Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	**Friday, 1 July 2022**
Title of paper	**Establishing Committees of the Board and Appointing the Chairs**
Presented by	**David Flory, Chair**
Author	**Debra Atkinson, Interim Head of Corporate Business**
Agenda item	**6**
Confidential	**No**

Purpose of the paper

This paper sets out the committees of the Board that will be established and confirm the Chairs of each committee.

It also proposes the Deputy Chair of the Board.

Executive summary

NHS Lancashire and South Cumbria Integrated Care Board (The ICB) is established on the day of 1 July 2022 by the Integrated Care Boards (Establishment) Order 2022.

The ICB is required to have two statutory committees:

- An Audit Committee
- A Remuneration Committee (and Panel)

In order to support the Board in discharging its duties a number of non-statutory committees will also be established and this paper set out both the statutory and non-statutory committees and appoints to the Chairs of each.

Recommendations

The Board is asked to:

- Note the establishment of the Audit Committee and Remuneration Committee and Panel and approve their TOR
- Approve the establishment of the non-statutory committees and their TOR and the establishment of the Primary Care Contracting Group
- Approve the appointment of the Chair of each committee and Deputy Chair of the Board
- Note the appointment of the Deputy Chair of the Board
- Note the members of committees or sub-committee that that exercise the ICB commissioning functions will be approved by the Chair

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes

Conflicts of interest identified

None

Implications

If yes, please provide a brief risk description and reference number	**Yes**	**No**	**N/A**	**Comments**
Quality impact assessment completed			x	
Equality impact assessment completed			x	
Privacy impact assessment completed			x	
Financial impact assessment completed			x	
Associated risks			x	
Are associated risks detailed on the ICS Risk Register?			x	

Report authorised by:	David Flory

Establishing Committees of the Board and Appointing the Chairs

1. Background

1.1 The ICB's Committee structure and decision-making framework has been developed in recognition that:

- The new Board will be forming as a collective decision-making group and will want to set the culture and approach for decision making and that its committees operate in the same way
- There will be no delegations outside of the ICB in 2022/23 and no joint committees will be formed (national guidance is expected to support establishing such arrangements)
- The governance arrangements and operating model will evolve as the ICB begins to operate on a statutory footing, and the ICB and Integrated Care System develops and matures.

1.2 It is expected that the committee and decision-making arrangements will be reviewed within the first year of operation.

1.3 The ICB is required to have two statutory committees:

- An Audit Committee
- A Remuneration Committee (and Panel)

1.4 In order to support the board in discharging its duties a number of non-statutory committees will also be established and this paper set out both the statutory and non-statutory committees and appoints the Chairs of each.

2. Statutory Committees

2.1 Audit Committee

The Audit Committee will contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, including quality 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 audit plan will be agreed, with sufficient flexibility to be able to respond to new and emerging priorities and risks.

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

The Terms of reference for the Audit Committee are attached as **Appendix A** and once approved will be published in the ICB's Governance Handbook.

2.2 <u>Chair of the Audit Committee</u>

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

The Chair of this committee will be Jim Birrell, Non-Executive Member of the Board.

2.3 Remuneration Committee

The Remuneration 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 Terms of reference for the Remuneration Committee are attached as **Appendix B** and once approved will be published in the ICB's Governance Handbook.

2.4 Chair of the Remuneration Committee

The Remuneration Committee will be chaired by a Non-Executive Member (other than the Chair or the Chair of Audit Committee).

The Chair of this committee will be Roy Fisher, Non-Executive Member of the Board.

2.5 Remuneration Panel

Remuneration for Non-executive Members will be set by a Remuneration Panel to include the ICB Chair, Chief Executive and Chief of People.

The ICB Chair will chair this committee.

The Terms of reference for the Remuneration Panel are attached as **Appendix C** and once approved will be published in the ICB's Governance Handbook.

3. Other Committees of the Board

3.1 Quality Committee

The Quality Committee will provide the ICB with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care.

The Committee will scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

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

The Terms of reference for the Quality Committee are attached as **Appendix D** and once approved will be published in the ICB's Governance Handbook.

3.2 Chair of the Quality Committee

The Chair of the Quality Committee will be Sheena Cumiskey, Non-Executive Member of the Board.

3.3 People Board

The People Board will provide the ICB with assurance that it is delivering its functions and undertaking its responsibilities to deliver the workforce-related activities that are carried out by the ICB as an employer itself and to work collaboratively with other partners across the Integrated Care System.

The People Board will agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the Integrated Care System to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.

The People Board will ensure that the ten people functions are delivered and that the ICB and system partners are meeting the strategic workforce priorities in the NHS, as set out in the People Plan and will provide regular assurance updates to the ICB and system partners, in relation to activities and items within its remit.

The Terms of reference for the Quality Committee are attached as **Appendix E** and once approved will be published in the ICB's Governance Handbook.

3.4 Chair of the People Board

The People Board will be chaired by Professor Ebrahim Adia, Non-Executive Member of the Board.

3.5 Public Involvement and Engagement Advisory Committee (PIEAC)

The Public Involvement and Engagement Advisory Committee has been established to support the ICB in ensuring the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard.

The Committee will support the ICB in ensuring the principles for working with people and communities are intrinsically in place across all parts of the organisation and wider integrated care system and therefore exceeding the requirements of national legislation for involvement and engagement.

The Terms of reference for the PIEAC are attached as **Appendix F** and once approved will be published in the ICB's Governance Handbook.

3.6 Chair of the PIEAC

Debbie Corcoran will undertake the role as Chair of the PIEAC.

4. Decision Making Group

A Primary Care Contracting Group has been established to take accountability in ensuring delegated primary care commissioning decisions are made in-line with national policy and legislation and NHS England's delegation agreement.

Whilst not a committee or sub committee of the board, the group will exercise commissioning functions on behalf of the ICB and its members will be approved by the ICB Chair.

The TOR for this group are attached as **Appendix G**

4.1 The Chair of this group will be David Levy, Medical Director for the ICB.

5. Deputy Chair of the Board

If the Chair is absent or is unable to participate due to a conflict of interest the Non-Executive Member appointed by the Chair as Deputy Chair will act in the role of Chair and preside over meetings of the board.

Professor Ebrahim Adia, Non-Executive Member will be appointed as Deputy Chair of the Board.

6. Other members of committees other than board members

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.

7. Recommendations

The Board is asked to:

- Note the establishment of the Audit Committee and Remuneration Committee and Panel and approve their TOR
- Approve the establishment of the non-statutory committees and their TOR and the establishment of the Primary Care Contracting Group
- Approve the appointment of the Chair of each committee and Deputy Chair of the Board
- Note the appointment of the Deputy Chair of the Board
- Note the members of committees or sub committee that that exercise the ICB commissioning functions will be approved by the Chair

Debra Atkinson,
Interim Head of Corporate Business

NHS
Lancashire and South Cumbria
Integrated Care Board

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Audit Committee

Terms of Reference

1. CONSTITUTION

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

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

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

2. AUTHORITY

2.1. The Audit Committee is authorised by the Board to:

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

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

- Where the Committee deems there is a significant risk to the delivery of the ICB objectives or discharging of a function/s, the Committee may direct the CEO or CFO to undertake an urgent review and report back to the Committee.
- The Committee may meet with other committees of the board to ensure there are no assurance gaps.

3. PURPOSE

3.1. To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, including quality 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 audit plan will be agreed, with sufficient flexibility to be able to respond to new and emerging priorities and risks.

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

4. MEMBERSHIP AND ATTENDANCE

4.1. Membership

4.1.1. The Committee shall be appointed by the Board from amongst its non-executive members and in accordance with the ICB Consitution. The committee shall consist of not less than three members and one of the members will be appointed Chair of the Committee. The Chair of the organisation shall not be a member of the Committee.

4.1.2. The membership will be three non-executives:

- Audit Committee Chair
- Two other non-executive members

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

4.1.4. Chair and vice chair

4.1.4.1. In accordance with the constitution, the Committee will be chaired by a Non-Executive Member of the Board appointed on account of specific knowledge skills and experience that makes them them suitable to chair the Committee.

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

4.1.4.3. Committee members may appoint a Vice Chair.

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

4.1.5. Attendees

4.1.5.1. Only members of the Committee have the right to attend Committee meetings meetings but the following will also be invited to attend:

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

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

4.1.5.3. 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 and to develop relationships, including representatives from any partnership organisation and other committees including the Health and Care Partnership (ICP).

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

4.1.5.5. 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.

4.1.5.6. The Committee will meet in private with External and Internal Auditors at least once a year.

4.2. Attendance

4.2.1. Where an attendee who is not a member of the Committee is unable to attend then a suitable alternative may be agreed with the Chair.

4.2.2. Access

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

5. MEETINGS QUORACY AND DECISIONS

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

5.2. The Board, Chair or Chief Executive may ask the Audit Committee to convene further

meetings to discuss particular issues on which they want the Committee's advice.

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

5.4. Quorum

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

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

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

5.5. Decision making and voting

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

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

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

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

6. RESPONSIBILITIES OF THE COMMITTEE

6.1. The Committee's duties can be categorised as follows.

6.1.1. Integrated governance, risk management and internal control

6.1.1.1. 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.

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

6.1.1.3. 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.

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

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

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

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

6.1.2. Internal audit

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

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

6.1.3. External audit

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

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

- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

6.1.4. Other assurance functions

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

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

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

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

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

6.1.5. Counter fraud

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

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

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

6.1.5.4. 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.

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

6.1.6. Freedom to Speak Up

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

6.1.7. Information Governance (IG)

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

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

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

6.1.7.4. To ensure the adequacy of audits to assess information and IT security arrangements, including the annual Data Security & Protection Toolkit audit.

6.1.8. Financial reporting

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

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

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

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

6.1.9. Conflicts of Interest

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

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

6.1.10. Management

6.1.10.1. To request and review reports, evidence and assurances from other committees of the board and individual functions within the ICB as they may be appropriate directors and managers on the overall arrangements for governance, risk management and internal control.

6.1.10.2. The Committee may also request specific reports from other committees of the board and individual functions within the ICB as they may be appropriate to the overall arrangements.

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

7. BEHAVIOURS AND CONDUCT

7.1. ICB values

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

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

7.2. Equality and diversity

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

8. ACCOUNTABILITY AND REPORTING

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

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

8.3. The Chair will provide regular assurance reports to the Board and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

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

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

9. SECRETARIAT AND ADMINISTRATION

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

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

10. REVIEW

10.1. The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Board

Remuneration Committee

Terms of Reference

1. CONSTITUTION

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

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

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

2. AUTHORITY

2.1. The Remuneration Committee is authorised by the Board to:

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

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

3. PURPOSE

3.1. The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 18 to 20 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) but excluding the Chair and Non-Executive Members of the board.

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- NHS England will determine remuneration of the Chair, and where matters are
- discussed relating to Non-Executive Members of the ICB, a Remuneration Panel will be established and will be convened under its own Terms of Reference. This is to ensure that no individual is involved in discussions or decisions about their own remuneration.

3.2. The Board has also delegated the following functions to the Committee:

- Elements of the nominations and appointments process for Board members;
- Oversight of executive directors performance and appriasal

4. MEMBERSHIP AND ATTENDANCE

4.1. Membership

- The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- The Board will appoint no fewer than three members of the Committee including two independent members of the Board. Other members of the Committee need not be members of the board, but they may be.
- The Chair of the Audit Committee may not be a member of the Remuneration Committee.
- The Chair of the Board may be a member of the Committee but may not be appointed as the Chair.
- When determining the membership of the Committee, active consideration will be made to diversity and equality.

4.2. 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.
- Committee members may appoint a Vice Chair from amongst the members.
- In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.
- The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

4.3. Members

4.3.1. The membership of the committee will be three members:

- Three ICB Non-Executive Members (one of whom will be the chair and one of whom will be the vice chair)

4.4. Attendees

4.4.1. The ICB Chair will be in attandence

4.5. The Chair of the committee may invite relevant staff to the meeting as necessary in

accordance with the business of the Committee.

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

- The ICB's most senior HR Advisor or their nominated deputy
- Director of Finance or their nominated deputy
- Chief Executive or their nominated deputy

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

4.8. No individual should be present during any discussion relating to:

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

5. MEETINGS QUORACY AND DECISIONS

5.1. The Committee will meet in private.

5.2. 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.

5.3. 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.

5.4. 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.

5.5. Quorum

5.5.1. For a meeting to be quorate a minimum of two members is required, including the Chair or Vice Chair.

5.5.2. 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.

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

5.5.4. If a decision is required with regards to any aspect of remuneration for non-executive members, then the arrangements for a Remuneration Panel, as set out in section 3 will take effect.

5.6. Decision making and voting

5.6.1. 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.

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

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

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

6. RESPONSIBILITIES OF THE COMMITTEE

6.1. The Committee's duties are as follows:

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

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

6.1.2. For all staff:

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

6.2. Additional functions in the scope of the committee include:

- Functions in relation to nomination and appointment of all Board members;
- Oversight of executive directors performance and appraisal;
- 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)
- Review and approval of ICB HR polices

7. BEHAVIOURS AND CONDUCT

7.1. Benchmarking and guidance

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

and the wider NHS in reaching their determinations.

7.2. ICB values

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

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

7.3. Equality diversity and inclusion

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

8. ACCOUNTABILITY AND REPORTING

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

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

8.3. 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.

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

9. SECRETARIAT AND ADMINISTRATION

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
-
- The minutes of the meeting are issued to all members of the Committee within 10 working days of the meeting, highlighting actions by individual members;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy

developments; and

- Action points are taken forward between meetings.

10. REVIEW

10.1. The Committee will review its effectiveness at least annually.

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

Date of approval:

Date of review:

Lancashire and South Cumbria Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board

Remuneration Panel Terms of Reference

1. CONSTITUTION

1.1. The Remuneration Panel (the Panel) is established by the Integrated Care Board (ICB) in accordance with its Constitution as the mechanism for approving the Remuneration for Non-Executive Members of the ICB.

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

2. AUTHORITY

2.1. The Remuneration Panel 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 panel) 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 panel must follow any procedures put in place by the ICB for obtaining legal or professional advice.

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

3. PURPOSE

3.1. The panel's purpose is to exercise the functions of the ICB relating to paragraphs 18 to 20 of Schedule 1B to the NHS Act 2006 in relation to Non-Executive Members and whilst ensuring that no individual is involved in discussions or decisions about their own remuneration.

4. MEMBERSHIP AND ATTENDANCE

4.1. Membership

4.1.1. The membership of the Panel will be:

- ICB Chair (who will assume the role of the Panel Chair)
- ICP Chief Executive
- ICP Chief of People

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

- The panel members will be appointed by the Board in accordance with the ICB Constitution.
- The Board will appoint no fewer than three members to the panel.
- Non-executive members of the Board may not be members of the panel.
- When determining the membership of the panel, active consideration will be made to diversity and equality.

4.2. Attendees

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

- The ICB's most senior Governance Advisor
- 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.

5. MEETINGS, QUORACY AND DECISIONS

5.1. The panel will meet in private. The panel will meet as required to fulfil its purpose and arrangements for calling meetings are set out in the standing orders.

5.2. Quorum

- For the panel to be quorate a minimum of two members will be required, including the Chair.

5.3. Decision making and voting

- Decisions will be guided by national NHS policy, best practice and benchmarking, whilst ensuring proper regard to wider influences such as national consistency.

- Decisions will be taken in according with the Standing Orders. The Panel will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- Only members of the panel 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 Panel will hold the casting vote.

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

5.5. Equality, diversity and inclusion

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

6. RESPONSIBILITY OF THE PANEL

6.1. The panel's duties in relation to the Non-Executive Members of the ICB are to:

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

7. ACCOUNTABILITY AND REPORTING

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

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

7.3. The remuneration 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.

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

8. SECRETARIAT AND ADMINISTRATION

8.1. The Panel 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;
- 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 Panel is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

Date of approval:

Date of review

NHS
Lancashire and South Cumbria
Integrated Care Board

Lancashire and South Cumbria Integrated Care Board

Quality Committee
Terms of Reference

1. CONSTITUTION

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

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

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

2. PURPOSE OF THE COMMITTEE

2.1. The Quality Committee has been established to provide the ICB with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care.

2.2. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

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

3. DELEGATED AUTHORITY

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

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

4. MEMBERSHIP AND ATTENDANCE

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

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

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

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

4.5. Chair and vice chair

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

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

4.6. Members

- Non-Executive Director (Chair)
- Non-Executive Director (Deputy Chair)
- ICB Chief Nurse
- ICB Medical Director
- Director Quality Assurance & Safety
- Patient safety partner(s)
- ICB Primary Care Partner Member
- Local Authority Lead
- Chair Patient Involvement and Engagement Advisory Committee

Attendees to include:

- 1 acute provider representative,
- 1 primary care representative
- Healthwatch
- VSCE representative
- Public health representative
- Other members Clinical Directorate will be invited to attend as required

5. MEETING QUORACY AND DECISIONS

5.1. The Quality Committee shall meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair

5.2. Quoracy

5.2.1. There will be a minimum of two Non-Executive Members, plus at least the Chief Nurse or Medical Director, and one Local Authority representative.

5.2.2. Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

5.3. Decision making and voting

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

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

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

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

6. RESPONSIBILITIES OF THE COMMITTEE

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

- Be assured that there are robust processes in place for the effective management of quality
- Scrutinise structures in place to support quality planning, control and improvement, to be assured that the structures operate effectively, and timely action is taken to address areas of concern
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care
- Oversee and monitor delivery of the ICB key statutory requirements
- Review and monitor those risks on the BAF and Corporate Risk Register which relate to quality, and high-risk operational risks which could impact on care.
- Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained

- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes
- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report)
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Be assured of the safety and quality of primary care commissioned services using the appropriate assurance frameworks
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety
- Receive and approve ICB policies in relation to :
- Quality and Safeguarding
- Clinical Commissioning
- Medicines Management
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Groups, Infection Prevention and Control, Safeguarding Boards / Hubs etc)

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

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

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

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

8. BEHAVIOURS AND CONDUCT

8.1. ICB values

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

8.2. Equality and diversity

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

9. DECLARATIONS OF INTEREST

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

10. SECRETARIAT AND ADMINISTRATION

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

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

11. REVIEW

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

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

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

Date of approval:

Date of review:

Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Board

People Board
Terms of Reference

1. CONSTITUTION

1.1. The People Board is established by the Integrated Care Board (ICB) as a formal committee of the Board in accordance with its Constitution (hereafter referred to as the People Board).

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 People Board and may only be changed with the approval of the ICB.

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

2. PURPOSE OF THE PEOPLE BOARD

2.1. The People Board has been established to provide the ICB with assurance that it is delivering its functions and undertaking its responsibilities to deliver the workforce-related activities that are carried out by the ICB as an employer itself and to work collaboratively with other partners across the Integrated Care System.

2.2. The People Board will agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the Integrated Care System to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.

2.3. The People Board will ensure that the ten people functions are delivered and that the ICB and system partners are meeting the strategic workforce priorities in the NHS, as set out in the People Plan. These include improving people's experience of working within the NHS, enabling them to provide the best possible care and health outcomes for patients and citizens; transforming and growing the workforce to make use of the skills of staff and meet changing health needs; and developing a compassionate and inclusive culture that drives positive change for staff.

2.4. The People Board will provide regular assurance updates to the ICB and system partners, in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

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

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

3.3. The People Board may create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the People Board's members but may not delegate any decisions to such groups unless approved by the ICB.

4. MEMBERSHIP AND ATTENDANCE

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

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

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

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

4.5. Chair and vice chair

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

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

4.6. Members

- Non-Executive Director (Chair)
- Non-Executive Director (Deputy Chair)
- ICB Chief People Officer
- ICB Chief Nurse
- ICB Medical Director
- Provider Collaborative Workforce / People Director
- Local Authority Workforce / People Director(s)
- Primary Care Workforce Lead
- Chair of the Public Involvement and Engagement Advisory Committee

Other representatives to include:

- Voluntary Sector Workforce Lead
- Health Education England representative
- Higher Education Institute representative
- Chair of the LSC Collaborative Education Forum
- EDI representative
- North West Leadership Academy
- Staff Side Representative

5. MEETING QUORACY AND DECISIONS

5.1. The People Board shall meet on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Chair of the People Board.

5.2. Quoracy

5.2.1. There will be a minimum of one Non-Executive Member, plus at least the Chief People Officer, and two members who are representing other organisations or sectors within the Integrated Care System.

5.2.2. Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

5.3. Decision making and voting

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

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

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

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

6. RESPONSIBILITIES OF THE PEOPLE BOARD

6.1. The responsibilities of the People Board will be authorised by the ICB. It is expected that the People Board will ensure that strategies and delivery plans are in place to:

- Support the health and wellbeing of staff across the Integrated Care System
- Grow the workforce for the future and enable adequate workforce supply, ensuring that the 'one workforce' across the Integrated Care System is representative of the local communities served

- Support inclusion and belonging for all, and create a great experience for staff across the Integrated Care System, addressing issues of inequality and inequity
- Value and support leadership at all levels and lifelong learning, ensuring that leaders at every level live the behaviours and values set out in the People Promise
- Lead workforce transformation and new ways of working
- Educate, train and develop our people and manage our talent
- Drive and support broader social and economic development, leveraging roles as anchor institutions and networks, and supporting all ICS partners to address the wider determinants of health and inequalities
- Transform our people services and support the people profession
- Lead on coordinated workforce planning using analysis and intelligence, aligning this to the needs to our current and future population, and our service and workforce needs.
- Support system design and development, using organisational and cultural development principles to support the establishment and evolution of the ICB and the Integrated Care Partnership
- Ensure delivery of the Lancashire and South Cumbria People Plan

6.2. The People Board will:

- Review and monitor those risks on the BAF and Corporate Risk Register which relate to people and identify operational risks which could impact on care.
- Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner
- Ensure oversight, and implementation, of national policy developments relating to the health and care workforce
- Have oversight of, and approve the Terms of Reference and work programmes for, any groups reporting into the People Board

6.3. The People Board must be assured that:

- There are robust processes in place for the effective delivery of a high quality people function for the ICB
- There are robust processes in place to ensure effective collaborative working across partners
- A culture which considers Equality, Diversity and Inclusion (EDI) is embedded and actively promoted, and that consideration of EDI is demonstrably present across the ICB and its partners.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

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

7.2. The People Board will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement

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

7.4. The People Board will have regard to the Health and Care Partnership Integrated Care Strategy and the Joint Forward Plan. It will take direction and provide relevant updates to the Integrated Care Partnership in this regard. This will not be in the form of formal delegations or formal accountability.

8. BEHAVIOURS AND CONDUCT

8.1. ICB values

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

8.2. Equality and diversity

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

9. DECLARATIONS OF INTEREST

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

10. SECRETARIAT AND ADMINISTRATION

10.1. The People Board 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 ICB 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 ICB.
- The People Board is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

11.1. The People Board will review its effectiveness at least annually and complete an annual report submitted to the ICB.

11.2. 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 ICB for approval.

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

Date of approval:

Date of review:

Lancashire and South Cumbria Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board

Public Involvement and Engagement Advisory Committee Terms of Reference

1. CONSTITUTION

1.1. The Public Involvement and Engagement Advisory Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as an advisory committee of the Board in accordance with its Constitution.

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

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

2. PURPOSE OF THE COMMITTEE

2.1. The Public Involvement and Engagement Advisory Committee has been established to support the ICB in ensuring the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard.

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

3. DELEGATED AUTHORITY

3.1. The Public Involvement and Engagement Advisory Committee is a formal advisory committee of the ICB and holds no decision-making powers.

4. MEMBERSHIP AND ATTENDANCE

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

4.2. The Board will appoint at least seven members, including one Non-Executive Member and the Chief Nursing Officer of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

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

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

4.5. Chair and vice chair

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

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

4.6. Members

- Non-Executive Member (Chair)
- ICB Chief Nursing Officer or representative from the ICB Quality Committee
- Representatives from place-based partnership boards
- Communications and engagement function representatives
- Representative from local authority
- Non-Executive Director with a role for patient experience or public engagement from an NHS provider
- Representative from primary care
- It is recommended that in the development period a core group, as described above, will be established, and will developed by the committee as the ICB develops.

5. MEETING QUORACY AND DECISIONS

5.1. The Public Involvement and Engagement Advisory Committee shall meet on a bi-monthly basis.Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

5.2. Quoracy

5.2.1. There will be a minimum of one ICB Board members, plus at least two representatives from Place-based partnerships and a representative from the communications and engagement function.

5.2.2. Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

5.3. Decision making and voting

5.3.1. No formal decisions will be taken by the committee and the committee will ordinarily reach conclusions for any recommendations to the ICB by consensus.

6. RESPONSIBILITIES OF THE COMMITTEE

6.1. The Committee members will use their knowledge, experience and stakeholder contacts to ensure the views of patients, carers and members of the public are captures and used to inform ICB processes. The committee will define best practice in terms of public engagement, involvement and communications and support other committees and parts of system in how the local voice is embedded and valued in all aspects of the ICB at different levels of the system including within place-based partnerships. The Committee will propose frameworks and approaches for involvement and engagement which build on good practice.

6.2. The Committee will recommend the mechanisms and approaches to making sure people in Lancashire and South Cumbria are informed about health services, health and care and how they can improve their health and wellbeing.

6.3. The Committee will support the ICB in ensuring the principles for working with people and communities are intrinsically in place across all parts of the organisation and wider integrated care system and therefore exceeding the requirements of national legislation for involvement and engagement.

6.4. The Committee will take a role in ensuring the weight of public voice has significant value within the ICB Board, ICB leadership teams and staff. This includes ensuring the ICB is listening and in dialogue with local people and taking appropriate action to improve satisfaction and influence quality improvement of services.

6.5. The Committee will support the ICB in delivering against its ambitions in relation to working with people and communities and how it deploys its function for involvement, engagement and communications to deliver best value and greatest level of impact for the population of Lancashire and South Cumbria.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

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

8. BEHAVIOURS AND CONDUCT

8.1. ICB Values

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

8.2. Equality and diversity

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

9. DECLARATIONS OF INTEREST

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

10. SECRETARIAT AND ADMINISTRATION

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are held, and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the Board.
- 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.

11. REVIEW

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

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

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

Date of approval:

Date of review:

NHS
Lancashire and South Cumbria
Integrated Care Board

Lancashire & South Cumbria Integrated Care Board

Primary Care Contracting Group
Terms of Reference

1. CONSTITUTION

1.1. The Primary Care Contracting Group (the Group) is established by the Integrated Care Board (the Board or ICB) as a Group reporting to the ICB Executive Management Group in accordance with its Scheme of Delegation and Reservation.

2. PURPOSE OF THE GROUP

2.1. The Primary Care Contracting Group has been established as an expert panel to ensure consistent decision making across the ICB with regards to delegated primary care services.

2.1.1. Whilst exercising this duty it will:

- Ensure delegated commissioning decisions made by the relevant contracting group are made in-line with national legislation and policy
- Ensure all delegated primary care functions are effectively managed
- Promote a culture of continuous improvement and innovation with regards to clinical service delivery, effectiveness and patient experience
- To maintain oversight of contractual and financial performance of primary care contracts
- To maintain oversight of the procurement of primary care contracts
- To review and monitor risks on the Board Assurance Framework and Corporate Risk Register which relate to Primary Care Contracts or the effective and safe delivery of Primary Care services
- Ensure sufficient engagement has taken place prior to making any decision

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

2.1.3. The Group shall have four formal sub-groups, and will also receive reports from the Capital Group:

- Primary Medical Services sub-group
- Pharmaceutical Services sub-group
- Dental Services sub-group (shadow form during 2022/23)
- Eye Health Services sub-group (shadow form during 2022/23)

2.1.4. The Group's remit covers the contracting and financial oversight of:

- All delegated primary care commissioning functions as defined by the Delegation Agreement
- all enhanced/locally commissioned primary care services

2.1.5. The Group takes accountability in ensuring delegated primary care commissioning decisions are made in-line with national policy and legislation. The group, and associated contracting groups, shall carry out the functions to the commissioning of primary care services under The NHS Act 2006, namely:

- Primary Medical Services, under part 4
- Pharmaceutical Services, under part 7
- Dental Services, under part 5*
- Ophthalmic Services, under part 6*
- As defined by the Delegation Agreement

*Responsibility for these services will not transfer until 1 April 2023

2.1.6. These functions are further defined in the appendix at the end of the document

2.1.7. The Group does not hold responsibilities for functions retained by NHS England for example performers list concerns

2.1.8. The Group shall only make decisions where it is satisfied sufficient place engagement has taken place. The process to decision making will be clearly defined and process mapping document to support these terms of reference will be developed and ratified by the 30 September 2022

3. DELEGATED AUTHORITY

3.1. The Primary Care Contracting Group is a group of the ICB. The Board has delegated authority to the Group as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

3.2. The Primary Care Contracting Group holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

4. MEMBERSHIP AND ATTENDANCE

4.1. The Board will agree the membership of the Group and the Chair of the ICB will approve the members. Other members of the Group need not be members of the Board, but they may be.

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

4.3. 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.

4.4. Chair and vice chair

4.4.1. The Group shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are followed by group members.

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

4.5. Members*

- Medical Director (Chair)
- Director of Primary Care (Deputy Chair)
- Head of Primary Care
- Senior Finance Lead for Primary Care

4.6. In attendance**

- Associate Medical Director
- Deputy Head of Primary Care
- Senior Primary Care Manager- Contracting
- Healthwatch Representative

4.7. In attendance, where required**

- Clinical Adviser(s)
- Contracting Group Chair
- Place Based Representative
-

4.7.1. *voting members must not be engaged in the delivery of primary medical or pharmaceutical services

4.7.2. ** those in attendance must not be conflicted by the decisions due to be made during the meeting

5. MEETING QUORACY AND DECISIONS

5.1. The Primary Care Contracting Group shall meet on a monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Group Chair.

5.2. Quoracy

5.2.1. There will be a minimum of three members present and must include the following members

- Chair, and/or Director of Primary Care (deputy chair)
- Senior Finance Lead for Primary Care t

5.2.2. Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

5.3. Decision making and voting

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

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

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

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

6. RESPONSIBILITIES OF THE GROUP

6.1. The responsibilities of the Primary Care Contracting Group will be authorised by the ICB Board. It is expected that the Primary Care Contracting Group will:

- Hold responsibility for contracting and financial oversight of primary care contracts as articulated
- Hold the following contracting responsibilities:
    - To make delegated primary care commissioning decisions in line with the relevant section of The NHS Act 2006
    - To maintain oversight of the management of decisions made by the relevant contractor groups
    - To ensure contracting plans are consistent with strategic, activity and financial plans
    - To ensure contracting documentation is consistent and in line with national guidance
    - To take overall responsibility in assessing the need for future procurements and/or extensions to existing contracts
    - To consider and manage any contracting concerns escalated to the Group via the relevant sub-groups
    - The Group holds the following financial responsibilities:
    - To assure robust financial budget management of delegated services
    - To consider and recommend clinically supported schemes to support additional core activity within contracted budget levels to the Primary and Integrated Neighbourhood Care Transformation Programme Group
- Hold the following additional responsibilities:

- To hold and maintain a risks and issues register associated with delegated primary care contractors and escalate risks appropriately in alignment with the ICBs Risk Management Framework.
- To approve and ensure compliance with the relevant contract sub-groups terms of reference
- To document all decisions made by the group
- The Group should be satisfied that sufficient engagement has taken place prior to making any decisions, this includes but is not limited to, engagement with place, local representative committees and the public.

7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

7.1. The Primary Care Contracting Group is directly accountable to the ICB executive. The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB executive meeting. The Chair of the Group shall report to the executive meeting after each meeting and provide a report on assurances received, escalating any concerns where necessary.

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

7.3. The Group will receive scheduled assurance report from its sub-groups. Any sub-groups would need to be agreed by the ICB executive.

8. BEHAVIOURS AND CONDUCT

8.1. ICB values

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

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- Records of members' appointments and renewal dates are held, and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the ICB Executive;
- The Chair is supported to prepare and deliver reports to the Board;
- The Group is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

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

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

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

Date of approval

Date of review

Appendix

Primary Medical Services Delegated Decisions

	Area of Decision	Description	PMS sub-group R-recommendation D-decision	PCC Group
Decisions in relation to Enhanced Services				
	PCN structures	Changes to core practices, allocation of patients	R	Yes
	Minor surgery funding	Payment rates for MS	R	Yes
	Additional enhanced services decisions	As read	R	D
Decisions in relation to Local Incentive Schemes				
	Approval of contract content/funding	Approval of place funded LIS's to ensure consistency across the ICB.	R	D
Decisions in relation to the establishment of new GP contracts and premises				
	Sub Contracting of Clinical Matters	Sub-contracting of provisions within the core contract	R	D
	Procurement process	Decisions to be made within the process	R	D
	Contract award	Decisions to be made within the process	R	D
	Open and closed lists (Application to close list)	As read	R	D
	Boundary Change	As read	R	D
	Changes to premises (including relocation, closure of branch surgery, opening new	As read	R	D

	premises)			
	Opt outs	Opt out of out of hours	R	D
Decisions about 'discretionary' payments				
	Discretionary payments under Section 96	As read	R	D
	Applications from GP contractors for financial assistance towards Premises Running Costs and Service Charges	As read	R	D
	Outcome of tri-annual rent and rates reviews	Process, which may lead to a decision	R	D
Decisions in relation to the management of poorly performing GP practices				
	Remedial notices and Breach notices	Agree to issue- after investigation of concerns	R	D
	Contract Sanctions	Agree to issue- after investigation of concerns	R	D
	Termination of contract	Agree to issue- after investigation of concerns	R	D
Approval of practice mergers				
	Contract Novations and Incorporation/Dis-incorporation	Conversion of a partnership to body corporate	R	D
	Practice Mergers and/or Contractual Mergers	Merging of one of more contracts	R	D

Pharmaceutical and Local Pharmaceutical Decisions

No	Area of Decision	Contracts Manager	Pharmacy sub-group R- recommendation D- decision	PC Contracting Group
Managing and determining applications for inclusion on the Pharmaceutical List				
1	Reg 24- determination of application (no sig change relocation)	No	R	D
2	Reg 25- determination of application (distance selling pharmacies)	No	R	D
3	Reg 26(1)- determination of application (change of ownership)	Yes	R	No
4	Reg 26(2)- determination of application (no sig relocation/change of ownership	No	R	D
5	Reg 26A- preliminary matters	Yes	No	No
6	Reg 27- determination of application (for temp listing arising out of suspension)	No	R	D
7	Reg 28- determination of application (right of return to pharm list)	No	R	D
8	Reg 29- determination of application (temp arrangements due to emergencies)	Yes	No	No
9	Reg 30- refusal on language requirements	No	R	D
10	Reg 31- refusal: same or adjacent premises	No	R	D
42	Sch 2, para 1(10)- whether best estimate is acceptable	Yes	No	No
43	Sch 2, para 11(1)- determination of missing info	Yes	No	No
44	Sch 2, para 11(2)(b)- determination of reasonableness	Yes	No	No
45	Sch 2, para 14- deferral of applications	Yes	No	No
46	Sch 2, para 19- determination on who to notify	Yes	No	No
47	Sch 2, para 21(4)- determination of full disclosure	No	No	D
48	Sch 2, para 22(2)- oral reps	Yes	No	No
49	Sch 2, para 28- determination of	Yes	No	No

	notification			
50	Sch 2, para 30- appeal rights	No	R	D
51	Sch 2, para 31- notification of address after best estimate	Yes	No	No
52	Sch 2, para 32- determination whether to accept a change in premises	No	R	D
53	Sch 2, para 33- determination as to whether future circumstances have arisen	Yes	No	No
54	Sch 2, para 34(4)(c)(i) and 34A(4)(b)(i)- extension of notice of commencement date	Yes	No	No
Ensuring adepquete cover of Pharmaeutical Services				
22	Reg 61- temp arrangements during emergencies	No	R	D
23	Reg 65(5)-(7)- direction to increase core opening hours	No	R	D
11	Reg 32- deferrals arising out of LPS designations	Yes	R	D
24	Reg 67- agreement of a shorter notice period for withdrawal from the pharm list	No	R	D
37	Reg 99- designation of an LPS	No	R	D
38	Reg 100- review of designation of LPS area	No	R	D
39	Reg 101- cancellation of an LPS	No	R	D
40	Reg 104- selection of an LPS proposal	No	R	D
41	Reg 108- right of return	No	R	D
36	Reg 94- overpayments	No	R	D
55	Sch 2, para 35- notice requiring commencement of pharm services	Yes	R	D
56	Sch 4, para 23(1)/Sch 5 para 13(1)- consideration to temporarily suspend provision of service	No	R	D
57	Sch 4, para 23(7)/Sch 5 para 13(6)- change to reduction in supp hours without due notice	No	R	D
58	Sch 4, para 23(7)/Sch 5 para 13(6)- change to increase in supp hours without due notice	Yes	R	D
59	Sch 4, para 23(7)/Sch 5 para 13(6)- change to supp hours with due notice	Yes	R	D

60	Sch 4, para 23(10)/Sch 5, para 9- review reason for temporary suspension	No	R	D
61	Approval of responses to an appeal made against a contracts managers decision	Yes	R	D
62	Approval of responses to an appeal made against a PSRC decision	No	R	D
Decision making in relation to breaches of the Pharmaceutical Regulations or NHS Act				
25	Reg 69- determination of whether there has been a breach of ToS	No	R	D
26	Reg 70- determinations of breach notices	No	R	D
27	Reg 71- determination of remedial notices	No	R	D
28	Reg 72- determination whether to withhold remuneration	No	R	D
29	Reg 73&74- determination of whether to remove a premises or a chemist from the pharm list	No	R	D
63	Determination of further action where CPAF identifies concerns	No	R	D
64	Determination of further action where the contractor fails or refuses to agree a date and time for a visit	No	R	D
65	Determination of action where any of the following are potentially identified: pt safety issues risk of material financial lost possible fraud/criminal activity	No	R	D
67	Determination of action where a contractor fails to complete the required actions or fails to respond to a visit report	No	R	D
Decisions on Fitness to Practise Functions				
12	Reg 33- determination of suitability to be included on the pharm list	No	R	D
13	Reg 34- determination of deferral of application due to fitness grounds	No	R	D
14	Reg 35- determination of conditional inclusion on fitness grounds	No	R	D
30	Reg 79- determination of review of fitness conditions originally imposed on the grant of an application	No	R	D

31	Reg 80- determination of removal of a contractor for breach of fitness conditions	No	R	D
32	Reg 81&82- determination of removal or contingent removal	No	R	D
33	Reg 83- suspension in fitness cases	No	R	D
34	Reg 84- reviewing suspensions and contingent removal conditions	No	R	D
35	Reg 85- general power to revoke suspensions	No	R	D
Determining Rurality decisions				
15	Reg 36- determination of whether an area is a controlled locality	No	R	D
16	Reg 40- applications for new pharmacy premises in controlled localities: refusals because of preliminary matters	No	R	D
17	Re 41&42- determination of whether premises are in a reservced location	No	R	D
18	Reg 44- prejudice test in respect of routine applications for new pharmacy premises in a part of a controlled locality that is not a reserved location	No	R	D
19	Reg 48(2)- determination of pt application (serious difficulty)	Yes	No	No
20	Reg 50- consideration of gradualisation	No	R	D
Determining Dispensing Doctor decisions				
21	Regs 51-60- determination of doctor application	No	R	D