



Report to:	Humber & North Yorkshire Integrated Care Board
Date of Meeting:	8 March 2023
Subject:	Formal Governance Updates
Director Sponsor:	Karina Ellis, Executive Director of Corporate Affairs Jane Hazelgrave, Executive Director of Finance & Investment
Author:	Sasha Sencier and Mike Napier, Corporate Affairs Team Joy Dodson, Finance & Investment Team

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

Good governance is central to the running of Humber and North Yorkshire ICB. It helps us to meet our legislative responsibilities and provides assurance that we are conducting the duties required of a public body in an efficient and effective manner.

Our governance processes ensure that we are an accountable, transparent, ethical and well-led organisation. It not only gives our communities confidence in the ICB but also helps improve faith that staff, the public, NHS England and the Government have in us and our decision-making processes.

As part of the previously agreed Governance Review, this report presents updated versions of three of the core governance documents that were originally approved at the inaugural Board meeting, as follows:

1. Constitution and Standing Orders (Appendix A)

The ICB is mandated by NHS England (NHSE) to maintain and publish its Constitution and Standing Orders. Together, these set out the ICBs membership and the formal means and processes through which the ICB is governed. The Board approve any amendments prior to submission to NHS England for their approval.

Full details of the updates to the Constitution and Standing Orders are set out in Appendix Ai to the document, however, an outline of the updates are as follows:

- Inclusion of minor NHSE technical updates previously issued to ICBs.
- Update to the description of the area served by the ICB to reflect the change of North Yorkshire County Council to a unitary authority.
- Inclusion of the newly created post of Chief Digital Information Officer as a participant of the Board
- Inclusion of the Board Secretary as a participant of the Board (in an advisory capacity).
- Further clarity on the reporting arrangements for ICB committees to the Board.
- Other minor grammatical and consistency corrections.



2. Scheme of Reservation and Delegation (SoRD) (Appendix B)

Relevant legislation provides the ICB with powers to delegate its functions to certain bodies, such as committees, collaboratives or individuals. Such delegations are set out within the SORD. It has been updated in the light of the first year’s experience of its operation and as well as to reflect the further delegations that are known for the ICB.

All the proposed amendments are highlighted in yellow in the document (for ease of reference) however an outline of the updates are as follows:

- Accounting for the further delegation from NHS England to the ICB relating to the remaining three primary care disciplines; namely general ophthalmic, community pharmacy and general dental services.
- Update to the wording of the pre-existing general medical services delegations in order to be consistent with the wording for the other primary care services.
- Future ability to delegate to Place Health and Care Joint Committees, as and when these may be established on a case-by-case basis. The specific delegations to each joint committee would be set out in agreed Terms of Reference and a Memorandum of Understanding, both of which would be subject to ICB Board approval.
- Cross referencing, for completeness, existing delegations that are set out in the ICB Constitution.

3. Operational Scheme of Delegation (OSD) (Appendix C)

The OSD is a key supporting document to the SORD and provides detailed operational-level guidance on the ICB’s delegation framework which covers all staff. The Board previously approved updates in February 2023 to the contractual and procurement elements of the OSD in order to support the 2023/24 contract round.

An outline of the further updates submitted for approval to the Board are as follows:

- Reference to the ICB’s Budgetary Control Framework as an additional key mechanism of financial control within the ICB.
- Introduction of delegations associated with Continuing Healthcare to reflect the new ICB structures.
- General housekeeping and consistency amendments.

RECOMMENDATIONS:

Members are asked to:

- i) Approve the amendments to the Constitution and Standing Orders, noting that changes to the ICB Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.
- ii) Approve the updated Scheme of Reservation and Delegation
- iii) Approve the updated Operational Scheme of Delegation.

ICB STRATEGIC OBJECTIVE <i>(please click on the boxes of the relevant strategic objective(s))</i>	
Realising our vision	<input checked="" type="checkbox"/>
Improving outcomes in population health and healthcare	<input checked="" type="checkbox"/>
Supporting broader social and economic development	<input checked="" type="checkbox"/>
Tackling inequalities in outcomes experience and access	<input checked="" type="checkbox"/>
Delivering our operational plan 2022/23	<input checked="" type="checkbox"/>
Developing our ICS	<input checked="" type="checkbox"/>



IMPLICATIONS	
Finance	Adoption of the OSD is an essential element to the robust financial governance for the ICB
Quality	The SORD sets out delegations with respect to approval of system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality & patient outcomes.
HR	The SORD and OSoD set out the means through which certain HR related matters are delegated within the ICB, supporting timely and efficient decision-making.
Legal / Regulatory	<p>The ICB is required to maintain and publish a Constitution and Standing Order that set out its membership and the formal means and processes through which it is governed. The ICB remains accountable to NHS England for the maintenance of and compliance to its Constitution. Changes to the Constitution will not be implemented until, and are only effective from, the date of approval by NHS England.</p> <p>Adoption of the SORD and OSD supports the maintenance of robust and legal decision-making within the ICB, therefore reducing the risk of legal challenge or judicial review.</p>
Data Protection / IG	There are no IG implications identified in relation to this report.
Health inequality / equality	There are no implications identified in relation to this report.
Conflict of Interest Aspects	The Constitution and Standing Orders have due regard to NHS England's requirements for the management of conflicts of interest within the ICB. No conflicts of interest have been identified prior to the meeting.
Sustainability	There are no sustainability implications identified in relation to this report.

ASSESSED RISK:

There are no significant risks aligned to this paper, however it should be recognised that the failure to maintain and apply processes and procedures in accordance with the Constitution will result in direct intervention by NHS England.

MONITORING AND ASSURANCE:

The effective operation of the Constitution and Standing Orders, the SoRD and the OSD are monitored through the business of the Audit Committee and other Executive Committees as appropriate, determined by their approved terms of reference.

The ICB internal audit programme will provide regular assurance with respect to the effective operation of the ICB governance regime and as defined, in part, by the Constitution.



ENGAGEMENT:

The documents have been subject to comprehensive engagement with subject matter experts and senior executive leads and directors within the ICB. They have been updated in the light of their comments and to reflect the emerging thinking of the ICB as its systems and processes have developed.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No

Yes