



# NHS Humber and North Yorkshire Integrated Care Board Governance Handbook

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**The online version is the only version that is maintained.  
Any printed copies should, therefore, be viewed as ‘uncontrolled’  
and as such may not necessarily contain the latest updates and amendments.**



## POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving Body	Approval Date	Date Published on Website
1.0	Executive Director of Corporate Affairs	New Document	ICB Board	01/07/22	01/07/22



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## 1.0 INTRODUCTION

### 1.1 Who are we?

The NHS Humber and North Yorkshire Integrated Care Board (ICB) is a statutory NHS body with those functions and duties conferred to it as set out within the Health and Care Act 2022 (The Act).

The ICB forms part of the Humber and North Yorkshire Integrated Care System (ICS) which brings together a partnership of the NHS, top tier local authorities and other health and care providers, including the voluntary, community and social enterprise sectors. It covers a diverse geographical area of more than 1500 square miles taking in cities, market towns and remote rural and coastal communities.

As per The Act, the ICB works together to achieve the triple aim of:

- better health and wellbeing for everyone,
- better care for all people, and
- the sustainable use of resources.

### 1.2 Our Mission / Purpose

The vision of the NHS Humber and North Yorkshire ICB is to improve the lives of the people who live and work in Humber and North Yorkshire by:

- Improving health and wellbeing outcomes
- Tackling Inequalities
- Enhancing quality and productivity
- Supporting social and economic recovery

We will do this by ensuring that local people start their lives well, live well, age well and end life well.

### 1.3 Our Shared Purpose

Through the agreed shared leadership principles, the Humber and North Yorkshire ICB will:

### 1.4 Our Shared Values and Behaviours

The NHS Humber and North Yorkshire ICB has agreed a set of shared values and behaviours to underpin the way we work, they include:

- Establishing a collaborative culture based on trust
- Empowering places and sector collaboratives



- Ensuring an honest public narrative
- Being a transformative with a clear appetite for innovation
- Placing a greater emphasis on prevention and demand management
- Using shared data and intelligence to support decision making
- Influencing national and regional policy
- Learn by doing

## 2.0 PURPOSE OF THE GOVERNANCE HANDBOOK AND ACCOUNTABILITY

The NHS Humber and North Yorkshire ICB Governance Handbook sets out our governance structures and arrangements, including respective terms of reference, decision making powers and membership.

The Governance Handbook brings together a wide range of documents that support our Constitution and our commitment to the principles of good governance.

Amendments to any documents contained within this Governance Handbook are approved in line with the arrangements detailed within the Constitution.

The Governance Handbook will be updated at least annually by the Senior Officer for Governance and will be published on the NHS Humber and North Yorkshire ICB website:

[www.humberandnorthyorkshire.icb.nhs.uk](http://www.humberandnorthyorkshire.icb.nhs.uk).

## 3.0 DECISION MAKING: OUR GOVERNANCE

### 3.1 The Role of Our Board

The NHS Humber and North Yorkshire ICB has a unitary Board, led by a Chair and Chief Executive. The purpose of the Board is to govern the organisation effectively and maintain public confidence in the discharge of its duties and ensure that services are safe, high quality, patient-centered and represent value for money. It provides strategic leadership within a framework of practical and effective controls which enables risk to be assessed and managed. Further details of the ICB Board can be found on the website:

[www.humberandnorthyorkshire.icb.nhs.uk](http://www.humberandnorthyorkshire.icb.nhs.uk).

The function of the Board includes allocating resources, financial accountability for the public money it is responsible for, establishing joint working arrangements with partners, and leading system-wide action on workforce, digital and data capabilities, estates and procurement.

The Board may delegate functions and budgets to place-based partnerships and to



sector collaboratives while maintaining overall accountability for the delegation of NHS resources within its area. Arrangements for the reservation and delegation of powers are set out in the ICB's Scheme of Reservation and Delegation (SoRD) (See Appendix C).

## 3.2 Our Governance Structure

Our Governance Structure sets out accountability of committees and forums to the Board.

### Statutory Committees

The Board is required to maintain the following statutory Committees:

- Audit Committee
- Remuneration Committee
- Quality Committee

### Non-Statutory (Executive) Committees

The Board has also established several non-statutory Executive Committees to assist it in the discharge of its functions. The responsibilities of each of the Committees are set out in the SoRD and further information about these Committees and Forum, including terms of reference, are published in the appendices of the Governance Handbook:

- Six Place based Partnership Committees (based on the six geographical areas)
- Executive
- Clinical and Professional
- Population Health and Prevention
- Finance, Performance and Delivery
- People
- Digital

Our Governance Structure Summary can be found at Appendix A.

### Sector Collaboratives

Sector collaboratives are arrangements where providers come together to work across the ICS, with a shared purpose, set of priorities and effective decision-making arrangements. There are five sector collaboratives:

- Primary Care



- Community Health and Care
- Mental Health, Learning Disability and Autism
- Secondary and Tertiary Care (Acute)
- Voluntary Community Sector

### **3.3 Functions and Decisions Map**

The Functions and Decisions Map sets out, in summary form, a guide to the decision-making and accountability arrangements within the ICB and between the ICB and its wider partners within the Integrated Care System. (See Appendix B).

## **4.0 Key Documents**

### **4.1 Scheme of Reservation and Delegation (SoRD)**

The 2022 Act (or 2012 Act as amended in 2022) provides the ICB with powers to delegate its functions to certain bodies (such as committees or collaboratives) and certain persons. The ICB has decided that certain decisions may only be exercised in formal session. These decisions and also those delegated are contained in the ICB's Scheme of Reservation and Delegation (See Appendix C).

The Scheme of Reservation and Delegation has been drawn up to ensure the delegated functions regulate the proceedings of the ICB and can fulfil its obligations, as set out largely in the 2022 Act (or 2012 Act as amended in 2022) and related Regulations. They are effective from the date the ICB is established.

Failure to comply with the Scheme of Reservation and Delegation may be regarded as a disciplinary matter that could result in formal action and/or dismissal.

### **4.2 Operational Scheme of Delegation (OSD)**

The Operational Scheme of Delegation (See Appendix D) is a supporting document to the ICB's Scheme of Reservation and Delegation and Standing Financial Instructions (SFIs) and should be read in conjunction with these documents. This document provides operational guidance on the ICB delegation framework for all staff including interim or agency staff who work for the ICB.

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

### **4.3 Standing Financial Instructions (SFIs)**

The Standing Financial Instructions are part of the ICB's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration,



lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Director of Finance and Investment to discharge their responsibilities effectively. They should be read in conjunction with the ICB's SoRD.

The Standing Financial Instruction (See Appendix E) and supporting detailed financial policies shall have effect as if incorporated into the ICB's Constitution.

## 5.0 Appendices

**Appendix A:** Governance Structure Summary

**Appendix B:** Functions and Decisions Map

**Appendix C:** Scheme of Reservation and Delegation (SoRD)

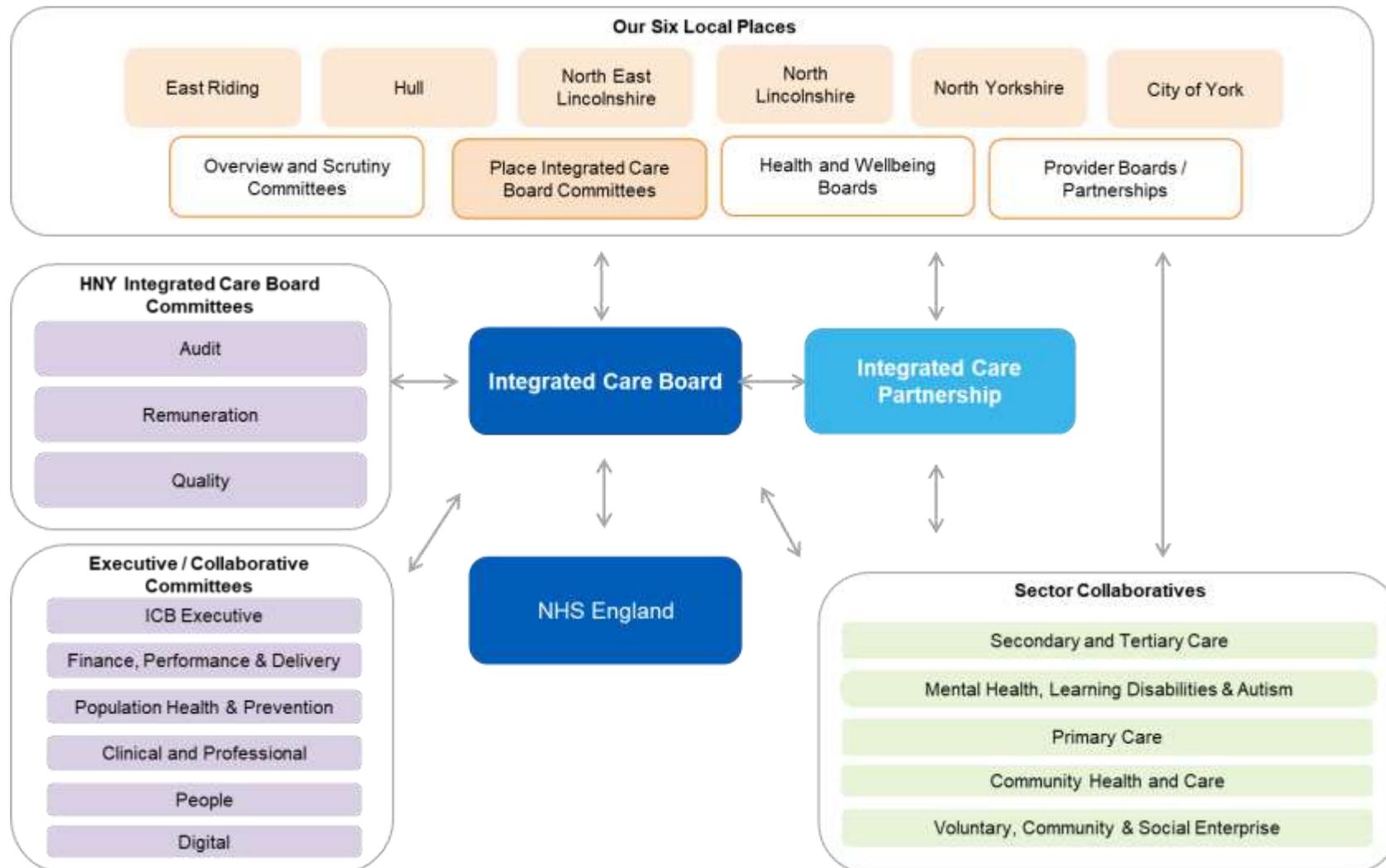
**Appendix D:** Operational Scheme of Delegation (OSoD)

**Appendix E:** Standing Financial Instructions (SFIs)

**Appendix F:** Terms of Reference of Statutory and Non-Statutory Committees

**Appendix G:** List of providers of primary medical services; Humber & North Yorkshire

## APPENDIX A – NHS Humber and North Yorkshire ICB Governance Structure Summary





## **APPENDIX B - ICB Functions and Decisions Map**

The ICB Functions and Decisions Map provides a simple visual guide to the decision-making and accountability arrangements within the ICB and between the ICB and its wider partners within the Integrated Care System.

The ICB Functions and Decisions Map can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>

## **APPENDIX C - Scheme of Reservation and Delegation (SoRD)**

The ICB Scheme of Reservation and Delegation (SORD) sets out those decisions that are reserved to the ICB Board and those decisions that have been delegated to either committees, individuals or others. The SORD should be read in conjunction with the Operational Scheme of Delegation which sets out the detailed operational approved financial delegated limits.

The ICB's Scheme of Reservation and Delegation can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>



## Appendix D - Operational Scheme of Delegation

The ICB's Operational Scheme of Delegation supports the ICB's Scheme of Reservation and Delegation and sets out the 'day to day' operational decision making authorities within the ICB. This includes defining delegated limits and routes of escalation for sign off where appropriate.

The ICB's Operational Scheme of Delegation can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>



## Appendix E - Standing Financial Instructions

The ICB's Standing Financial Instructions (SFIs) set out the financial responsibilities, policies and procedures adopted by the ICB.

The ICB Standing Financial Instructions can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>

## Appendix F - Statutory and Non-Statutory Committees' Terms of Reference

### Statutory Committees

#### A. Audit Committee

The Audit Committee is established to contribute to the overall delivery of the ICB's objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

Its Terms of Reference can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>

#### B. Remuneration Committee

The Remuneration Committee is established in order to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary, this is in order to confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Directors excluding the Chair.

The Terms of Reference of the Remuneration Committee can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>

#### C. Quality Committee

The Quality Committee is established in order to provide oversight and assurance for the strategic approach and delivery of quality and safety within the ICB.

The Terms of Reference of the Quality Committee can be viewed via the following link:

<https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/01-july-2022/>

#### D. Place Committees

The ICB Place Committees are established to take decisions on how to best to achieve the ICB's priorities within each of the six Places of Humber and North Yorkshire. Each committees membership is drawn from both the ICB and local partners, reflecting the close collaborative approach that is at the heart of the ICB's work.



### **Non-Statutory Committees**

The following committees will be established as non-statutory committees of the ICB:

- E. Finance, Performance and Delivery**
- F. Population Health & Prevention**
- G. Clinical & Professional**
- H. People & Workforce**
- I. Digital**

The Terms of Reference of the non-statutory committees will be published following their approval by the ICB Board.



## **APPENDIX G - List of providers of primary medical services; Humber & North Yorkshire**

The following provides a link to where the list of primary medical service providers within Humber and North Yorkshire can be viewed:

<https://humberandnorthyorkshire.icb.nhs.uk/>