

Committee's Terms of Reference 2025/26

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NHS Humber and North Yorkshire Integrated Care Board

Audit Committee

Terms of Reference

Terms of Reference:	Audit Committee
Authorship:	Executive Director of Corporate Affairs
Board / Committee Responsible for Ratifying:	Integrated Care Board
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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.	

1. Constitution

The Audit Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution and Standing Orders.

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

The Committee is an independent 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

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

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

3. Purpose

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.

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

Membership

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

The Board will approve up to four members of the Committee including two who are Independent Members of the Board. Other members of the Committee need not be members of the Board, but they may be.

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

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

Chair and vice chair

In accordance with the constitution, the Committee will be chaired by an Independent ICB Non-Executive Member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

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

Committee members may appoint a Vice Chair of the Committee. In the event of the Chair of the Audit Committee being unable to attend all or part of the meeting, the Vice Chair will be appointed to Chair the meeting.

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

Members

- Independent ICB Non-Executive Director (Chair)
- Independent Local Authority Partner Member of the ICB Board
- up to two other Independent Members

Regular Attendees (no voting rights)

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

- Executive Director of Finance & Investment or their nominated deputy.

- Executive Director of Corporate Affairs or their nominated deputy.
- Representatives of both internal and external audit.
- Individuals who lead on risk management, information governance and counter fraud matters.

Other Attendees

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

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

An open invitation for the attendance of the ICB Chief Executive.

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

Access

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

5. Meetings Quoracy and Decisions

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

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

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

Quorum

For a meeting to be quorate two members of the Committee must be in attendance and one of those must be an independent ICB Member of the Board, who is the Chair or Vice Chair of the Committee.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual

shall no longer count towards the quorum.

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

Decision making and voting.

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

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

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

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

The Committee's duties can be categorised as follows.

Integrated governance, risk management and internal control

- To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.
- To ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual.
- To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives, the effectiveness of the management of principal risks.
- To have oversight of system risks where they relate to the achievement of the ICB's objectives.
- To ensure consistency that the ICB acts consistently within the principles and guidance established in HMT's Managing Public Money.
- To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

Internal audit

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

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

External audit

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

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

Other assurance functions

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

- To review the work and key messages of other committees in the ICB, whose work can provide relevant assurance to the Audit Committee's own areas of responsibility.
- To receive details of Single Tender Waivers and a link to the procurement register as approved by the Chief Executive.
- To review the assurance processes in place in relation to financial performance across the ICB including the completeness and accuracy of information provided.
- To review the findings issued by professional bodies with responsibility for the performance of staff or functions (e.g., Royal Colleges and accreditation bodies). and consider the implications for the governance of the ICB.

Counter fraud

- To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery, and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.
- To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitor the implementation of action plans, provide direct access and liaison with those responsible for counter fraud, review annual reports on counter fraud, and discuss NHSCFA quality assessment reports.
- To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.
- To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners, Fraud, Bribery and Corruption.
- To report concerns of suspected fraud, bribery, and corruption to the NHSCFA.

Freedom to Speak Up

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

Information Governance (IG)

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

Financial reporting

- To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.
- To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.
- To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:
 - The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee.
 - Changes in accounting policies, practices, and estimation techniques.
 - Unadjusted misstatements in the Financial Statements.
 - Significant judgements and estimates made in preparing of the Financial Statements.
 - Significant adjustments resulting from the audit.
 - Letter of representation; and
 - Qualitative aspects of financial reporting.

Conflicts of Interest

- The chair of the Audit Committee will be the nominated Conflicts of Interest Guardian.
- The Committee shall satisfy itself that the ICB's policy, systems, and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective, including updates, statutory registers and any non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management

- To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
- The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.
- To receive reports of the Use of Emergency Powers and Urgent Decisions
- To receive reports of 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.
- The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

Communication

- To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.
- To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

7. Behaviours and Conduct

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 Code of Conduct and Behaviours.

8. Equality and diversity

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

9. Accountability and reporting

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

The secretary shall formally document the minutes of the meetings to ensure clarity and accuracy. The Chair will provide assurance and escalation reports to the Board at each meeting as appropriate and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

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.

10. Virtual Meetings / Recording of Meetings

As detailed within the ICB Constitution and Standing Orders, virtual meetings are permitted.

The Chair is legally required to inform attendees if the meeting is being recorded and that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes. The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems. No person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner without agreement from the Chair.

11. Declarations of Interest / Conflicts of Interest

Conflicts of interest will be managed in accordance with the Integrated Care Board’s policies and procedures. All committee members and attendees must adhere to the ICB’s Constitution and Conflicts of Interest policies.

Where the Chair or a member, or attendee, of the committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting must be recorded within the minutes of the meeting. Individuals (including those employed by other organisations) must also ensure that they comply with both the ICB’s and their employing organisation’s policies /

professional codes of conduct with regard to the recording of declarations

12. Freedom of Information Act 2000

The minutes and papers of this Committee are considered public documents, except where matters are specifically deemed to be unsuitable for publication. This will usually be due to draft work in progress, issues of confidentiality, or commercial sensitivity.

13. Secretariat and Administration

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

- a. 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.
- b. Attendance of those invited to each meeting is monitored by the secretariat. Those that do not meet a minimum of 75% attendance in a 12-month period are highlighted to the Chair.
- c. Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
- d. 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.
- e. The Chair is supported to prepare and deliver reports to the Board.
- f. The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- g. Action points are taken forward between meetings and progress against those actions is monitored.
- h. The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.

14. Review

The Committee will review its effectiveness at least annually.

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

END



Humber and North Yorkshire
Health and Care Partnership



**Humber and
North Yorkshire**
Integrated Care Board (ICB)

NHS Humber and North Yorkshire Integrated Care Board

Quality Committee Terms of Reference

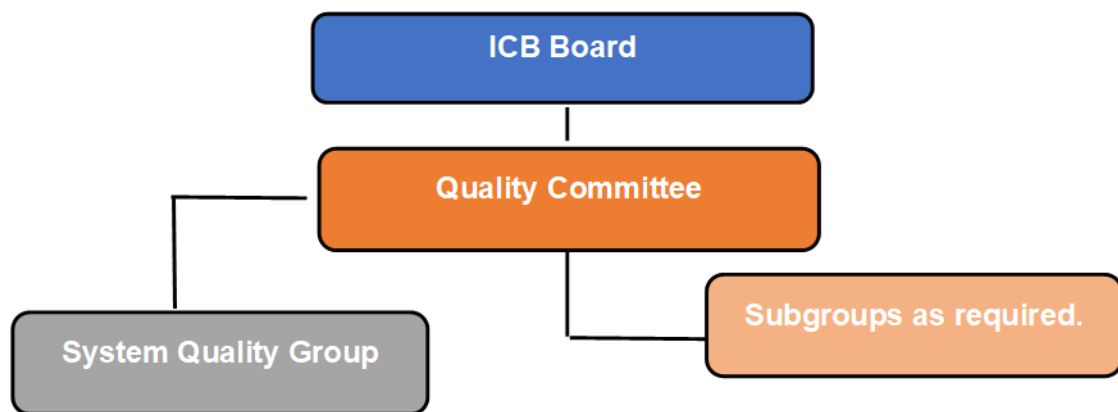
Terms of Reference:	Quality Committee
Authorship:	Executive Director of Nursing and Quality
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1. Governance

The Quality Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution and Standing Orders.

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 who it is accountable to.

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



2. Authority

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 (SoRD) and Operational Scheme of Delegation (OSD), where appropriate, which may be amended from time to time.

The Quality 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 Quality Committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Quality 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 Quality Committee members. The Quality Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.
- For the avoidance of doubt, the Quality Committee will comply with, the ICB Standing Orders, Standing Financial Instructions, OSD and the SoRD.

3. Purpose

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 Act 2022. This includes reducing inequalities in the quality of care.

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.

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

4. Responsibilities of the Committee

The Quality Committee duties can be categorised as follows:

It is expected that the Quality Committee will:

- Be assured that there are robust processes in place for the effective management of quality including ensuring that mechanisms are in place to ensure Equality, Quality and other relevant impact assessments are undertaken within the ICB and ICS
- 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.
- The duties of the Quality Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

- To be responsible for the oversight, monitoring, and implementation of remedial actions in relation to any risks which are aligned to the committee on the Board Assurance Framework (BAF) and on the risk registers.
- 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 for children and adults
- 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) for children and adults
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for:
 - High quality, safe services
 - Safeguarding Adults and Children
 - Child Death Reviews
 - Infection Prevention and Control
 - Equality and Diversity as it applies to people drawing on services
 - Medicines Optimisation and Safety
 - Mental Capacity Act and Deprivation of Liberty Safeguards (LPS when takes effect).
 - Maternity Services
 - Population Health
 - Others as determined by the Chair of the Committee
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee

- Comment on and contribute to the Terms of Reference and work programmes of other system groups of relevance to the Committee e.g., Safeguarding Boards
- Approval clinical policies and clinical pathways and assurance that due process has been followed.
- Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.
- Oversee the following six functional areas: -
 - Function 1 - Core Statutory Partnerships
 - Function 2 - Health and Care Integration
 - Function 3 - Quality, Safety and Experience
 - Function 4 - Complex Care
 - Function 5 - Maternity, Neonatal and Provider Support
 - Function 6 - Allied Health Professionals (AHP) and Professional Development
- Assurance Reports from various external bodies, regulators, and inspectors as and when appropriate.

5. Chair, Membership and Attendance

Chair and Vice Chair

The Quality Committee will be chaired by an Independent Non-Executive Member of the Board approved on account of their specific knowledge skills and experience making them suitable to chair the Committee.

In the event of the Chair of the Quality Committee being unable to attend all or part of the meeting, the Vice Chair will be appointed to Chair the meeting.

In the absence of the chair or vice-chair, the remaining members present shall elect one of their members to chair the meeting.

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

Membership

The Quality Committee members shall be approved by the Board in accordance with the ICB Constitution.

Core Membership

The Board will approve no fewer than four members including one who is an Independent Non-Executive Member of the Board. Other attendees of the Committee need not be members of the Board, but they may be.

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

Core Members(voting)

- Independent ICB Non-Executive Director (Chair)
- 2 Independent (Retained) Members
- ICB Executive Director of Nursing and Quality (Vice Chair)
- ICB Executive Director of Clinical and Professional Services.
- 1 representative from Healthwatch.
- ICB Functional Nursing & Quality team directors
- X1 HNYICB Planning & Performance representative
- 1 acute provider representative – an Executive Director with responsibility for Quality sourced via the Collaborative of Acute Providers
- 1 primary care representative, nominated by the primary care PCN.
- 1 mental health provider representative - an Executive Director with responsibility for Quality sourced through Mental Health collaborative.
- 1 community provider representative - an Executive Director with responsibility for Quality sourced through Community and Care Collaborative
- 1 ambulance provider representative - YAS / EMAS Director or Deputy Director with responsibility for Quality
- local authority leads- one Director of Adult Social Care and one Director of Children's Services (different to those LA representatives on the SQG)

Attendees

Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter including representatives with lived experience.

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.

6. Meeting Quoracy and Decisions

Frequency

The Quality Committee will meet no less than 6 times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required at the discretion of the Committee Chair.

The Board, Chair or Chief Executive may ask the Quality Committee to convene further meetings to discuss particular issues on which they want the advice of the Quality Committee.

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

Quorum

The Committee will be quorate when at least three members of the Committee are present to include at least:

- Chair or Vice Chair
- 1 x retained member.
- 1 x ICB Functional Nursing & Quality Team Directors

Where members are unable to attend, with the permission of the Chair members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf and where applicable will form part of the quorum.

No person can act in more than one capacity when determining the quorum.

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

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

7. Decision Making and Voting

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

Only members (or nominated deputies) of the Committee may vote. Each member is allowed one vote, and a majority will be conclusive on any matter.

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

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

8. Behaviours and Conduct and ICB values

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

Equality and diversity

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

9. Accountability and Reporting Arrangements

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

The secretary shall formally document the minutes of the meetings to ensure clarity and accuracy.

The Chair will provide assurance and escalation reports to the Board at each meeting, as appropriate, and shall draw to the attention of the Board any issues that require disclosure to the Board or require action

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

The Committee may refer matters to other ICB Committees and Groups as it sees necessary to fulfil its duties.

Subgroups

The Committee has the ability to develop sub-groups as appropriate to support the discharge of its functions but will still retain accountability for the work of any sub-group appointed.

The Committee will receive scheduled assurance report from its delegated groups and the approved minutes of the System Quality Group. Any delegated groups would need to be agreed by the Board through these Terms of Reference. The groups for the Quality Committee are:

- System Quality Group (SQG)
- Patient Safety Group
- ICS Safeguarding Groups
- Special Educational Needs & Disabilities (SEND)
- Antimicrobial Resistant/Infection Prevention Control (IPC)
- others as determined by the Quality Committee

10. Secretariat and Administration

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

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored by the secretariat. Those that do not meet a minimum of 75% attendance in a 12-month period are highlighted to the Chair.
- Records of members' appointments and renewal dates and the committee 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 including providing members with assurance that due process has been followed.
- Action points are taken forward between meetings and progress against those actions is monitored.
- The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.

11. Virtual Meetings / Recording of Meetings

Before starting a recording, the Chair is legally required to inform attendees if the meeting is being recorded and / that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes. The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems. No person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner without written approval from the Chair.

12. Declarations of Interest / Conflicts of Interest

Conflicts of interest will be managed in accordance with the ICBs policies and procedures. All committee members and attendees must adhere to the ICB's Constitution and Conflicts of Interest policies. Where the Chair or a member, or attendee, of the committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being

discussed. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting must be included within the minutes of the meeting. Individuals (including those employed by other organisations) must also ensure that they comply with both the ICB's and their employing organisation's policies / professional codes of conduct with regard to the recording of declarations.

13. Freedom of Information Act 2000

The minutes and papers of this Committee are considered public documents, except where matters are specifically deemed to be unsuitable for publication. This will usually be due to draft work in progress, issues of confidentiality, or commercial sensitivity.

14. Review

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

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.

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.

END.



Humber and North Yorkshire
Health and Care Partnership



**Humber and
North Yorkshire**
Integrated Care Board (ICB)

NHS Humber and North Yorkshire Integrated Care

Workforce Board

Terms of Reference

Terms of Reference:	Workforce Board
Authorship:	Executive Director of People
Board / Committee Responsible for Ratifying:	Integrated Care Board
Agreed Date:	February 2025
Approved Date:	May 2025
Review Date:	February 2026
Version Number:	3.0
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.	

1	<p>Governance</p> <p>The Humber and North Yorkshire (HNY) Integrated Care Workforce Board (the Workforce Board) is established by the Integrated Care Board (ICB) as a Committee of the Board in accordance with its Constitution and Standing Orders.</p> <p>These Terms of Reference (ToR) which must be published on the ICB website, set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board, who it is accountable to.</p> <p>The Committee and its members, including those who are not members of the ICB Board, are bound by the Standing Orders and other policies of the ICB.</p>
2	<p>Authority</p> <p>The Committee is authorised by the ICB Board to:</p> <ul style="list-style-type: none"> • Investigate any activity within its Terms of Reference • Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) within its remit as outlined in these terms of reference. • Commission any reports it deems necessary to help fulfil its obligations. • Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice. • Create task and finish sub-groups 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. <p>The Workforce Board has no executive powers, other than those delegated in the Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation (OSD) to individual members of the Committee and specified in these terms of reference.</p> <p>For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions, Operational Scheme of Delegation (OSD) and the SoRD.</p>
3	<p>Purpose</p> <p>The Workforce Board will provide strategic system oversight of the development and delivery of the Humber and North Yorkshire People Strategy and associated HNY people focused workstreams.</p>

	<p>The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.</p>
4	<p>Chair, Membership, and Attendance</p> <p>Chair and Vice Chair The Chair and the Vice Chair of the Workforce Board will be appointed by the HNY Integrated Care Board.</p> <p>The Chair will also serve as the ICB's Senior Responsible Officer for Workforce.</p> <p>In the event of the Chair being unable to attend part or all of the meeting, the Vice Chair will be appointed to chair the meeting.</p> <p>The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Membership Workforce Board members shall be appointed by the ICB Board in accordance with the ICB constitution.</p> <p>Membership will comprise of core workforce representatives from across the HNY health and care system. Representatives will be expected to act in a system partner capacity rather than at an organisational level, and have the authority to act whilst in attendance.</p> <p>Membership will be reviewed annually to ensure it remains relevant to the objectives of the Board.</p> <p>Membership of the Board comprises system representatives as follows:</p> <p>Role/Sector Representation</p> <ul style="list-style-type: none"> • Chair: Senior Responsible Officer for Workforce • ICB: Executive Director of People • ICB: Deputy Director of People • Primary Care • Acute (North Yorkshire and York) • Acute (Humber) • Mental Health • Allied Health Professionals • Ambulance Services • Adult Social Care x 2 • Childrens Social Care • VCSE (Voluntary, Community and Social Enterprise) • Higher Education

	<ul style="list-style-type: none"> • Independent Sector • Skills for Care • EDI (Equality, Diversity and Inclusion) • Community Services • NHS England • HEY Business, Growth and Skills Hub • Union Representation • Pharmacy • Dental • Nursing and midwifery clinical workforce • Office for Health Improvement and Disparities, Department of Health and Social Care • NHS England Postgraduate Deanery – Medical and Dental • Careers / Further Education <p>Annex A provides details of the individuals currently occupying these seats.</p> <p>Attendees</p> <p>Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.</p> <p>Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.</p>
5	<p>Meeting Frequency, Quoracy and Decisions</p> <p>Frequency</p> <p>Meetings will be held no less than 11 times per year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.</p> <p>The ICB Board, ICB Chair or ICB Chief Executive may ask the Workforce Board to convene further meetings to discuss particular issues on which they want the advice of the Workforce Board.</p> <p>In accordance with the Standing Orders, the Workforce Board may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p> <p>Quorum</p> <p>At least eight members from partner organisations, including the ICB, to be present for decisions to be made, including either the Chair or the ICB Executive Director of People.</p> <p>Members are required to ensure a named system deputy is available to attend in their absence. The named deputy must hold authority to act whilst in attendance.</p>

	<p>The named deputy may speak and vote on behalf of the member and will count towards the quorum.</p> <p>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.</p> <p>If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.</p> <p>Decision making and voting Decisions will be taken in accordance with the Standing Orders.</p> <p>The Workforce Board will ordinarily reach decisions by consensus. When this is not possible, the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.</p> <p>Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.</p> <p>If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis by telephone, email or other electronic communication.</p>
6	<p>Responsibilities of the Workforce Board</p> <ul style="list-style-type: none"> • To provide strategic oversight, support, and challenge in the development and delivery of the system level ICB People Strategy. • To monitor the delivery of identified priority outcomes and actions and to ensure risks/issues are identified and mitigated. • To be responsible for the oversight, monitoring and implementation of remedial actions in relation to any risks which are aligned to the Committee on the Board Assurance Framework (BAF) and on the risk registers. • To ensure compliance against the statutory workforce duties and the delivery of the NHS People Plan. • To maximise financial workforce investment opportunities at a national, regional and system level. • Positively impact on health inequalities, social inclusion, and economic growth through collaborative partnership working to support the delivery of the ICB People Strategy. • Oversight for the creation and operation of workforce business intelligence function to support the HNY ICB and Place based transformation programmes. • To consider and approve system level workforce expenditure linked to strategic and operational delivery workstreams.

	<ul style="list-style-type: none"> • To ensure collaborative, robust, innovative, systemwide approaches to workforce planning, workforce supply and retention, and workforce roles and skills development. • To ensure the creation and enactment of systemwide organisational development practices that support system-based leadership and strategic thinking practices, enhance staff satisfaction, wellbeing, inclusion, equality of opportunity, and staff voice and engagement. • To embed a systemwide collaborative leadership style, and champion and influence the creation of compassionate, respectful, and high performing cultures within the system and partner organisations. • To maintain oversight of the co-creation of systemwide career paths and roles, and contemporary recruitment practices, systemwide workforce retention approaches and the development of innovative new ways of working. • To maintain strategic oversight of any national policy development that impacts on HNY paid and unpaid workforce and partner organisations. • To proactively engage at a national and regional level with NHSE and other delivery partners. • To establish Task and Finish groups designed to support the delivery of specific workstreams which collectively deliver the ICB People Strategy. • To maintain oversight and support workforce development plans at a system, place and organisational level. • To provide system level oversight and support to the development and delivery of programmes of activity focused on improving and supporting staff resilience and wellbeing. • To provide system level oversight and support to the development and delivery of programmes of activity focused on workplace equality, diversity and inclusion, including supporting the development of current and emerging staff networks. • The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.
7	Behaviours and Conduct 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 Code of Conduct and Behaviours.
8	Equality and Diversity Members must demonstrably consider the equality and diversity implications of decisions they make.
9	Accountability and Reporting

	<p>The Committee is accountable to the ICB Board and shall report to the ICB Board on how it discharges its responsibilities.</p> <p>The minutes of the meetings shall be formally recorded by the secretariat. The Chair will provide assurance and escalation reports to the Board at each meeting, as appropriate, and shall draw to the attention of the Board any issues that require disclosure to the Board of require action.</p> <p>The Workforce Board will establish time limited Task and Finish Groups to deliver an HNY workforce transformation programme on its behalf. Membership of these Task and Finish Groups will be drawn from across the wider system and will be accountable to the Workforce Board.</p> <p>The Workforce Board will also establish sub-groups to conduct planning and delivery in areas of work suited to a medium-term timeframe and in relation to financial investments. Membership of these sub-groups will be defined in relation to the work to be delivered and will be accountable to the Workforce Board.</p> <p>The Chair/ Senior Responsible Officer and the HNY Executive Director of People will be responsible for identifying a Senior Responsible Officer or a Chair to provide strategic leadership for each Task and Finish Group and each sub-group.</p> <p>To provide a consistent approach in receiving assurance back to the Workforce Board, all sub-groups groups accountable will complete a standardised form that will include key messages and shall draw the attention of any issues that require disclosure or require action. These forms will be managed by the secretariat and submitted to the Workforce Board following each meeting.</p> <p>Sub-Groups of the Workforce Board</p> <ul style="list-style-type: none"> • People Story Committee • Health and Wellbeing Committee • Ethical International Recruitment Committee • Workforce Investment Committee • Education and Training Committee • Paybill and Agency Management Committee
10	<p>Declarations of Interest, Conflicts and Potential Conflicts</p> <p>Conflicts of interest will be managed in accordance with the ICB's policies and procedures. All committee members and attendees must adhere to the ICB's Constitution and Conflicts of Interest policies.</p> <p>Where the Chair or a member, or attendee, of the committee believes that they have any actual or perceived conflicts of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting wherever possible, and always in advance of the agenda item being discussed. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. It will be responsibility of the Chair to decide how to</p>

	<p>manage the conflict and the appropriate course of action in accordance with the policy.</p> <p>Any interests which are declared at the meeting must be recorded within the minutes of the meeting. Individuals (including those employed by other organisations) must also ensure that they comply with both the ICB's and their employing organisation's policies / professional codes of conduct with regard to the recording of declarations.</p>
11	<p>Freedom of Information Act 2000</p> <p>The minutes and papers of this Committee are considered public documents, except where matters are specifically deemed to be unsuitable for publication. This will usually be due to draft work in progress, issues of confidentiality, or commercial sensitivity.</p>
12	<p>Secretariat and Administration</p> <p>The Committee shall be supported with a secretariat function from the ICB People Function which will include ensuring that:</p> <ul style="list-style-type: none"> • 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 by the Secretariat. Those that do not meet a minimum of 75% attendance in a 12 month period are highlighted to the Chair. • Records of members' appointments and renewal dates are maintained and the Committee 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. • The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.
13	<p>Virtual Meetings / Recording of Meetings</p> <p>Before starting a recording, the Chair is legally required to inform attendees if the meeting is being recorded and / that the purpose of the recording is as an administrative tool to support the provision of clear and accurate minutes.</p> <p>The recording is only retained for the period of drafting the minutes and then subsequently deleted from all systems.</p>

	No person admitted to a meeting of the Committee will be permitted to record the proceedings in any manner without written approval from the Chair.	
14	Review	
	The Committee will review its effectiveness at least annually.	
	These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.	
	Date of group inception	June 2022
	Date of last review of terms of reference and membership	February 2025
	Lead responsible for reviewing terms of reference	Chair of the HNY Integrated Care Workforce Board
	Date of next planned review	February 2026



Humber and North Yorkshire
Health and Care Partnership



**Humber and
North Yorkshire**
Integrated Care Board (ICB)

Pharmaceutical Services Regulations Committee

Terms of Reference

Terms of Reference:	Pharmaceutical Services Regulations Committee
Board / Committee Responsible for Ratifying:	HNY ICB Integrated Care Board
Approved Date:	March 2025
Ratified Date:	May 2025
Review Date:	March 2026
Version Number:	2.0
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.	

Introduction and Governance

1. In accordance with the Health and Care Act 2022 NHS England has delegated the exercise of pharmaceutical services and local pharmaceutical services functions to Humber and North Yorkshire Integrated Care Board (ICB), from the 1 April 2023.
2. In accordance with the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended ('the Regulations'), each ICB will establish a Pharmaceutical Services Regulations Committee (PSRC) to make decisions in relation to matters under the Regulations listed in Chapter 3 of the Pharmacy Manual where the decision maker is listed as 'the committee'.
3. For the purpose of this document, 'the committee' or 'committee' is the PSRC.
4. ICBs are required to establish committees that are the equivalent of NHS England's PSRCs. Where such a committee is established and is properly constituted in line with the Regulations, it is authorised by NHS England to undertake any activity within these terms of reference.
5. NHS England has delegated decision-making to each committee in relation to matters under the Regulations listed in this chapter where the decision-maker is listed as the committee.
6. Each ICB is responsible for fulfilling its own statutory responsibilities and is required to have its own committee to oversee certain functions. The ICBs have agreed that the PSRC should meet as 'committees in common'. This means that each committee meets simultaneously, but that each committee will retain responsibility for its own functions and will remain accountable to its own ICB Board.
7. Humber and North Yorkshire ICB has delegated decision making to the committee in relation to matters under the Regulations listed in Chapter 3 where the decision maker is listed as the committee.
8. The operation of a PSRC as a Committees in Common across Humber and North Yorkshire, South Yorkshire and West Yorkshire has been agreed as a way of working as part of the transfer of delegated functions and agreed by the three ICB Boards.

Membership, voting and conflicts of interest

9. The voting membership of the committee shall be as follows:
 - Assistant Director of Primary Care, Humber and North Yorkshire ICB (Nominated Deputy – Chief Pharmacy Officer)
 - Lay member

10. Due to the knowledge and understanding of the Regulations that is required, PSRC lay members are considered to be 'expert volunteers' for the purposes of NHS England's volunteering policy and should receive the appropriate fee.
11. All members of the committee must have a good knowledge and understanding of the Regulations in order to support sound and robust decision-making. It is essential that members build up and maintain their expertise in the Regulations and therefore minimum of 75% attendance at the Committee meetings is expected.
12. The Committee will ordinarily reach decisions by consensus. Where this is not possible the Chair of the Committee may call a vote. Each voting member in attendance at the Committee has one vote. Where there is a split vote, with no clear majority, the voting member not in attendance will hold the casting vote.
13. Each meeting of the committee will be quorate if the lay member plus one other voting member, or their deputy, is present from each ICB area with relevant papers.
14. Each committee must ensure it has access to expert knowledge on the Regulations and may obtain such legal or other independent professional advice as it considers necessary and may co-opt persons with relevant experience and expertise if required.
15. The following persons from the ICB area Primary Care teams aligned to each ICB will attend each committee meeting but will not have voting rights:
 - Primary Care Manager (or equivalent); and
 - Pharmacy professional adviser (or equivalent).

In addition, relevant ICB officers will be invited to attend the Committee meeting as appropriate.

16. Persons ineligible to be voting or co-opted members of a committee are listed in Regulation 62 and in paragraph 26(1) of Schedule 2 to the Regulations. All voting members must sign a declaration to confirm that they are not barred by virtue of this regulation or paragraph. The Chair can require any member to leave the room before discussion of a matter and not return until the relevant decision has been made. The minutes will record the absences of the relevant voting member or members.
17. No member may take part in a decision if, in the opinion of the remaining voting members, the circumstances set out in paragraph 26(2) of Schedule 2 to the Regulations apply (reasonable suspicion of bias).
18. Members must advise the Chair of any potential conflict of interest as soon as they become aware that a potential conflict may exist. Discussion of those potential conflicts will take place at the beginning of each meeting and the action taken to mitigate such conflicts recorded. Any conflicts will be

considered and managed in accordance with the ICB's conflict of interest policy.

19. Each committee will meet monthly as Committees in Common (or earlier if needed in order to discuss a case urgently) where there is a need. Where a meeting is not required, this will be documented in line with local procedures.
20. The Chairing of the Committees in Common will rotate between the Officer members of each ICB.
21. Administrative support to the committee will be provided by the ICB chairing the committee.
22. Each committee will provide a report setting out a summary of its activity, decisions taken and outcomes of any appeals against those decisions at least every six months to an appropriate senior management committee (to be determined by each ICB).
23. Health and Wellbeing Boards are responsible for identifying current or future needs for, or improvements or better access to, a pharmaceutical service or pharmaceutical services in general via the pharmaceutical needs assessment (PNA). Each committee is required to review the PNAs in its area and to record the actions taken to address identified needs, improvements or better access whether this is via the market entry process or through local commissioning processes.

Pharmacy Contract Manager (PCM) decision making

24. The Pharmacy Manual refers to Pharmacy Contract Manager (PCM) level decision making. ICBs are required to have an appropriately experienced officer in a role that is similar to the NHS England PCMs. Where such a person meets the requirements of the Regulations, they are authorised through the approval of these terms of reference to make the decisions in accordance with Appendix 1 of these terms of reference.
25. For the purpose of this document, 'the officer' or 'officer' is either the PCM or the ICB equivalent.
26. The ICB has delegated decision-making through the committee to the officer, or their suitable nominated deputy when they are on leave, in relation to matters under the Regulations listed in this chapter where the decision-maker is listed as 'officer or committee'.
27. Regulation 62 and paragraph 26(1), Schedule 2 to the Regulations lists those persons who may take no part in determining or deferring an application (see above for the full list). Before considering an application or making a decision that has been delegated to them, the officer must document that they are not barred by virtue of the relevant regulation or paragraph mentioned at the beginning of the paragraph.

28. The officer may not make a decision if the circumstances set out in paragraph 26(2), Schedule 2 to the Regulations apply (reasonable suspicion of bias).
29. The officer will be responsible for such matters listed in this chapter where the decision-maker is listed as 'officer or committee'. If, for whatever reason, the officer is unable to make a decision within the required timeframe (or at all), that decision shall be taken by the committee.
30. The officer will report monthly to the committee on decisions taken and the outcome of any appeals on those decisions.
31. Where, as part of the workforce model agreed between NHS England and a delegated ICB, a person employed by a 'relevant body' (as defined in section 65Z5 of the NHS Act 2006) fulfils the role of the ICB's post that is the equivalent of the PCM, that person is delegated to make those decisions listed in this chapter as 'officer' or 'officer or committee' as described above.

Fitness to practice decisions

32. With effect from 1 April 2023, ICBs' committees will be responsible for all fitness decisions. The committee may seek professional advice in making these decisions. By local agreement, such advice might be from a pharmacy advisor or a person who is a member of a PAG, PSG or PLDP; and nominated by a medical director for system improvement and professional standards. For the avoidance of doubt, 'fitness matters' are defined as follows.
- Determining whether or not an applicant is a fit and proper person to be included in the relevant pharmaceutical list when applying to be included in it for the first time.
 - Considering whether or not an applicant body corporate remains a fit and proper person to be included in the relevant pharmaceutical list following the grant of an application for inclusion in that list, but before the body corporate is so included, where it notifies the commissioner that it has appointed a new superintendent.
 - Review of conditions following the conditional inclusion of an applicant in a pharmaceutical list.
 - Use of the fitness powers in connection with a person who is already included in a pharmaceutical list or lists as set out in the NHS Act 2006 and the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, to include removal, contingent removal, suspension and applying for a national disqualification. This could be as a result of a contractor notifying the commissioner of a fitness matter, the commissioner otherwise becoming aware of a fitness matter, or through contract management alongside, or instead of, use of the performance related sanctions.

33. Fitness decisions will be reported monthly to the PSRC on decisions taken in line with Chapter 4 of the Pharmacy Manual.

Accountability and reporting

34. The Committees are accountable to their own ICB.
35. The Committee will review their own effectiveness and produce a Committee annual report as determined by detail set out in their own ICB's Constitution and Standing Orders.
36. Any minutes or key messages will be presented to the ICB Board as determined by each ICB's Constitution and Standing Orders.

Review of the terms of reference

37. These terms of reference will be reviewed in February 2025 and thereafter annually and/or each time the Pharmacy Manual is re-published to ensure they remain consistent with regulatory updates and changes.

Addendum
Committees in Common – Membership from other Integrated Care Boards
(ICBs)

South Yorkshire

Primary Care Lead, NHS South Yorkshire (Nominated Deputy – Community Pharmacy Clinical Lead).
Lay member

West Yorkshire

Senior Primary Care Manager, NHS West Yorkshire ICB (Nominated Deputy – Community Pharmacy Clinical Lead)
Lay member

Appendix 1

Regulatory provision	Decision maker	Chapter of manual
Regulations 13, 14 and 21A – determination of application (current need)	Committee	Chapter 12 Chapter 22
Regulations 15, 16 and 21A – determination of application (future need)	Committee	Chapter 13 Chapter 22
Regulations 17, 19 and 21A – determination of application (current improvement/better access)	Committee	Chapter 14 Chapter 22
Regulations 18 and 19 – determination of application (unforeseen benefits)	Committee	Chapter 15 Chapter 22
Regulations 20, 21 and 21A – determination of application (future improvement/better access)	Committee	Chapter 16 Chapter 22
Regulation 23 – determination of application (application from NHS chemist in respect of providing directed services)	Committee	Chapter 24
Regulation 24 – determination of application (relocation involving no significant change)	Committee	Chapter 17 Chapter 22
Regulation 25 – determination of application (distance selling pharmacies)	Committee	Chapter 18
Regulation 26(1) – determination of application (change of ownership)	Officer or committee	Chapter 19
Regulation 26(2) – determination of application (relocation involving no significant change/change of ownership)	Committee	Chapter 21 Chapter 22
Regulation 26A – determination of preliminary matters including refusal of application for reasons set out in Regulation 26A(5)(b)	Officer	Chapter 20
Regulation 26A – determination of application (consolidation onto an existing site)	Committee	Chapter 20
Regulation 27 – determination of application (for temporary listing arising out of suspension)	Committee	Chapter 25
Regulation 28 – determination of application (exercising right of return to the pharmaceutical list)	Officer or committee	Chapter 26
Regulation 29 – determination of application (temporary arrangements during emergencies/because of circumstances beyond the control of NHS chemists)	Officer or committee	Chapter 27
Regulation 30 – refusal on language requirement for some NHS pharmacists	Committee or PLDP	Chapter 4
Regulation 31 – refusal: same or adjacent premises	Committee	Not discussed
Regulation 32 – deferrals arising out of LPS designations	Officer or committee	Not discussed
Regulation 33 – determination of suitability of an applicant to be included in a pharmaceutical list on fitness grounds	Committee or PLDP	Chapter 4
Regulation 34 – determination of deferral of application to be included in a pharmaceutical list on fitness grounds	Committee or PLDP	Chapter 4

Regulation 35 – determination of conditional inclusion of an applicant to be included in a pharmaceutical list on fitness grounds	Committee or PLDP	Chapter 4
Regulation 36 – determination of whether an area is a controlled locality (or is part of a controlled locality), as a result of a local medical committee or local pharmaceutical committee request for such a determination or because NHS England is satisfied that such a determination is required (and make arrangements for any controlled locality to be clearly delineated on a published map)	Committee	Chapter 33
Regulation 37 – process for determining controlled localities: preliminary matters	Committee	Chapter 33
Regulation 40 – applications for new pharmacy premises in controlled localities: refusals because of preliminary matters	Committee	Not discussed
Regulations 41 and 42 – determination of whether premises are (or a best estimate is) in a reserved location (and make arrangements for any reserved location to be clearly delineated on a published map)	Committee	Chapter 32
Regulation 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	Committee	Chapter 32
Regulation 48(2) - determination of patient application ('serious difficulty' applications)	Officer or committee	Chapter 34
Regulation 48(5) to (9) – making of arrangements with a dispensing doctor to dispense to a particular patient or patients	Committee	Chapter 34
Regulation 50 – consideration of 'gradualisation' (i.e. the postponement of the discontinuation of services by dispensing doctors) for an application in relation to premises in, or within 1.6km of, a controlled locality	Committee	Chapter 33
Regulations 51 to 60 – determination of doctor application (outline consent and premises approval) including the taking effect of decisions, relocations, gradual introduction of premises approval, temporary provisions in cases of relocations or additional premises where premises approval has not taken effect, practice amalgamations, and lapse of outline consent and premises approval	Committee	Chapter 34
Regulation 61 – temporary arrangements during emergencies or circumstances beyond the control of a dispensing doctor	Officer or committee	Not discussed
Regulation 65(5) to (7) – direction to increase core opening hours	Officer or committee	Chapter 36
Regulation 67 – agreement of a shorter notice period for withdrawal from a pharmaceutical list	Committee	Not discussed
Regulation 69 – determination of whether there has been a breach of terms of service	Committee	Chapter 38
Regulation 70 – determination of whether to issue a breach notice with or without an accompanying withholding of payments in connection with a breach of terms of service. Determination of whether to rescind a breach notice	Committee	Chapter 38
Regulation 71 – determination of whether to issue a remedial notice with or without an accompanying withholding of payments in connection with a breach of terms of service. Determination of whether to rescind a remedial notice	Committee	Chapter 38
Regulation 72 – determination of whether to withhold remuneration	Committee	Chapter 38

Regulation 73 – determination of whether to remove premises or a chemist from the pharmaceutical list (following remedial or breach notice)	Committee	Chapter 38
Regulation 74 – determination of whether to remove premises or a chemist from the pharmaceutical list (death, incapacity or cessation of service)	Committee	Chapter 38
Regulation 79 – determination of review of fitness conditions originally imposed on the grant of an application	Committee or PLDP	Chapter 32
Regulation 80 – determination of removal of a contractor for breach of fitness conditions	Committee or PLDP	Chapter 31
Regulation 81 and 82 – determination of removal or contingent removal	Committee or PLDP	Chapter 32
Regulation 83 – suspensions in fitness cases	Committee or PLDP	Chapter 32
Regulation 84 – reviewing suspensions and contingent removal conditions	Committee or PLDP	Chapter 32
Regulation 85 – general power to revoke suspensions in appropriate circumstances	Committee or PLDP	Chapter 32
Regulation 94 – overpayments	Committee	Chapter 39
Regulation 99 – designation of an LPS area	Committee	Chapter 40
Regulation 100 – review of designation of an LPS area	Committee	Chapter 40
Regulation 101 – cancellation of an LPS area	Committee	Chapter 40
Regulation 104 – selection of an LPS proposal for development and decision to adopt proposal	Committee	Chapter 40
Regulation 108 – right of return for LPS contractor	Committee	Chapter 40
Schedule 2, paragraph 1(10) – whether a best estimate is acceptable	Officer or committee	Chapter 29
Schedule 2, paragraph 11(1) – determination of whether there is missing information	Officer	Chapter 29
Schedule 2, paragraph 11(2)(b) – determination of review of reasonableness of request for missing information	Officer or committee	Chapter 29
Schedule 2, paragraph 14 – whether to defer consideration of application	Officer or committee	Chapter 29
Schedule 2, paragraph 19 – determination of who is to be provided with notice of a notifiable application	Officer	Chapter 29
Schedule 2, paragraph 21(4) – determination of whether the full disclosure principle applies to information contained within a notifiable application	Committee	Chapter 29
Schedule 2, paragraph 22(2) – whether oral representations are to be provided and who may be additional presenters as defined in Schedule 2, paragraph 25(2)	Officer or committee	Chapter 29
Schedule 2, paragraph 25 – decision to hold an oral hearing to determine an application	Committee	Not discussed
Schedule 2, paragraph 28 – determination of who is to be notified of decisions on routine and excepted applications	Officer or committee	Chapter 29
Schedule 3, paragraph 30 – determination of who is to have a third party right of appeal against decisions on routine and excepted applications	Officer or committee	Chapter 29

Schedule 2, paragraph 31 – consideration of a notification of address following a 'best estimate' routine application. Where this may lead to a refusal under regulation 31, the matter should be escalated to the committee	Officer or committee	Chapter 29
Schedule 2, paragraph 32 – determination of whether to accept a change to premises	Officer or committee	Not discussed
Schedule 2, paragraph 33 – determination as to whether the future circumstances have arisen	Officer	Not discussed
Schedule 2, paragraph 34 – decisions as to whether notices of commencement are valid, and whether a shorter notice period can be given	Officer	Not discussed
Schedule 2, paragraph 34A – decisions as to whether notices of consolidation are valid, and whether a shorter notice period can be given	Officer	Not discussed
Schedule 2, paragraph 34(4)(c)(i) and 34A(4)(b)(i) – extension of latest date for receipt of notice of commencement or consolidation	Officer or committee	Chapters 12–21, 24– 27
Schedule 2, paragraph 35 – notice requiring the commencement of pharmaceutical services	Officer or committee	Not discussed
Schedule 4, paragraph 23(1)/Schedule 5, paragraph 13(1) – consideration of a request to temporarily suspend the provision of services (fixed period)	Committee	Not discussed
Schedule 4, paragraphs 23–25/Schedule 5, paragraphs 13–15 – decision to direct a contractor to open at certain times on certain days	Committee	Chapter 37
Schedule 4, paragraph 23(10)/Schedule 5, paragraph 9 – review of reason for temporary suspension within the control of the contractor	Committee	Not discussed
Schedule 4, paragraph 26/Schedule 5, paragraph 16 – determination of core opening hours instigated by the contractor	Committee	Chapter 37
Schedule 4, paragraph 27/Schedule 5, paragraph 17 – temporary opening hours and closures during an emergency requiring the flexible provision of pharmaceutical services	Officer or committee	Not discussed
Schedule 4, paragraph 27B – flexible provision of relevant immunisation services during a pandemic	Officer	Not discussed
Schedule 4, paragraph 28A – premises requirements in respect of consultation rooms – decisions that a pharmacy premises is too small	Officer or committee	Not discussed
Schedule 5, paragraph 13(6) – arranging for amendments to be made to the relevant pharmaceutical list following notification of a change of supplementary opening hours (where change is not intended to come into effect sooner than three months after receipt of notification of change)	Officer or committee	Chapter 37
Decisions relating to compliance with the dispensing doctor terms of service	Committee	Not discussed
Approval of responses to an appeal against, or challenge to, decisions of the committee	Officer or committee	Not discussed
Approval of responses to an appeal against, or challenge to, decisions of the officer	Officer or committee	Not discussed
Determination of further action where community pharmacy assurance framework identifies concerns	Officer or committee	Chapter 38
Determination of further action where the contractor fails or refuses to agree a date and time for a visit	Officer or committee	Chapter 38

Determination of action where any of the following are identified: <ul style="list-style-type: none"> • patient safety issues • the commissioner is at risk of material financial loss, and/or possible fraudulent or criminal activity. 	Officer or committee	Chapter 38
Determination of action where the contractor fails to complete the required actions or fails to respond to a visit report	Officer or committee	Chapter 38
Determination of action where the contractor exceeds the maximum number of appliance use reviews that may be done in any one year	Officer	Chapter 38