

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

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

Membership and attendance

Membership

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

The board will appoint no fewer than **three members** of the Committee including two who are non-executive members of the board. Other members of the Committee need not be members of the board, but they may be.

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

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

Chair and vice chair

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

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

Committee members may appoint a Vice Chair the voting membership of the Committee.

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

Attendees

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

- Director of Finance or their nominated deputy;
- Representatives of both internal and external audit;
- Individuals who lead on risk management and counter fraud matters;
- add other relevant attendees.

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

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives from the Health and Wellbeing Board(s), Secondary and Community Providers.

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

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

Attendance

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

Access

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

If any of the External Audit, Internal Audit, Local Counter Fraud and Security Management providers have been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual may be excluded from the meeting, with permission by the Chair.

Meetings Quoracy and Decisions

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

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

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

Quorum

For a meeting to be quorate a **minimum of two** non-executive members of the board are required, including the Chair or Vice Chair of the Committee.

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

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

Decision making and voting

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

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

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

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

Responsibilities of the Committee

The Committee's duties can be categorised as follows.

Integrated governance, risk management and internal control

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

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

- To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the

effectiveness of the management of principal risks.

- To have oversight of system risks where they relate to the achievement of the ICB's objectives.
- To ensure consistency that the ICB acts consistently with the principles and guidance established in HMT's Managing Public Money.
- To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.
- To identify opportunities to improve governance, risk management and internal control processes across the ICB.

Internal audit

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

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

External audit

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

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment permit;

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

Other assurance functions

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

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

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

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

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

Counter fraud

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

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

To ensure that the counter fraud service provides appropriate progress reports

and that these are scrutinised and challenged where appropriate.

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

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

Freedom to Speak Up

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

Information Governance (IG)

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

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

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

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

Financial reporting

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

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

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

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

- Letter of representation; and
- Qualitative aspects of financial reporting.

Conflicts of Interest

The Chair of the Audit and Risk Assurance Committee will be the nominated Conflicts of Interest Guardian.

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

Management

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

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

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

Communication

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

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

Behaviours and Conduct

ICB values

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

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

Equality and diversity

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

Accountability and reporting

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

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

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

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

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

Secretariat and Administration

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

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

Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

9.3. Remuneration Committee DRAFT Terms of Reference

Constitution

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

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

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

Authority

The Remuneration Committee is authorised by the board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and SoRD but may /not delegate any decisions to such groups.

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

Purpose

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

- 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 excluding the Chair.

The board may also delegate the following functions to the Committee:

- Oversight of the nominations and appointments process for board members;
- Oversight of executive board member performance.

Membership and attendance

Membership

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

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

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

The Chair of the Audit and Risk Assurance Committee may be a member of the Remuneration Committee but may not Chair the Committee.

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

Chair and Vice Chair

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

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

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

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

Attendees

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

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:

- Chief People Officer or their nominated deputy
- Chief Finance Officer or their nominated deputy
- Chief Executive or their nominated deputy

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

No individual should be present during any discussion relating to:

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

Meetings Quoracy and Decisions

The Committee will meet in private.

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

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

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

Quorum

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

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

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

Decision making and voting

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

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

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

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

Responsibilities of the Committee

The Committee's duties are as follows:

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

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

For all staff:

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

Additional responsibilities include:

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

Behaviours and Conduct

Benchmarking and guidance

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

ICB values

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

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

Equality diversity and inclusion

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

Accountability and Reporting

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

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

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

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

Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members' appointments and renewal dates and the board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and

- issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

Review

The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

- 9.4. System Quality Committee** (first meeting November 2022 to agree Terms of Reference)
- 9.5. Finance and Performance Committee** (first meeting in November to agree Terms of Reference)
- 9.6. Integrated Risk Committee** (Terms of Reference to be agreed at its inaugural meeting)

9.7. Committees in Common for Pharmacy, Optometry and Dentistry

POD Committee (CiC) Terms of Reference

Applicable to the following organisations:

NHS Buckinghamshire, Oxfordshire and Berkshire (BOB) ICB	✓
NHS Frimley ICB	✓
NHS Hampshire and Isle of Wight (HIOW) ICB	✓
NHS Surrey Heartlands ICB	✓
NHS Sussex ICB	✓
NHS Kent and Medway ICB	✓

Approved:

Planned 1 July 2022

Next review due:

The intention is for these Terms of Reference to apply until end March 2023 with review date agreed

1. Context

- 1.1. The six Integrated Care Boards across the South East have taken on the delegated responsibility for Pharmacy, Optometry and Dentistry (POD) services since July 2022. These are: Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB; Frimley ICB; Hampshire and Isle of Wight (HIOW) ICB; Surrey Heartlands ICB; Sussex ICB and Kent and Medway ICB.
- 1.2. These six ICBs have determined they will work collaboratively during 2022/2023, to discharge their delegated commissioning responsibility for the delivery of POD services.
- 1.3. The secretariat of this collaborative working between the six South East ICBs will be hosted by Surrey Heartlands ICB ("the host ICB"), and underpinned through an agreed Memorandum of Understanding (MOU) between the ICBs
- 1.4. Each Committee will need to report into its own ICB for oversight and assurance purposes.
- 1.5. The Committees are aligned to the Delegation Agreement for Primary Care & Dental Functions.

2. Introduction, Purpose and Objectives

- 2.1. NHS Frimley Integrated Care Board (ICB) has established a committee within the governance structure of the ICB known as the Pharmacy, Optometry and Dentistry (POD) Committee ("the Committee")
- 2.2. The POD Committee exercises oversight for POD commissioning across the Frimley area.
- 2.3. The ICB Committee is established in accordance with the ICB's constitution and, where agreed, any delegation of functions from NHS England. These terms of reference set out the membership, remit, responsibilities and reporting

arrangements of the Committee and shall have effect as if incorporated into the ICB's constitution

- 2.4. The ICB Committee may only make decisions that its Integrated Care Board has delegated to it (listed in Annex 1).
- 2.5. The Committee will meet in common with the other South East ICB POD Commissioning Committees. This mechanism is employed to allow organisations to take aligned decisions together on programmes that cross organisational/geographical boundaries. By definition, consisting of two or more organisations meeting in the same place at the same time, they will discuss the same functions and may reach the same conclusions but, under the umbrella term “committees in common” (CiCs), the individual organisations remain distinct and take their own decisions. Decisions can only be taken by each distinct Committee’s own representatives.
- 2.6. In order for committee meetings held in common to operate consistently with the legal framework, several requirements must be met:
 - Each committee must have its own agenda, although they may be identical
 - Each committee must take its own decisions, and these must be recorded in its own minutes, although the minutes may be identical
 - It must be technically possible for each committee in the arrangement to reach a different decision although this will be unlikely, however, not all business items will be the same.
 - There must be clear terms of reference for each committee and clear reporting lines back to each ICB
 - Note that there is more than one committee. The committees should be referred to as “committees in common” or “committees meeting in common” and not “a committee in common”
- 2.7. The Committee is a committee of the ICB for the BOB, Frimley, HIOW, Surrey Heartlands, and Kent & Medway ICBs, with decisions delegated to the committee as per Annex 1. For Sussex ICB, decisions are delegated to the Chief Primary Care Officer, with the requirement that they will be fulfilled through the Commissioning Group as per Annex 1. All references to the work and decisions of “the Committee” in these Terms of Reference should be interpreted in the context of these arrangements.
- 2.8. The Committees in Common arrangement is hosted by Surrey Heartlands ICB, with ICB membership and decision-making responsibilities delegated to senior ICB officers from each of the ICBs.
- 2.9. The Delegation Agreement sets out the authority for NHSEI aligned staff to act on behalf of ICBs.
- 2.10. The proposed governance model is attached at Annex 3

3. Accountability/ Delegated Authority

- 3.1. The Committee is accountable to NHS Frimley ICB.
- 3.2. The minutes of the Committee meetings shall be formally recorded and submitted to the Committee's ICB in accordance with local requirements.
- 3.3. The Committee is authorised by its ICB to investigate any activity within these terms of reference. It is authorised to seek any information it requires from any member, officer or employee who are directed to co-operate with any request made by the Committee. The Committee is authorised by its ICB to obtain outside legal or other independent professional advice and to secure the attendance of other individuals with relevant experience and expertise if it considers necessary.

4. Sub Committees & Delegation

- 4.1. The Committee may discharge functions to such individuals, sub-committees or third parties as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of reservation and delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. NB: for decision making, this may only be in accordance with the NHSE Delegation Agreement
- 4.2. The Committee will have due regard to the host ICB governance and working arrangements, including the work of a number of subgroups to allow the discharge of the host ICB's full range of responsibilities (Annex 3)

5. Responsibilities

- 5.1. The specific responsibilities of the Committee with regard to POD services are:
 - 5.1.1. To ensure the safe and effective discharge of the NHSE Delegation Agreement functions
 - 5.1.2. To recognise the POD Operating Model Memorandum of Understanding (MOU) and the capacity of the Subject Matter Experts (SMEs) to efficiently & effectively discharge these functions
 - 5.1.3. To manage existing contracts within their contractual frameworks to ensure compliance with regulations, policy & guidance
 - 5.1.4. To develop and agree in line with the commissioning cycle the mechanism and protocol to determine what should be commissioned at an ICB or regional/subregional level, subject to engagement by the relevant partners
 - 5.1.5. To exercise oversight of the commissioning of POD services.

- 5.1.6. To have regard to national policy and regulations relating to the procurement of and/or the award of contracts to deliver POD services. NB: Procurement only applies to dental.
- 5.1.7. To agree the overall principles for the allocation of reserves in line with commissioning intention priorities, seeking to use resources efficiently and effectively to address local health care need.
- 5.1.8. To review and pay due regard to the outcome of any consultations in relation to proposed significant services changes.
- 5.1.9. To define (and rationalise where required) the supporting governance arrangements for the Committee particularly where it meets “in common”.
- 5.1.10. Oversee areas of transformation and service improvement where these are being implemented at a footprint larger than a single ICS
- 5.1.11. Develop and oversee the workforce strategy for POD services
- 5.1.12. Reduce inequalities in access and outcomes for people using POD services
- 5.1.13. Share learning and good practice as ICBs develop their approaches to integrating POD services into a whole system population health management approach
- 5.1.14. Identify opportunities and manage risks
- 5.2. Discussions about the governance and operating model (HR framework) will not form part of the committee agendas and will be picked up through the POD Liaison Forum and via the NHSEI Regional Assurance Framework. Any changes to the workforce model will be agreed by the national NHSEI team.

6. Reporting and decision making

- 6.1. Reporting and decision making will include the following
- 6.2. Routine ICB focussed highlight reports across all three functions – includes risks and issues, progress updates, outputs from sub-committees and groups.
- 6.3. Reports will be prepared for each service that provide the relevant detail aligned to agreed reporting areas to include:
 - 6.3.1. **Contractual:**
 - Contractual matters processed or in hand in accordance with relevant policy books and regulations
 - Assurance reports - as determined by relevant contract
 - 6.3.2. **Commissioning:**
 - Commissioning pipeline updates
 - Commissioning programme issues and progress by exception
 - Restoration & Recovery updates

- Updates on national changes

6.3.3. **Issues & Risk Logs**

6.3.4. **Financial (Finance to lead)**

- Financial position
- Additional funds

6.3.5. **Quality, Performance and Engagement**

- Quality reports and complaints data (Nursing & Quality to lead)
- MP communications log – with themes
- Performance (inequalities/outcomes)
- Engagement

6.3.6. **Risk Management**

6.3.7. **Service development**

6.3.8. **Transformational change/ PC integration**

Reporting will reflect the **NHSEI quarterly assurance framework** requirements which will be embedded in the operating model and the work of the South East POD team.

6.4. **Decision making**

NB: The specific decisions delegated to each committee are listed in more detail in Annexe 1
The types of decisions made will include:

6.4.1. **Contractual:**

- Items - for decision outside the scope of the relevant NHSEI Policy Book or guidance, likely to be limited to quality & performance concerns (although these will play into contracting decisions), potentially agreeing recommendations of contract sanctions including termination
- Note: community pharmacy contractual decisions are via PSRC.
- Contractual matters processed or in hand in accordance with relevant policy books and regulations. To include but not limited to:
 - Material contract variations & terminations – (following performance related issues)
 - Dental procurement pipeline approval/changes
 - Dental contract award recommendation approval
 - Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES
- Assurance reports - as determined by relevant contract

6.4.2. **Commissioning:**

- Commissioning pipeline updates
- Commissioning programme issues by exception
- Contract award approval recommendations
- Restoration & Recovery updates
- Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding

7. Membership

- 7.1. The membership of the committee is described in Annex 2. Each ICB within the Committees in Common arrangement will define and manage its membership independently.
- 7.2. The membership must be sufficient for the Committee to make decisions that have been delegated to it. The membership may be different for each Committee participating in the “in common” meetings.
- 7.3. The members of the ICB committee shall be appointed with approval from the Integrated Care Board.

8. Co-opted members/ deputies/ attendees

- 8.1. Deputies will be allowed subject to the approval of the respective ICB Chair. All deputies should be fully briefed, and the secretariat informed of any agreement to deputise so that quoracy can be maintained.
- 8.2. No person attending the meeting in one role can additionally act on behalf of another person as their deputy
- 8.3. People from a range of areas and levels of seniority may be invited to attend based on the needs of the agenda, and their subject specific expertise.

9. The Convener – (Committees in Common)

- 9.1. Where the Committee is using the “Committees in Common” meeting approach, the participating Chairs will either select:
 - a “Convener” from amongst themselves; or
 - an independent individual to be the “Convener”.
- 9.2. All the participating Committees will agree to allow the selected Convener to Chair the committees in common meeting.

10. Quorum

- 10.1. The quorum for the Committee is described in Annex 2.
- 10.2. Nominated deputies attending Committee meetings, on behalf of substantive members, will count towards quorum.

11. Meetings

- 11.1. The Committee will meet formally on a monthly basis (this may be subject to review as the arrangement matures) and have a scheduled programme of meeting dates and agenda items. Meetings may be cancelled or deferred where there is no business to conduct.

- 11.2. In addition to the above formal meetings, the Committee may meet informally for development sessions/ seminars.
- 11.3. The Committee will operate in accordance with its respective ICB Constitution
- 11.4. The Surrey Heartlands' ICS Governance Team will administer all meetings held "in Common". The specification for this support is outlined in a separate Memorandum of Understanding agreed between the six participating ICBs.
- 11.5. Meetings may be held by conference call or by electronic means, so long as the technology provides live and uninterrupted conferencing facilities.
- 11.6. Where an extra meeting needs to be scheduled, every endeavour will be made to give at least 10 working days' notice. Notification will be given by email.
- 11.7. Non-voting people present at a meeting may be required to withdraw from the confidential part of the meeting.
- 11.8. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

12. Managing Conflicts of Interest

- 12.1. The members of the Committee must comply fully with NHS England Guidance and the ICB Policy regarding Conflict of Interest.
- 12.2. At the start of the meeting, members will be invited to declare if they have any conflicts of interest with the business to be conducted, including previously declared interests.
- 12.3. The Chair will decide any necessary course of action to manage a declared conflict of interest as advised
- 12.4. Any declared conflicts of interest will be recorded in the minutes along with any action taken, in a form as advised by the ICB's Conflict of Interest Policy. In summary the information recorded is:
 - the name of the person noting the interest;
 - the nature of the interest and why it gives rise to the conflict;
 - the item of the agenda to which the interest related;
 - how it was agreed that the conflict should be managed;
 - evidence that the conflict was managed as intended.

13. Decision-making (Single Committee Issue)

- 13.1. Most agenda items at the CICs meetings are pertinent to only one participant Committee. All meeting members may contribute to the discussion. When a

decision needs to be made, the Convenor will only invite the affected committee(s) to make the decision.

- 13.2. A record of the discussion and decision need only be included in the minutes of the Committee involved in the item.

14. Decision-making (All Committees deciding in common).

- 14.1. Occasionally, the Committees may be asked to make a decision on the same matter at the same time
- 14.2. In such cases, each committee's decision will be shared with the other participating organisations in the "in common" meeting, and recorded in the minutes. There are two possible results:
 - a. All Committees support the decision – The decision is supported and becomes binding on the participating organisations.
 - b. One or more Committees do not support the decision – The meeting makes a judgement as to whether the decision can be delivered only in the organisations supporting the decision. If this is not possible the decision is declared as not being supported by all participating organisations.
- 14.3. The "In-Common" meeting cannot force an individual organisation to support a decision.

15. Emergency/ Chair's action

- 15.1. The Committee will delegate responsibility for emergency powers and urgent decisions to the Committee Chair who must consult at least one other member of the Committee.
- 15.2. Urgent decisions must be reported to the next Committee meeting following the urgent decision for ratification by the full meeting together with a report detailing the grounds on which it was decided to take the decision on an urgent basis and the efforts made to contact the relevant other members of the Committee prior to taking the decision.

16. Review of Terms of Reference

- 16.1. The Committee is set up for a time-limited basis. The future delivery and governance of POD will be discussed and agreed during the financial year 2022/23.
- 16.2. In the interim, any proposed significant changes to the ToR and responsibilities will be presented to the respective ICS Integrated Care Board for approval.

17. Review History

17.1. These Terms of Reference are used by all six of the Integrated Care Boards in the South East.

Version	Date	Reviewed by	Status	Comments/ Changes since last version

Annex 1: List of decisions delegated to the South East POD Committees in Common

Service / Scheme	BOB ICB	Frimley ICB	HloW ICB	Sussex ICB	Kent & Medway ICB	SyH ICB
<i>Name of function</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated¹</i>	<i>Delegated</i>	<i>Delegated</i>
Pharmaceutical Services						
Decision relating to any local commissioning and schemes and other decisions by exception	✓	✓	✓	✓	✓	✓
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
General Ophthalmic Services						
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Material contract variations & terminations – (following performance related issues)	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
Decisions about breaches and remedial notices.	✓	✓	✓	✓	✓	✓
Dental Commissioning						
Commissioning intentions 'pipeline' approvals	✓	✓	✓	✓	✓	✓
Commissioning pipeline reporting & modifications as required, possibly Single Tender Action application requests	✓	✓	✓	✓	✓	✓
Contract award (CARR report)	✓	✓	✓	✓	✓	✓
New contract mobilisation progress (receive for information)	✓	✓	✓	✓	✓	✓
New contract signing	✓	✓	✓	✓	✓	✓

¹ For Sussex ICB: Decisions delegated to the Chief Primary Care Officer, with the requirement that they will be fulfilled through the Commissioning Group. The Sussex Committee “docks into” a Commissioning Group (which will be a sub-committee of the Executive Committee, which will be a formal Committee of the ICB). The Commissioning Group will have a wider remit than just POD commissioning.

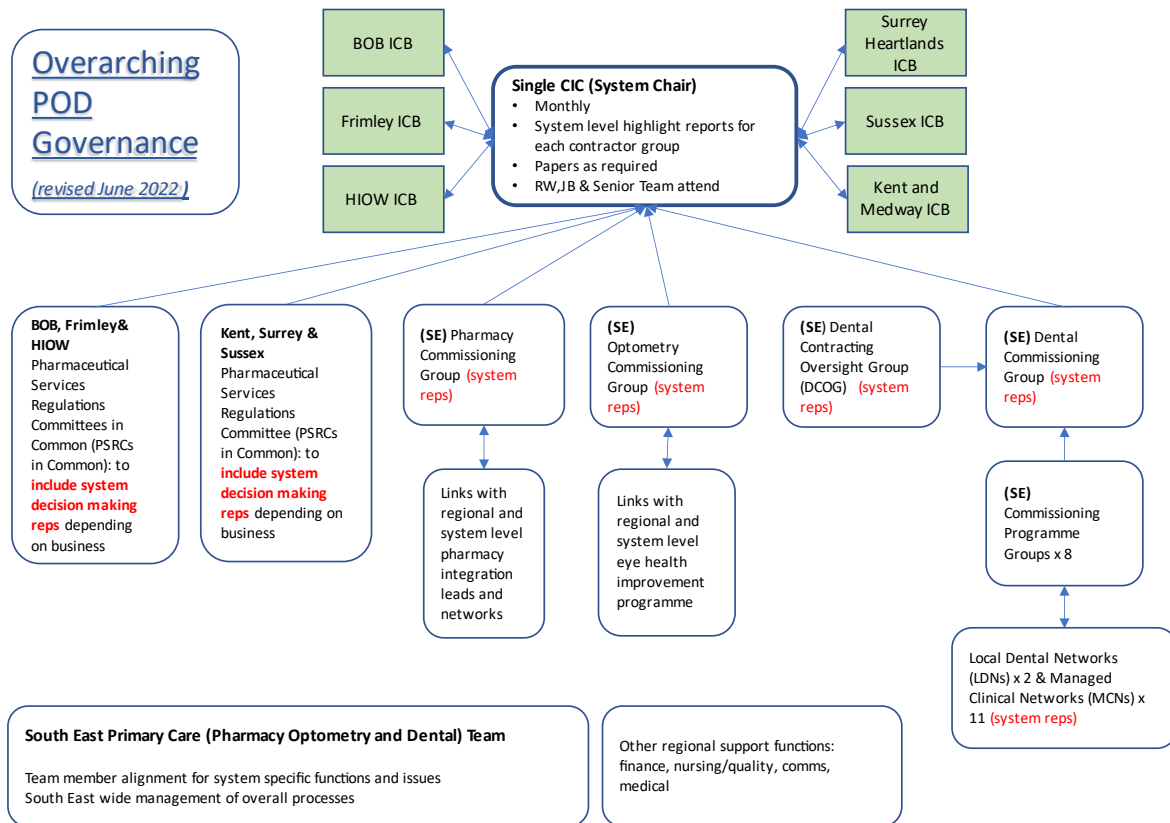
Service / Scheme	BOB ICB	Frimley ICB	HloW ICB	Sussex ICB	Kent & Medway ICB	SyH ICB
<i>Name of function</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated</i>	<i>Delegated¹</i>	<i>Delegated</i>	<i>Delegated</i>
Local 'flexible' commissioning scheme developed - ad-hoc – cost implication e.g. additional hours scheme	✓	✓	✓	✓	✓	✓
Temporary re-commissioning following termination (non-recurrent activity/£)	✓	✓	✓	✓	✓	✓
Local commissioning initiatives – decisions that sit outside the national frameworks and policy manuals – e.g. local enhanced service or incentive schemes dependent on local funding	✓	✓	✓	✓	✓	✓
Decisions about ancillary services e.g. clinical waste, occupational health, T&I and PCES	✓	✓	✓	✓	✓	✓
Dental Contracting						
Contract termination by commissioner	✓	✓	✓	✓	✓	✓
Contract breach (performance<96% non-disc.)	✓	✓	✓	✓	✓	✓
Quality issues & remedial breach	✓	✓	✓	✓	✓	✓
Material amendments Re: mobilisation new contract -	✓	✓	✓	✓	✓	✓
PDS Agreement conversion to GDS contract & agree transfer terms inc. UDAs/rate.	✓	✓	✓	✓	✓	✓
Extension of time limited PDS Agreements (<i>and/or CEG?</i>)	✓	✓	✓	✓	✓	✓
Contract renegotiation reduction in value/activity	✓	✓	✓	✓	✓	✓
Material contract variations & terminations – (following performance related issues)	✓	✓	✓	✓	✓	✓
Dental procurement pipeline approval/changes	✓	✓	✓	✓	✓	✓
Dental contract award recommendation approval	✓	✓	✓	✓	✓	✓

Annex 2: Committee Membership and Quorum

Each system will need to ensure the attendee(s) have the authority to enact decisions of the ICB.

Organisation	Voting members <i>(Bold type indicates Chair for each ICB Committee)</i>	Quorum	Approval of ToR	
	Role		Name of meeting ToR last agreed at	Date
NHS Buckinghamshire, Oxfordshire and Berkshire ICB	Director of Primary Care (CHAIR)	Two members	BOB ICB Board	1 July 2022
	Director of Nursing			
	Director of Finance			
NHS Frimley ICB	Director of Commissioning and Assurance, Place Convenor Bracknell Forest (CHAIR)	One member	Frimley ICB Board	1 July 2022
	Director of Primary Care Development and Place			
	Chief Nursing Officer			
	ICS Chief Pharmacist and Director of Medicines Optimisation			
NHS Hampshire and Isle of Wight (HIOW) ICB	Executive Director of Performance (CHAIR)	One member	HIOW ICB Board	1 July 2022
NHS Sussex ICB	Chief Primary Care Officer (CHAIR)	Chief Primary Care Officer	Sussex ICB Board	1 July 2022
	Chief Finance Officer			
	Chief Nursing Officer			
NHS Kent and Medway (K&M) ICB	Chief Delivery Officer (CHAIR)	Two members	K&M ICB Board	1 July 2022
	Chief Medical Officer			
	Director Of Primary Care			
	Deputy Chief Medical Officer as a nominated deputy.			
NHS Surrey Heartlands ICB	ICS COO/Deputy CCG AO/AEO (CHAIR)	One member	Surrey Heartlands ICB Board	1 July 2022
	Director for Primary Care			
	Director of Non Acute and Primary Care Contracts			

Annexe 3: Governance Model



9.8. Committees in Common for Surrey Commissioning (to be added)

Additional documents to be linked to the Governance Handbook on the ICB Website <http://www.frimley.icb.nhs.uk>

- **Scheme of Reservation and Delegation**
- **Functions and Decision Map**
- **Standing Financial Instructions**
- **Delegation Agreements**
- **The up-to-date list of eligible providers of primary medical services**
- **Standards of Business Conduct Policy**
- **Conflicts of Interest Policy**
- **Registers of interests**
- **Risk Management Framework**

Appendix A Statutory Committee Review Log

Each the ICB Statutory / Mandatory Committees undertake a review of their Terms of Reference. A log of the reviews undertaken is maintained in this section.

Audit and Risk Assurance Committee

Date	Version	Review	Status	Comments

Remuneration Committee

Date	Version	Review	Status	Comments

END OF DOCUMENT