

## BSW Integrated Care Board – Board Meeting in Public

Friday 1 July 2022, 10:30-13:00hrs

Virtual Meeting – via Zoom

### Agenda

Timing	No	Item title	Lead	Action	Paper ref.
<b>Opening Business</b>					
10:30	1	Welcome and apologies	Chair	Note	
	2	Declarations of Interests a. BSW Integrated Care Board Declarations of Interest Register	Chair	Note	ICBB/22-23/001
<b>Business items</b>					
10:45	3	Receive the constitution of NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB)	Chair	Note	
10:50	4	BSW ICB governance documents a. BSW ICB Standing Financial Instructions b. BSW ICB Scheme of Reservation and Delegation c. BSW ICB Functions and Decisions Map	Chair	Approve	ICBB/22-23/002
11:05	5	Establish BSW ICB Committees: a. BSW ICB Audit Committee b. BSW ICB Remuneration and Nominations Committee c. BSW ICB Finance Committee d. BSW ICB Quality Committee e. BSW ICB People Committee f. BSW ICB Commissioning Assurance Committee g. BSW ICB Community Engagement Committee h. Locality Commissioning Groups i. BSW ICB Primary Care Commissioning Committee	Chair	Approve	ICBB/22-23/003

Timing	No	Item title	Lead	Action	Paper ref.
11:25	6	Appointments – Board level champions a. Conflicts of Interest Guardian b. Wellbeing Guardian c. Freedom to Speak Up Guardian d. Emergency Preparedness, Resilience and Response (EPRR)	Chair	Approve	ICBB/22-23/004
11:40	7	Approval and adoption of BSW Integrated Care Board Policies: a. Adoption of organisational and clinical policies b. BSW ICB Standards of Business Conduct Policy c. BSW ICB Public Involvement and Engagement Strategy/Policy d. Emergency Preparedness, Resilience and Response (EPRR) Policy e. BSW ICB Health and Safety Management Policy	Chair	Approve	ICBB/22-23/005
12:00	8	Integrated Care Partnership (ICP) a. Appoint ICB founder member of the ICP b. Development update	Chair	Approve Note	Verbal
12:15	9	CCG closure and due diligence report	Catherine Phillips	Note	ICBB/22-23/006
12:35	10	Questions from the public <i>Pre-submitted questions and answers – none received</i>	Chair		
<b>Closing Business</b>					
12:50	11	Any other business and closing comments	Chair	Note	

**Next meeting in public: 30 August 2022**

## Register of interests for members of the BSW ICB Board, July 2022

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
Stephanie Elsy	ICB Chair	Senior Advisor IMPOWER consulting	X			Direct	2020	Present	Declare when relevant
		Managing Director Stephanie Elsy Associates Ltd	X			Direct	2012	Present	No conflicts have arisen to date, declare when relevant
		Chair Emsworth Forum			X	Direct	2014	Present	No conflicts have arisen, declare when relevant
Sue Harriman	ICB CEO	None							
Gary Heneage	ICB Chief Finance Officer	Wife is a Sport and Exercise Consultant at Circle Hospital in Reading.			X	Indirect	2018	Present	Standing declaration
Gill May	ICB Chief Nurse Officer	None							

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
Dr Amanda Webb	ICB Chief Medical Officer	Salaried GP at Westrop Surgery  Member of GWH Board of Governors	X	X		Direct  Direct	2020  2020	Present  Present	Declaration raised when required. No active involvement in discussions or decisions regarding Westrop Surgery. Declaration raised when required. To be assessed whenever decisions regarding GWH are made and may consider exclusion from discussion and / or decision making.
Julian Kirby	Non-Executive Director - Public and Community Engagement	None							
Claire Feehily	Non-Executive Director - Audit	NED and Audit Chair at Gloucestershire Royal Hospitals NHS FT  Trustee at The Brandon Trust 2020 - current.  Trustee and Audit Chair at The National Lottery Heritage Fund 2018 - current.  Trustee and Chair Stroud and Cotswolds Citizen Advise 2017 - current.	X  X  X	X		Direct  Direct  Direct	2017  2020  2018  2017	Present  Present  Present	All interests - declare as and when necessary, and manage in accordance with the BSW ICB Standards of Business Conduct policy.

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
		Charitable donor to the Sue Ryder Trust of Leckhampton			X	Direct			
Paul Miller	Non-Executive Director - Finance	NED at Salisbury NHS FT until 30/06/22	X			Direct		30 June 2022	Will leave post before joining ICB on 1 July 2022.
		Director and employee of Sparrow Healthcare Consulting Limited, which provides training, coaching, consulting and audit services to a wide range of clients.	X			Direct		Present	Declare as and when necessary. Sparrow Healthcare Consulting Limited will not provide any paid service, whether a contract or a sub-contract, funded directly from BSW ICB
		Wife is a retired senior NHS finance professional, and a volunteer at Hampshire Hospitals NHS FT			X	Indirect			No mitigation required. Declare as and when necessary.
Rory Shaw	Non-Executive Director - Quality	Chairman of Feedback PLC	X	X		Direct	2019	Present	All interests - Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
		NED on the Board of DIOSynVax	X	X		Direct	2020	Present	

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
		Wife is a partner in the Accountancy firm BDO.	X	X		Indirect		Present	
Suzannah Power	Non-Executive Director - People	<p>Bristol, North Somerset, and South Gloucestershire ICB - CVD Programme Board</p> <p>British Heart Foundation and Data Research UK, CVD/COVID-UK Approval and Oversight Board Member</p> <p>Family member is a senior partner at The Tolsey Practice, Sherston, Wiltshire</p>		X	X	<p>Direct</p> <p>Direct</p> <p>Indirect</p>	<p>2021</p> <p>2020</p> <p>2014</p>	<p>Present</p> <p>Present</p> <p>Present</p>	All interests - declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Stacey Hunter	ICB Partner Member NHS Trusts and NHS Foundation Trusts - acute sector	Salisbury NHS Foundation Trust CEO	X	X			2020	Present	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Dominic Hardisty	ICB Partner Member NHS Trusts and NHS Foundation Trusts								

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
	- mental health sector								
Will Godfrey	ICB Partner Member Local Authority - BaNES								
Susie Kemp	ICB Partner Member Local Authority - Swindon								
Terence Herbert	ICB Partner Member Local Authority - Wiltshire	CEO, Wiltshire Council							
Douglas Blair	ICB Partner Member - Community Provider	Managing Director of Wiltshire Health and Care	X	X				Present	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
	ICB Partner Member - primary care								
	ICB Partner member – VCSE								

Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
The following are regular attendees of ICB Board meetings									
Richard Smale	ICB Executive Director of Strategy and Transformation	Coach and Trustee of Keynsham Town Junior Football Club.			X		2003	Present	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Jasvinder Sohal	ICB Chief People Officer	Director – Big Rock Estates Ltd. A property company which my husband has set up and has no current links to health or social care.				Indirect		Present	All interests - declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
		Director – Little Rock Estates Ltd. A property company which my husband has set up and has no current links to health or social care.				Indirect		Present	
		Membership of The Law Society. I am on the Roll of Solicitors as a non-practising solicitor.						Present	
Richard Collinge	ICB Chief of Staff	Community First Responder Volunteer with SWASFT			X			Present	Declare interest at all meetings where SWASFT is being discussed.



Name	Current position/s held in the ICB	Description of interest	Type of interest			Is the interest direct or indirect	The interest is valid		Action taken to mitigate risk
			Financial	Non-financial professional	Non-financial personal		From	To	
Rachel Backler	ICB Executive Director of Planning and Performance								
Jane Moore	ICB Executive Director of Equalities, Innovation and Digital Enterprise	Member of faculty of Public Health  Registered professionally as a Public Health Consultant (ongoing)		X  X				Present  Present	All interests - declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Laura Ambler	Place Director - BaNES	None							
Gordon Muvuti	Place Director - Swindon	Trustee YMCA Southampton			X				Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy
Fiona Slevin-Brown	Place Director - Wiltshire	Son has a bank contract with a local Primary Care provider in Berkshire.				Indirect		Present	Declare as and when necessary, manage in accordance with BSW ICB Standards of Business Conduct policy

## Meeting of the BSW ICB Board

Report Title	BSW ICB governance documents					Agenda item		4
Date of meeting	1 July 2022							
Purpose	Approve		Discuss		Inform		Assure	
Contact for enquiries	Stephanie Elsy, Chair							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
Executive summary	<p>The Chartered Governance Institute defines governance as “the system by which organisations are directed and controlled”. In line with good governance principles, this system should be described, implemented, and transparent to stakeholders within and without the organisation.</p> <p>The Health and Care Act 2022 requires ICBs to have constitutions, and for these constitutions to set out how the ICB makes decisions. The BSW ICB constitution complies with this requirement, and details the documents that describe the ICB’s governance and decision-making framework and processes – the system by which the organisation is directed and controlled – , namely:</p> <p>a) Scheme of Reservations and Delegations (SoRD) – sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated; identifies where, or to whom, functions and decisions have been delegated to</p> <p>b) Functions and Decision Map – a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system</p>							

Report Title	BSW ICB governance documents				Agenda item	4		
	<p>c) Standing Financial Instructions – which set out the arrangements for managing the ICB’s financial affairs</p> <p>d) The ICB Governance Handbook – which brings together all the ICB’s governance documents, so it is easy for interested people to navigate. It includes:</p> <ul style="list-style-type: none"><li>the above documents a) – c)</li><li>terms of reference for all committees and sub-committees of the Board that exercise ICB functions – cf. item 5</li><li>delegation arrangements for ICB functions that are delegated to another organisation, as permitted – this is as yet not applicable to the BSW ICB</li><li>terms of reference of any joint committee of the ICB and another organisation – cf. item 5</li><li>the up-to-date list of eligible providers of primary medical services</li><li>key policy documents – cf. item 7</li></ul> <p>Per BSW ICB Constitution section 1.7, and in line with national policy, these documents form part of the BSW ICB governance handbook and will be published on the BSW ICB website. This aids and contributes to the ICB’s transparency of decision-making arrangements, and public accountability for its processes.</p>							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	<p>The Board is asked to <b>approve</b> the</p> <ul style="list-style-type: none"><li>BSW ICB Standing Financial Instructions</li><li>BSW ICB Scheme of Reservation and Delegation</li><li>BSW ICB Functions and Decisions Map</li></ul>							
Risk (associated with the proposal / recommendation)	High		Medium	x	Low		N/A	
Key risks	Failure to approve and implement the documents that determine and describe the ICB’s governance framework would lead to lack of							

Report Title	BSW ICB governance documents	Agenda item	4
	clarity and intransparency re the decision-making processes of the ICB and its committees. This would render the ICB ineffective in the discharging of its functions and duties, and would obscure responsibilities and accountabilities.		
Impact on quality	The ICB’s ability to make decisions contributes to the improvement of patient safety, clinical effectiveness and/or patient experience.		
Impact on finance	N/A		
	Finance sign-off: [insert name]		
Conflicts of interest	N/A		

## Meeting of the BSW ICB Board

Report Title	BSW ICB committees					Agenda item		5
Date of meeting	1 July 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Contact for enquiries	Stephanie Elsy, Chair							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
Executive summary	<p>The BSW ICB Board can establish committees to support the ICB in discharging its duties and functions. The BSW ICB constitution makes provisions for this, and sets out the requirement for committees to have Terms of Reference (ToRs) which should be published as part of the BSW ICB governance handbook. The Board remains accountable for all functions, including those that it has delegated to committees and sub-committees and, therefore, appropriate reporting and assurance arrangements are in place and documented in the ToR.</p> <p>The BSW ICB functions and decisions map (cf. item 4) is a summary visual representation of the committees and governance structure.</p> <p>ICBs are required to maintain a Remuneration Committee and an Audit Committee. In addition, national guidance requires integrated care systems to maintain a System Quality Group for intelligence-sharing and improvement across system partners, and advises ICBs to create a Quality Committee to provide assurance to the ICB that it is fulfilling its statutory duties as to quality.</p> <p>The development of the ToRs for BSW ICB committees took account of guidance and model ToRs that were issued by NHSE, the National Quality Board, and HFMA.</p>							

Report Title	BSW ICB committees	Agenda item	5
	<p>As part of the preparation work to establish the BSW ICB, the draft ToRs were discussed with the Non-Executive Directors (NEDs) designate of the BSW ICB Board and ICB Executives designate.</p> <p>The Board's NEDs have been identified as the Chairs of the Committees, apart from the System Quality group which will be chaired by the ICB Chief Nurse Officer, per national guidance.</p> <p>Per the national ICB establishment timeline, the ToRs were submitted to the regional NHSE South West team.</p> <p>It is acknowledged that as the ICB evolves after establishment, these committee ToR may require review to ensure that 'form follows function' and committees are fit for purpose. Development is anticipated in particular with regards to place governance, where the proposal is to adopt the ToRs of the Local Commissioning Groups (committees in common with mirroring local authority groups) to enable safe decision-making while development of place governance continues. The ICB constitution and the ToRs themselves make provisions for such review.</p>		
Equality Impact Assessment	N/A		
Public and patient engagement	N/A		
Recommendation(s)	<p>The Board is asked to <b>approve</b> the establishment of the BSW ICB committees, the committees' Terms of Reference, and the appointment of the committees' Chairs:</p> <ul style="list-style-type: none"> <li>a. BSW ICB Audit Committee, Chair Claire Feehily, NED (Audit)</li> <li>b. BSW ICB Remuneration and Nominations Committee, Chair Suzannah Power, NED (Remuneration and People)</li> <li>c. BSW ICB Finance Committee, Chair Paul Miller, NED (Finance)</li> <li>d. BSW ICB Quality Committee, Chair Rory Shaw, NED (Quality)</li> <li>e. BSW System Quality Group, Chair Gill May, Chief Nurse Officer</li> <li>f. BSW ICB People Committee, Chair Suzannah Power, NED (Remuneration and People)</li> <li>g. BSW ICB Commissioning Assurance Committee, Chair Paul Miller, NED (Finance)</li> <li>h. BSW ICB Community Engagement Committee, Chair Julian Kirby, NED (Public and Community Engagement)</li> </ul>		

<b>Report Title</b>	BSW ICB committees					<b>Agenda item</b>	5
	i. BSW ICB Primary Care Commissioning Committee, Chair Paul Miller, NED (Finance) j. Locality Commissioning Groups, adopt ToRs						
<b>Risk (associated with the proposal / recommendation)</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	<b>x</b>	<b>N/A</b>
<b>Key risks</b>	The establishment of committees supports the Board in discharging its functions. Terms of Reference describe remit, membership and procedures of the committees, therefore providing clarity and transparency re the ways in which the ICB makes decisions. If ToRs are not approved, this has an impact on the ICB's ability to make decisions and take assurance as to the discharging of its functions and duties.						
<b>Impact on quality</b>	The ICB's ability to make decisions, and transparency re responsibilities and accountabilities, contributes to the improvement of patient safety, clinical effectiveness and/or patient experience.						
<b>Impact on finance</b>	N/A						
	<b>Finance sign-off:</b> [insert name]						
<b>Conflicts of interest</b>	N/A						

## Meeting of the BSW ICB Board

Report Title	Appointments – ICB Board level champions					Agenda item		6
Date of meeting	1 July 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Contact for enquiries	Stephanie Elsy, Chair							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
Executive summary	<p>National guidance requires ICBs to identify Board-level champions for specific topical areas where non-executive Board level oversight is deemed appropriate and beneficial, e.g. in the mitigation and management of risks. The roles should therefore be assigned to ICB NEDs.</p> <p>These roles are:</p> <p>a. <b>Conflicts of Interest Guardian</b>, whose role is described in the BSW ICB constitution. The constitution stipulates that the NED Audit should be appointed to this role. The role’s function is to act as a conduit and independent safe point for employees and members of the public who have, or wish to raise, any concerns with regards to conflicts of interest. The Conflicts of Interests Guardian is also expected to support the rigorous application of conflict of interest principles and policies; and to provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.</p> <p>b. <b>Wellbeing Guardian</b>, whose role is to empower a wellbeing culture within the organisation; champion equality, diversity and inclusion; provide oversight, assurance and support to the Board</p>							



<b>Report Title</b>	Appointments – ICB Board level champions	<b>Agenda item</b>	6					
	<p>to fulfil its responsibility in ensuring colleagues' health and wellbeing</p> <p>c. <b>Emergency Preparedness, Resilience and Response (EPRR) champion</b>, whose role is to work in-conjunction with the organisations Accountable Emergency Officer (AEO) and Head of EPRR to stay informed of the planning and response required of BSW ICB incl. as a Category 1 responder under the Civil Contingencies Act.</p> <p>d. <b>Freedom to Speak Up Guardian</b>, which is a role identified in the <u>Freedom to Speak Up review</u> and acts as an independent and impartial source of advice to colleagues at any stage of raising a concern about risk, malpractice or wrongdoing that colleagues think may harm the services that the ICB commissions, and the people using these services.</p>							
<b>Equality Impact Assessment</b>	N/A							
<b>Public and patient engagement</b>	N/A							
<b>Recommendation(s)</b>	<p>The Board is asked to <b>approve</b> the appointments of:</p> <p>a. Conflicts of Interest Guardian - Claire Feehily, NED (Audit)</p> <p>b. Wellbeing Guardian -</p> <p>c. Emergency Preparedness, Resilience and Response (EPRR) champion -</p> <p>d. Freedom to Speak Up Guardian -</p>							
<b>Risk (associated with the proposal / recommendation)</b>	High		Medium		Low	x	N/A	
<b>Key risks</b>								
<b>Impact on quality</b>								
<b>Impact on finance</b>	N/A							
	<b>Finance sign-off:</b> [insert name]							

<b>Report Title</b>	Appointments – ICB Board level champions	<b>Agenda item</b>	6
<b>Conflicts of interest</b>	N/A		

## Meeting of the BSW ICB Board

Report Title	Approval and adoption of BSW Integrated Care Board policies					Agenda item		7a
Date of meeting	1 July 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Contact for enquiries	Anett Loescher, Deputy Director of Corporate Affairs; Gill May, Chief Nurse Officer; Nadine Fox, Director Medicines Optimisation and Clinical Policies							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
Executive summary	<p>In support of the BSW CCG transition to ICB, the policies in place in BSW CCG have been assessed. This paper lists the policies from BSW CCG that are to be adopted by BSW ICB. Each policy has been reviewed and assessed for risk by the Executive Team. Where policies required updating to ensure that they are suitable and complete, this has been undertaken by the CCG in preparation for the BSW ICB establishment and in line with expectations as to readiness to operate and due diligence.</p> <p>Some policies have been identified as requiring consideration and signoff by the ICB Board as they have been identified as key documents supporting the transition or are statutory requirements (namely Public Engagement and Involvement Strategy/Policy, Standards of Business Conduct Policy, Emergency Planning Resilience and Response (EPRR) Policy, and Health and Safety Management Policy). These policies are presented separately to the ICB Board for approval.</p>							
Equality Impact Assessment	N/A							

Report Title	Approval and adoption of BSW Integrated Care Board policies					Agenda item		7a
Public and patient engagement	N/A							
Recommendation(s)	The ICB Board is asked to <b>approve</b> the policies listed at Appendix 1 and Appendix 2 for use within BSW ICB.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	It is important that BSW ICB has policies in place that correctly represent legislation and direct the activities of the organisation. Policies form part of the Governance Framework supporting the day-to-day work of the ICB. Policies are, however, a weak form of control as they rely on BSW ICB colleagues to implement and follow them.							
Impact on quality	Clinical policies have separate arrangements for creation and review, and were approved at the former CCG QPAC Committee, to ensure that policies and relates procedure and processes reflect latest NICE guidance, good practice etc.							
Impact on finance	N/A							
	Finance sign-off: [insert name]							
Conflicts of interest	N/A							

## **BSW ICB POLICIES**

### **1. Executive Summary**

- 1.1 Bath and North East Somerset, Swindon and Wiltshire (BSW) CCG had numerous policies in place to guide how colleagues operate. These policies reflected key legislation and NHS guidance. In support of the BSW CCG transition to an Integrated Care Board (ICB) and as part of due diligence, the policies have been assessed.
- 1.2 The aim has been to provide full policy coverage to BSW ICB from inception. Where necessary, policies have been rewritten incorporating latest guidance. Where policies are still within their review date a risk-based approach has been taken to decide whether they require review and re-approval. In some cases, policy review dates have been extended.
- 1.3 It is intended that a number of policies will be reviewed during the first year of the ICB to reflect updated operational arrangements.

### **2. Recommendation(s)**

- 2.1 The BSW ICB Board is asked to adopt the BSW CCG corporate policies listed at Appendix 1 for use within the ICB.
- 2.2 The BSW ICB Board is asked to adopt the BSW CCG clinical policies listed in Appendix 2 for use within the ICB.

### **3. Background / Statutory Considerations and Basis for Proposal**

- 3.1 Organisational policies detail the decisions of management and reflect statutory requirements and NHS guidance, providing detail to colleagues and stakeholders. There is an understanding that policies can be relied on in legal proceedings and that colleagues are aware of them and are required to abide by them.
- 3.2 BSW CCG had in place a considerable number of policies (corporate and human resources, or clinical). BSW CCG maintained a register of approved policies and operates strict approval and archiving arrangements. Human Resources policies are reviewed and managed by South Central & West CSU ConsultHR and included on the policy register. Clinical policies are reviewed and managed by the BSW Clinical Policies Team and are not included on the policy register but recorded separately.
- 3.3 The Director of Corporate Affairs presented a paper to the Executive Team in March 2022 proposing how the policies would be reviewed for BSW ICB.
- 3.4 Key policies were identified as evidence for transition and were assigned to CCG lead managers for review as part of transformation arrangements. The Public Engagement and Involvement Strategy/Policy and the Standards of Business Conduct Policy were submitted as part of the Readiness to Operate arrangements and will be presented to the ICB Board for consideration and approval.

- 3.8 A risk-based approach was taken to decide which CCG policies required a review and potentially re-writing prior to ICB transition. These policies were assigned to CCG lead managers and once prepared were taken through the CCG policy approval process. This review process identified that the Health & Safety Management Policy and the Emergency Planning Resilience and Response (EPRR) Policy should be re-written for the ICB and separately taken to the ICB Board for consideration and approval. The process also identified that some policies were still valid and required no changes or that it was important that the policy waited for full review until the ICB was in operation.
- 3.9 Due to the nature of some policies, it was agreed that their review dates could be extended to 31 March 2023 to resource other priority tasks. Other policies were within their review dates, and it was agreed that no changes were needed, these should be adopted by the ICB and reviewed as business as usual.
- 3.10 The policies for adoption by the ICB are listed at Appendix 1 and Appendix 2 to this paper and available on request. Once adopted/approved, policies are made available to colleagues on the intranet with clinical policies and some corporate policies made available on the website.

#### **4. Other Options Considered**

- 4.1 It was considered whether all policies should be reviewed and reapproved before transition to ICB but it was agreed that this would take lead managers away from other important tasks. The adoption of these policies and a slower pace review was agreed to provide a more informed and judicious approach.
- 4.2 The risk-based consideration of the CCG policies identified key policies that are either required as evidence for transition or needed to provide a firm foundation for the ICB from inception. Taking the approach to 'do nothing' and adopt the current CCG policies would have caused the ICB to be operating under a set of policies with some not fit for purpose.

#### **5. Resource Implications**

- 5.1 The review, consultation and approval of policies is labour intensive and requires time to be devoted to the task by authors, consultative groups and approving committees/groups/forums. However, it is expected that this process is part of business as usual and is completed without additional resources.

#### **6. Consultation**

- 6.1 Draft BSW CCG policies have been shared with appropriate committees, groups and individuals for agreement.

## 7. Risk Management

- 7.1 It is important that BSW ICB has policies in place that correctly represent legislation and direct the activities of the organisation. Policies form part of the Governance Framework supporting the day-to-day work of the ICB. Policies are, however, a weak form of control as they rely on BSW CCG colleagues to implement and follow them and are supplemented with other control mechanisms.

## 8. Next Steps

- 8.1 It is proposed that Corporate Affairs will continue to provide policy management for BSW ICB and hold a policy register. The BSW Clinical Policy Team will continue to manage the review and approval of clinical policies.
- 8.2 Adopted policies will be reviewed as part of the ongoing programme reflecting developing management arrangements, relationships and contracts, in line with their review dates and will be approved by ICB committees in line with the delegation of responsibilities.
- 8.4 All approved and adopted policies will be available to colleagues via the intranet and key policies and clinical policies will be made available to the public on the website. All policies can be obtained by the public in line with the Freedom of Information Act 2000.

<b>Equality and Diversity</b>	Applicable		Not applicable	x
Individual Equality Impact Assessments will be carried out for policies as part of the development and approval process.				

<b>Health Inequalities Assessment</b>	Applicable		Not applicable	x
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<b>Public and Patient Engagement</b>	Applicable		Not applicable	x
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## APPENDIX 1

### BSW CCG policies to be adopted by BSW ICB Board on 1 July 2022

Policy Title	CCG Directorate	Review Date
Acceptable Use of IT Policy	Finance & Information	Jun-23
Adult Continuing Healthcare Policy	Quality	Oct-23
Annual Leave Policy	People & OD	Jan-23
Anti Fraud, Bribery and Corruption Policy	Finance & Information	Apr-23
Appeals Policy	People & OD	Mar-23
Bullying and Harassment Policy	People & OD	Jan-23
Career Break Policy	People & OD	Jan-23
CHC Dispute Resolution Policy	Quality	Jun-23
CHC Local Resolution Policy	Quality	Jun-23
Children's Continuing Healthcare Policy	Quality	Jun-23
Colleague Health & Wellbeing Policy	People & OD	Mar-23
Compassionate Employment Aspirations (End of Life) Policy	People & OD	Mar-23
Compliments, Concerns and Complaints Policy	Quality	Jan-23
Confidentiality and Safe Haven Policy	Finance & Information	Apr-23
Data Quality Policy	Quality	Apr-23



Policy Title	CCG Directorate	Review Date
Disciplinary Policy	People & OD	Jan-23
Domestic Violence & Abuse Policy	People & OD	Jul-23
Exceptional Funding Requests, Prior Approval and Criteria Based Access Policy	Medical	Mar-23
Freedom of Information Policy	Finance & Information	Apr-23
Freedom to Speak up: Raising Concerns Policy	People & OD	Feb-23
Fully Funded Adult Continuing Healthcare Choice and Resource Allocation Policy	Quality	Oct-23
Grievance Policy and Procedure	People & OD	Jan-23
Individual Rights Policy	Finance & Information	Apr-23
Information Governance Framework	Finance & Information	Apr-23
Information Security Policy	Finance & Information	Apr-23
Learning Disabilities (Challenging Behaviour) CTR and Blue Light Protocol Guidance and Policy (Adults and Children)	Quality	Mar-23
Management of Vexatious Applicants Policy	Finance & Information	Apr-23
Management Sickness Absence Policy and Procedure	People & OD	Mar-23
Managing Poor Performance Policy	People & OD	Apr-23
Maternity, Paternity, Adoption and Shared Parental Leave Policy	People & OD	Feb-23
Mental Capacity Act and Deprivation of liberty Policy and Procedure	Quality	Jun-23

Policy Title	CCG Directorate	Review Date
Non-Emergency Patient Transport Policy	Commissioning	Nov-22
Organisational Change Policy	People & OD	Mar-23
Other Leave Policy	People & OD	Apr-23
Overpayment and Underpayment Correction Policy	People & OD	Apr-23
Pay Protection Policy	People & OD	Jan-23
Personal Health Budgets Policy	Quality	Mar-23
Policy for the development, approval and management of policies	Corporate Affairs	Apr-23
Prevent Policy	Quality	Apr-24
Probation Policy	People & OD	Jan-23
Procurement Policy	Finance & Information	Mar-23
Professional Registration Policy	People & OD	Apr-23
Records Management Policy	Finance & Information	Apr-23
Recruiting Ex-offenders Policy	People & OD	Jan-23
Recruitment & Selection Policy	People & OD	Feb-23
Research Governance Policy - BaNES CCG	Quality	Mar-23
Research Policy - Swindon CCG	Quality	Mar-23
ReSPECT Policy	Quality	Jun-23

Policy Title	CCG Directorate	Review Date
Retirement Award for Long Service Policy	People & OD	Mar-23
Retirement Policy	People & OD	Jan-23
Risk Stratification Policy	Finance & Information	Dec-23
S117 Funding Policy	Commissioning	Apr-23
Safeguarding Adults, Children and Looked After Children Policy	Quality	Jun-23
Secondment Policy	People & OD	Mar-23
Security Management Policy	Corporate Affairs	Oct-23
Serious Incident Policy	Quality	May-23
Social Media Policy	Corporate Affairs	Jul-22
Temporary Promotion Policy	People & OD	Apr-23
Travel and Expenses Policy	People & OD	Apr-23
Ways of Working Policy	People & OD	Jan-24
Working Time Directive Policy	People & OD	Jan-23

## APPENDIX 2

### BSW CCG clinical policies to be adopted by BSW ICB Board ON 1 July 2022

Policy I.D	Policy Name	Review date
BSW-ICB-CP001	Abdominoplasty	Mar-25
BSW-ICB-CP002	Ectropion	Mar-24
BSW-ICB-CP003	Cataracts	Jun-24
BSW-ICB-CP004	Micro-suction	Sep-24
BSW-ICB-CP005	Tonsillectomy	Dec-24
BSW-ICB-CP006	Aesthetic Surgery	Mar-25
BSW-ICB-CP007	Breast Policy - Cosmetic	Mar-21 - In progress
BSW-ICB-CP008	Blepharoplasty	Mar-25
BSW-ICB-CP009	Body contouring procedures	Mar-25
BSW-ICB-CP010	Carpal tunnel	Jun-25
BSW-ICB-CP011	Cholecystectomy	Mar-25
BSW-ICB-CP012	Complimentary & alternative Medicines	Nov-22
BSW-ICB-CP013	Circumcision	Jun-25
BSW-ICB-CP014	Discectomy	Mar-25
BSW-ICB-CP015	Dupuytren's	Oct-24
BSW-ICB-CP016	Ear Lobe repairs	Jul-25
BSW-ICB-CP017	Ganglions	Oct-23
BSW-ICB-CP018	Hernia	Nov-24
BSW-ICB-CP020	Hysterectomy for menorrhagia	Mar-21 - In progress
BSW-ICB-CP021	Pinnaplasty	Mar-25
BSW-ICB-CP022	Assisted Conception Policy	Jan-25
BSW-ICB-CP023	Snoring	Mar-25
BSW-ICB-CP024	Trigger Finger	Oct-23
BSW-ICB-CP025	Reversal of sterilisation	Jul-25
BSW-ICB-CP026	Breast reconstruction post breast cancer & risk reduction surgery	Mar-21 - In progress
BSW-ICB-CP027	Adenoidectomy	Nov-24
BSW-ICB-CP029	Tattoo	Jul-25
BSW-ICB-CP030	Wigs	Mar-25
BSW-ICB-CP031	Entropion	Jul-25
BSW-ICB-CP032	Bunions	Mar-25
BSW-ICB-CP034	Chalazion	Mar-25
BSW-ICB-CP036	Haemorrhoids	Jul-23
BSW-ICB-CP038	Varicose veins	Mar-25
BSW-ICB-CP039	Lower back pain and sciatica	Mar-25
BSW-ICB-CP040	Botox - Management of bladder dysfunction	Mar-21 - Under review
BSW-ICB-CP041	Chronic Fatigue	Mar-23
BSW-ICB-CP042	Botox - Anal Fissure	Mar-21 - Under review

Policy I.D	Policy Name	Review date
BSW-ICB-CP043	Botox - Focal Spasticity	Mar-21 - Under review
BSW-ICB-CP044	Botox - Other treatments	Mar-21 - Under review
BSW-ICB-CP046	Female Genital Cosmetic Surgery	Mar-23
BSW-ICB-CP047	Brow lift	Jul-25
BSW-ICB-CP048	Benign skin lesions	Mar-21 - Under review
BSW-ICB-CP049	Open MRI	Jul-25
BSW-ICB-CP050	Skin lesions (BCC)	Mar-21 - Under review
BSW-ICB-CP051	Knee arthroscopy	Jul-23
BSW-ICB-CP052	CGM - Freestyle Libre	Jun-22
BSW-ICB-CP053	Shoulder Impingement	Mar-21 - Under review
BSW-ICB-CP054	FES - Functional Electrical Stimulation	Sep-23
BSW-ICB-CP055	Exogen (Low-intensity Pulsed Ultrasound for Fracture Healing (LIPUS)	Sep-23
BSW-ICB-CP058	Management of patients moving in and out of BSW	Jul-23
BSW-ICB-CP059	Preservation of Fertility	Jul-25
BSW-ICB-CP060	Overriding Document - EFR, PA & CBA Policy	Jul-25
BSW-ICB-CP061	Getting as fit as possible for surgery	Jul-23
BSW-ICB-CP062	General Principles for Funding Approval	Jul-25
BSW-ICB-CP063	Statement on European Cross Border Health Care	Jul-23
BSW-ICB-CP064	Defining the boundaries between NHS and private healthcare	In progress
BSW-ICB-CP065	Private treatments	Aug-23

## Meeting of the BSW ICB Board

Report Title	Approval and adoption of BSW Integrated Care Board policies – Standards of Business Conduct policy, and Public and Communities Engagement policy					Agenda item		7b and 7c	
Date of meeting	1 July 2022								
Purpose	Approve	x	Discuss		Inform		Assure		
Contact for enquiries	Anett Loescher, Deputy Director of Corporate Affairs								
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality		
Executive summary	<p>Section 14Z30 of the 2006 Act requires ICBs to make arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not (and do not risk appearing to) affect the integrity of the ICB’s decision-making processes. ICBs are required to have, and publish, a policy for the management of conflicts of interests. This is the BSW ICB Standards of Business Conduct policy.</p> <p>Section 14Z45(2) of the 2006 Act requires ICBs to make arrangements to ensure that individuals to whom services are, or are to be, provided through arrangements made by the ICB, and their carers and representatives, are involved in the planning of the commissioning arrangements by the ICB. In particular when proposals by the ICB would have an impact on how services are delivered, or the range of health services available to individuals. The ICB must make arrangements to consult its population on its system plan, and these arrangements are to be set out in the ICB’s policy on public engagement and involvement. The BSW ICB Public and Communities Engagement policy is anticipated to evolve.</p>								

Report Title	Approval and adoption of BSW Integrated Care Board policies – Standards of Business Conduct policy, and Public and Communities Engagement policy					Agenda item		7b and 7c
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The ICB Board is asked to <b>approve</b> the BSW ICB Standards of Business Conduct policy, and the BSW ICB Public and Communities Engagement policy.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	It is important that BSW ICB has policies in place that correctly represent legislation and direct the activities of the organisation. Policies form part of the Governance Framework supporting the day-to-day work of the ICB.							
Impact on quality	Policies that enable and ensure safe and transparent decision-making contribute to the quality of services, as do policies that ensure and empower the involvement and engagement of the population in service planning.							
Impact on finance	N/A							
	Finance sign-off: [insert name]							
Conflicts of interest	N/A							



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Integrated Care Board

## **BSW ICB STANDARDS OF BUSINESS CONDUCT POLICY**



<b>Title:</b>	<b>DRAFT BSW ICB Standards of Business Conduct Policy</b>		
<b>Version:</b>	V0.3	<b>Recommended Review Date:</b>	April 2023 or sooner if / when statutory guidance is released
<b>Approval Date:</b>	July 2022	<b>Approving Committee:</b>	ICB Board
<b>Document Manager:</b>	Deputy Director of Corporate Affairs	<b>Document Sponsor:</b>	
<b>Purpose:</b>	<p>This policy details the expectations regarding standards of business conduct for the Integrated Care Board (ICB), including</p> <ul style="list-style-type: none"> <li>- the management of conflicts of interest, gifts and hospitality, and sponsorship.</li> <li>- outside / secondary employment.</li> <li>- speaking on behalf of the organisation.</li> </ul> <p>This policy supports the ICB constitution.</p>		
<b>Key information:</b>	<p>This policy reflects and supports the seven principles of public life set out by the Nolan Committee.</p> <p>"Bribery" is the practice of offering something in exchange for benefits. The ICB has a strict zero tolerance policy towards bribery and corruption. The Fraud Act 2006 created a criminal offence of fraud. No individual must use their position to gain advantage. For detailed information refer to the Anti-Fraud, Bribery and Corruption Policy.</p> <p>It is ICB policy that no individual party to personal, sensitive or confidential material during their work for or with the ICB will disclose this information or further process it outside the scope of their employment. Refer to the Confidentiality &amp; Safe Haven Policy for further information.</p> <p>A conflict of interest is a set of conditions/circumstances in which an individual's ability to exercise objective judgement or act objectively in a role is, could be, or is seen to be impaired or otherwise influenced by their involvement in another role or relationship. All ICB colleagues, including consultants, students, trainees, agency, seconded colleagues, and members of the ICB Board and of committees and sub-committees incl. those who are not ICB employees will be asked on an annual basis to declare any actual and potential conflicts of interests.</p> <p>The Chair of a meeting should consider ahead of each meeting if conflicts are likely to arise, ascertain in the meeting whether members have interests to declare, and how interests should be managed, documenting the management action in the minutes.</p> <p>Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment or office.</p> <p>The ICB will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers, and compliant with relevant law. The involvement of the SCW CSU will provide additional assurance.</p>		

	<p>No individual acting on behalf / for the ICB should ask for or accept gifts, hospitality or sponsorship from any individual or organisation that might be construed as being able to influence any decision or cast doubt on ICB integrity.</p> <p>Individuals must obtain prior permission to engage in secondary employment.</p> <p>It is the duty of every ICB colleague, including consultants, students, trainees, agency, seconded colleagues, and members of the ICB Board and of committees and sub-committees incl. those who are not ICB employees to speak up about genuine concerns in relation to the declaration of conflicts of interest. Incidents will be investigated and may be reported to LCFS, NHS England and details given on the ICB website.</p> <p>Advice may be sought from the Deputy Director of Corporate Affairs or the Conflict of Interests Guardian.</p>
<b>Specific colleagues / teams:</b>	<p>This policy applies to ICB colleagues, including consultants, students, trainees, agency staff, seconded colleagues, bank staff, and members of the ICB Board and of committees and sub-committees incl. those who are not ICB employees and those contracted to work on behalf of the ICB.</p>
<b>Tables/ Flowcharts:</b>	<p>When to make a declaration of interest:</p> <ul style="list-style-type: none"> <li>• On application for a post</li> <li>• On appointment</li> <li>• On changing role or responsibility</li> <li>• As an annual refresher</li> <li>• Within 28 days of an interest arising (or an interest ceasing)</li> <li>• At meetings where your interest may have some bearing on an agenda item</li> </ul> <p>Gifts, Hospitality and Sponsorship Quick Guide:</p> <p><b>GIFTS</b></p> <ul style="list-style-type: none"> <li>• DECLINE gifts of any nature from providers/suppliers (Current or potential), and DECLARE the offer</li> <li>• Accept trivial promotional gifts (calendars, pens) with a value under £6</li> <li>• Accept gifts from the public up to value of £50 (flowers, biscuits)</li> <li>• DECLINE gifts from the public or multiple gifts in a year that value over £50 DECLARE</li> <li>• DECLINE any gifts of money or money equivalents DECLARE</li> </ul> <p>Declare any offers of gifts within 28 days of offer, whether they are accepted or not</p> <p><b>HOSPITALITY</b></p> <ul style="list-style-type: none"> <li>• Accept up to value of £25 – similar scale to what ICB would offer</li> <li>• Accept up to value of £75 but requires prior authorisation DECLARE</li> </ul>

	<ul style="list-style-type: none"> <li>• DECLINE if value over £75 DECLARE</li> </ul> <p>Declare within 28 days of offer</p> <p><b>SPONSORSHIP</b></p> <ul style="list-style-type: none"> <li>• sponsorship must not compromise commissioning or purchasing decisions</li> <li>• it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance</li> <li>• no information should be supplied to the sponsor from which they could gain a commercial advantage, or which is not normally in the public domain</li> <li>• where events are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings</li> </ul> <p>Declare ALL offers of sponsorship within 28 days and seek authorisation</p>
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# BSW STANDARDS OF BUSINESS CONDUCT POLICY

## 1.0 INTRODUCTION AND PURPOSE

This policy details the expectations regarding standards of business conduct for the Bath and Northeast Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (the ICB) including the management of conflicts of interest.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012, and the Health and Care Act 2022) (“the Act”) established provisions for all Integrated Care Boards (ICBs) to manage actual and potential Conflicts of Interests to ensure that they do not affect or appear to affect the integrity of the ICB’s decision-making processes and maintain registers of those interests. Section 14O of the Act sets out the minimum requirements of what ICBs must do in terms of managing conflicts of interest. These requirements are supplemented by procurement-specific requirements in the NHS (Procurement, Patient Choice and Competition) (No 2) regulations 2013. NHS England published “Managing Conflicts of Interest: Revised Statutory Guidance for CCGs” in June 2017.

The ICB Governing Body determines to safeguard clinically lead commissioning, whilst ensuring objective investment decisions. The ICB recognises that a perception of wrongdoing, impaired judgement or undue influence alone can be detrimental. The ICB will inspire confidence and trust in the NHS managing any potential conflicts of interest and enabling commissioners to demonstrate that they are acting fairly and transparently and in the best interests of their patients and local populations.

This policy reflects and supports the seven principles of public life set out by the Nolan Committee and the ICB expects all members of its Board, committees and sub-committees and those who take decisions where they are acting on behalf of the public or spending public money to adhere to these principles, which are:

**Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

**Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

**Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

**Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

**Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

**Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public

interest.

**Leadership** – Holders of public office should promote and support these principles by leadership and example.

This policy supports a culture of openness and transparency in business transactions. All individuals are required to:

- ensure that the interests of patients remain paramount at all times.
- be impartial and honest in the conduct of their official business.
- use public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- ensure that they do not abuse their official position for personal gain or to the benefit of their family or friends.
- ensure that they do not seek to advantage or further private or other interests in the course of their official duties.

The requirements of the Constitution, Standing Orders, Scheme of Reservation and Delegation, and Standing Financial Instructions will prevail over requirements of this policy where conflicting advice is given. This policy should be read in conjunction with the Anti-Fraud, Bribery and Corruption Policy, and the Freedom to Speak Up Policy.

## **2.0 SCOPE AND DEFINITIONS**

### **2.1 Scope**

This policy applies to:

- ICB colleagues, including consultants, contracted clinical experts and pathway leads, students, trainees, agency staff, seconded colleagues, bank staff
- Members and their deputies of the ICB Board and of committees and sub-committees incl. those who are not ICB employees Members of the BSW ICB Board, committees, sub-committees and sub-groups including co-opted members, appointed deputies and members from other organisations.
- Contractors of the ICB.
- Third parties acting on behalf of the ICB, (including commissioning support, shared services, and individuals acting as senior responsible officers (SROs) for ICB programmes of work and work streams.

These are collectively referred to as ‘individuals’ hereafter.

### **2.2 Definitions**

**Benefit:** Making a gain or avoiding a loss, be that financial or non-financial.

**Bribery:** Offering, promising or giving/requesting, agreeing to receive or accepting a payment or a benefit-in-kind to influence others to use their position in an improper way to gain an advantage or as a reward for having

done so.

Conflict of interest:	A set of circumstances by which a reasonable person would consider that an individual's ability to exercise judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. <sup>1</sup>
Decision making individuals:	<p>Members of the ICB, of the ICB Board, of any ICB committees and sub-committees, of advisory groups, of programme boards.</p> <p>Staff who have the power to enter into contracts on behalf of their organisation or who are involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment, and formulary decisions. This normally includes ICB Executive directors; ICB staff on Agenda for Change band 8d and above; ICB budget holders; Senior Responsible Officers (SROs) in charge of programme boards or work streams</p>
Family member:	A spouse, civil partner, or partner living in the same residence; siblings; parents; grandparents; children; grandchildren; adults, who may or may not be living in the same residence, for whom the individual is legally responsible.
Fraud:	A dishonest act with a view to attempting to make a gain or causing a loss for themselves or another.
Gifts:	Any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value.
Hospitality:	Provision of services such as meals, refreshments, travel, accommodation, visits, entertainment, courses, lectures etc.
Loyalty interest:	The existence of interests which an individual has to two or more organisations or bodies or individuals which might give rise to a conflict of interest with regard to their primary duty to the NHS.
Material interest:	An interest which a reasonable person would consider when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.



Outside employment:	Employment and other engagements with an organisation other than the ICB, outside formal employment arrangements, including directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to organisations likely to do business with the NHS.
Prejudicial interest:	A personal interest of such significance that it is likely to prejudice judgement.
Shareholdings:	Shareholdings in private or not-for-profit companies (including interests in partnerships and limited liability partnerships), publicly listed companies (which the individual is aware or should be aware that the employing organisation contracts or is considering contracting with). There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.
Sponsorship:	Full or partial funding and/or supply of materials for an event run by another organisation.

### 3.0 PROCESS / REQUIREMENTS

All individuals in scope of this policy should observe the principles of good conduct in the way they do business. Individuals should always:

- Adhere to the [seven key principles of the NHS Constitution](#)
- Comply with the requirements of the ICB Constitution and ICB policies regarding business conduct<sup>1</sup> and be aware of the responsibilities outlined within.
- Act in good faith and in the interests of the ICB and follow the ‘Seven Principles of Public Life, set out by the Committee on Standards in Public Life’ (the [Nolan Principles](#)) 1995
- Adhere to [Good Governance Standards for Public Services](#) (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA)
- Adhere to [Standards](#) for members of NHS boards in England (2013)
- Act with regard to the [UK Corporate Governance Code](#)
- Adhere to the Equality Act 2010

### 3.1 Prevention of corruption

#### 3.1.1 Bribery Act 2010

The Bribery Act 2010 makes it easier to tackle bribery offences proactively, creating specific

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<sup>1</sup> Policies that govern how the ICB goes about its business include: Anti-corruption, -bribery and -fraud policy; Procurement policy; Public involvement and engagement policy; Freedom to Speak Up policy

criminal offences which carry custodial sentences of up to 10 years and unlimited fines. The Act introduced a corporate offence which means that most organisations across the public, private and charitable sectors will be exposed to criminal liability for failing to prevent bribery.

The ICB has a strict zero tolerance policy towards bribery and corruption and will ensure all colleagues are aware of the Act and its implications.

In its simplest terms, "bribery" is the practice of offering something in exchange for benefits. Whilst money is a classic form of bribe, bribes can also be more intangible, and they might include things like the offer of property, valuable objects, or a promise to perform a particular service in the future. In order to be considered a bribe, there must be an offer and acceptance with the understanding that the individual who accepts the bribe will be doing something in return. This differentiates 'bribes' from 'gifts' offered in genuine good will, and distinguishes 'bribery' from 'tipping', a practice in which gifts are offered in return for good service. Please refer to section 3.4.1 for the recording of gifts.

Under the Bribery Act 2010, there are four offences:

- Bribing, or offering to bribe, another person(s)
- Requesting, agreeing to receive or accepting a bribe
- Bribing, or offering to bribe, a foreign public official
- Failing to prevent bribery

Where an individual believes there is the opportunity for bribery, whether because of poor procedures or lack of oversight, this should be reported to the Local Counter Fraud Specialist LCFS ( Kim Hampson, Local Counter Fraud Specialist, 07881 840869 [kim.hampson@nhs.net](mailto:kim.hampson@nhs.net)) or the ICB Chief Finance Officer, or the Fraud and Corruption Reporting Line (0800 028 4060) or [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). Additionally, it can be raised as a concern in accordance with the Freedom to Speak Up Policy available on ConsultOD.

Please refer to the Anti-Fraud, Bribery and Corruption Policy for more detailed information.

### **3.1.2 Counter fraud measures**

The Fraud Act 2006, created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation.
- Fraud by failing to disclose information; and
- Fraud by abuse of position.

No individual must use their position to gain advantage. The ICB will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Local Counter Fraud Specialist (LCFS) and ICB Chief Finance Officer immediately. Should the ICB Chief Finance Officer be implicated, the individual may instead report to the Lay Member for Audit and Governance / Conflict of Interest Guardian, who will liaise with the LCFS on the appropriate action.

Individuals can also call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60 or report via the website at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk). This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

Anonymous letters, telephone calls etc. are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The LCFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

Individuals **should not** ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions. Please refer to the Anti-Fraud, Bribery and Corruption Policy for further information.

The ICB recognises that gifts, hospitality and sponsorship may be offered as part of legitimate business relationships; please refer to section 3.4 of this policy.

### 3.1.3 Confidentiality

During their work with or for the ICB, many individuals will handle or be exposed to information which is deemed personal, sensitive or confidential (including commercially confidential). Further information regarding confidentiality is available in the NHS Code of Confidentiality.

It is ICB policy that no individual party to personal, sensitive or confidential material during their work for or with the ICB will disclose this information or further process it outside the scope of their employment or the specific limitations imposed by the NHS Code of Confidentiality and/or the committee/manager providing the information.

Confidentiality should only be breached in exceptional circumstances, with appropriate justification, and be fully documented.

The following principles must be adhered to:

- Information must be effectively protected against improper disclosure when received, stored, processed, transmitted and disposed of.
- Information deemed to be confidential should only be accessed on a 'need to know' basis as supported by the Caldicott Principles.
- Every effort should be made to inform individuals how and why their information is held, how it will be used, who it may be shared with and why and how and when it will be disposed of. This includes the publication of a Fair Processing Notice.
- Informed consent must be obtained before disclosure of personal information and if an individual withholds consent, or if consent cannot be obtained, disclosure may only be made in specific circumstances described in the Information Governance legislation.
- Information identified as sensitive (commercially sensitive or relevant to on-going discussions and developments) must not be disclosed or otherwise discussed where disclosure may inadvertently occur.
- All ICB employees must adhere to the confidentiality of private and confidential material, whether that be patient or colleague information or of a 'commercial in confidence' nature. All 'embargo' rules and regulations must be adhered to.

Failure to adhere to confidentiality requirements may result in disciplinary action.

Those individuals party to confidential information will not be at liberty to disclose said information following the termination of their contract, employment or relationship with the ICB. All individuals should guard against providing information on the operations of the ICB which might provide a commercial advantage to any organisation (private or NHS) in a position to

supply goods or services to the ICB. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement. The requirements of the Freedom of Information Act 2000 must be considered when attempting to legitimately restrict the release of information. Please refer to the Freedom of Information Policy for more detailed information.

## 3.2 Conflicts of interest

### 3.2.1 Overview

The guidance document [Managing Conflicts of Interest in the NHS: Guidance for staff and organisations 2017](#) details what falls under 'conflict of interest' and gives examples as well as guidance to manage conflicts of interest. Together with the Conflicts of Interest training that the ICB asks all individuals to undertake, it provides comprehensive support to identify, declare and manage conflicts of interest

A conflict of interest is a set of conditions/circumstances in which an individual's ability to objectively exercise judgement or objectively act in a role is, could be, or is seen to be impaired or otherwise influenced by their involvement in another role or relationship and must be managed to maintain probity and public trust.

A conflict of interest can occur when there is the possibility that an individual's judgement regarding their primary duty to NHS patients may be influenced by a secondary interest they hold. Such a conflict may be:

- Potential – there is the possibility of a material conflict between one or more interests in the future
- Actual – there is a material conflict between one or more interests
- Perceived – an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.

Conflicts can occur with interests held by the individual or their close family members, close friends and associates and business partners (dependant on the circumstances and the nature of such relationships).

The ICB requires clear and robust mechanisms for effective management of actual, potential and perceived conflicts of interest. With good management, clear governance and appropriate assurance mechanisms, confidence in the probity of commissioning decisions and the integrity of the clinicians will be promoted.

To support this, the ICB will:

- Do business appropriately by ensuring that the rationale for all decision making is clear and transparent and will withstand scrutiny.
- Identify and minimise the risk of conflicts of Interest at the earliest possible opportunity.
- Set rules that are clear and robust but not overly prescriptive or restrictive so as to ensure that decision making is transparent and fair whilst not being overly constrained, complex or cumbersome.
- Aid transparency by clearly documenting the approach and decisions taken at every

stage of the commissioning cycle so that a clear audit trail is evident.

- Create an environment and culture where individuals feel supported and confident in declaring relevant information and raising any concerns.
- Acknowledge that a perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them occurring.
- Assume the existence of a conflict of interest, if in doubt, and manage it appropriately rather than ignore it.
- Accept that for a conflict of interest to exist, financial gain is not necessary.

Conflicts of interest are inevitable, but in most cases, it is possible to handle them with integrity and probity by ensuring they are identified, declared and managed in an open and transparent way.

### 3.2.2 Defining a conflict of interest

There can appear to be a conflict of interest when an individual's ability to exercise judgement in one role is impaired or perceived to be impaired by their obligations or competing interests.

The ICB needs to be aware of all situations where an individual has interests outside their role, where that interest has potential to result in a conflict of interest between the individual's interests and their ICB duties.

Where an individual has an interest or becomes aware of an interest which could lead to a conflict of interest where the ICB is considering an action or decision, this must be declared as soon as possible, and within 28 days of the conflict arising. Declarations should be made to the Deputy Director of Corporate Affairs or their nominee, using the form provided in Appendix 1.

A conflict of interest could include:

- a) **Financial interests:** where an individual may get direct financial benefits from the consequences of a decision their organisation makes. This could include:
  - A director (including a non-executive director) or senior employee in another organisation which is doing or is likely to do business with a health or social care organisation, including involvement in a new care model.
  - A shareholder, partner or owner of an organisation which is doing, or is likely to do business with a health or social care organisation.
  - Someone in outside employment.
  - Someone in receipt of secondary income.
  - Someone in receipt of a grant.
  - Someone in receipt of other payments (e.g., honoraria, day allowances, travel or subsistence).
  - Someone in receipt of sponsored research funding.
- b) **Non-financial professional interests:** where an individual may obtain a non-financial professional benefit from the consequences of a decision their organisation makes, (for example, increasing their professional reputation or status or promoting

their professional career). This could include situations where the individual is:

- An advocate for a particular group of patients.
- A clinician with a special interest.
- An active member of a particular specialist body.
- An advisor for the Care Quality Commission (CQC) or National Institute of Health and Care Excellence (NICE).
- A research role.

c) **Non-financial personal interests:** where an individual may benefit personally from a decision their organisation makes in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include where the individual is:

- A member of a voluntary sector board or has a position of authority within a voluntary sector organisation.
- A member of a lobbying or pressure group with an interest in health and care.

d) **Indirect interests:** where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making. This would include:

- Close family members and relatives.
- Close friends and associates.
- Business partners (including fellow GP partners).

Whether an interest held by another person gives rise to a conflict of interests will depend on the nature of the relationship and the role of the individual within the ICB. If in doubt, the individual should assume that a potential conflict of interest exists and make a declaration. To provide additional illustration of what conflicts of interest are, case studies can be found [here](#), and additional advice can be sought from the ICB Conflicts of Interest Guardian or Deputy Director of Corporate Affairs.

### 3.2.3 Management of conflicts of interest

The ICB will facilitate an environment where all individuals feel able, encouraged and obliged to be open, honest and upfront about actual or potential conflicts. This will lead to effective identification and management of conflicts. In deciding whether any role or relationship or interest would impair or otherwise influence the individual's judgement or actions in their role within the ICB, the ICB will exercise discretion and consider each case separately. Where there is doubt, the existence of a conflict of interest will be assumed and managed accordingly.

The ICB will proactively manage potential conflicts of interest by:

- a) Maintaining and reviewing Registers of Declarations of Interest.
- b) Managing membership of formal committees and decision-making bodies supporting the ICB.
- c) Implementing clear meeting and decision-making procedures.
- d) Working within the Constitution, Standing Orders, Standing Financial Instructions and Scheme of Reservations and Delegations.
- e) At meetings, being aware of the law and good practice.



While conflicts of interest cannot always be avoided, we will proactively identify and manage conflicts of interest by:

- a) Having a well governed framework for decision-making – needs assessments, consultation mechanisms, commissioning strategies and procurement procedures in place from the outset.
- b) Being proactive not reactive – minimise the risk of potential conflicts of interest when electing or selecting individuals.
- c) Being balanced and proportionate – decision-making is transparent and fair but not overly cumbersome or complex.
- d) Being open – early engagement on plans with relevant stakeholders and, in some circumstances, providers.
- e) Being responsive and using good practice – commissioning intentions are informed by recognised local health needs, and decision-making evidence good practice.
- f) Transparency – clearly documenting each stage of the decision-making process.
- g) Securing independent expert advice – from appropriate health, social care, and other relevant professionals.
- h) Engaging with providers – early engagement over potential changes to services.
- i) Creating clear and transparent commissioning specifications – setting out the depth of engagement and basis on which contract will be awarded.
- j) Following proper procurement processes and legal arrangements.
- k) Ensuring sound record-keeping - including registers of interests.
- l) Having a clear, recognised and easily enacted system for dispute resolution.

### **3.2.4 Declarations of interests**

All applicants for a senior role in the ICB (cf. definitions above, ‘decision-makers’) its Board, committees and sub-committees will be required to declare any relevant interests. The ICB will request this declaration as part of the application process, i.e., candidates should ensure to complete relevant ‘other supporting information’ sections of application forms and / or pro-actively declare any interests.

On appointing Board members, committee and sub-committee members or senior colleagues, the ICB will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will need to be considered on a case-by-case basis assessing the materiality of the interest, i.e., whether the individual (or any person with whom they have a close association) could benefit (whether financially or otherwise) from any decision the ICB might make. This will be particularly relevant for decision-making roles such as Board members, committee and sub-committee members, and Executive and senior management roles.

The ICB will also need to determine the extent of the interest and the nature of an individual’s proposed role within the ICB. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual should not be appointed to the role.

Following appointment, and regardless of whether an individual declared interests as part of the recruitment / selection / appointment process, all individuals in scope of this policy must make a formal declaration of interests within 28 days of assuming a role with / for the ICB. The process for doing this is outlined below. Where there are no interests to declare a nil return is required (i.e., a declaration in writing that the individual has no interests). If interests arise at a later stage, or if an individual change’s role in the ICB, a declaration of interests is required. The declaration should be made as soon as reasonably practicable and by law within 28 days after

the interest or change in role arises.

All individuals in scope of this policy will be asked on an annual basis to declare conflicts of interests.

The ICB Corporate Office is available to advise and guide colleagues with regards to declarations of interest.

The ICB Board must ensure that the ICB's Register of Interests is regularly updated and appropriately maintained, so that it remains a reliable source for the management of conflicts of interest.

The agenda for all ICB Board, committee, sub-committee, advisory group, programme board meetings will contain a standing item, at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered including those interests already formally declared and recorded in the Register of Interests. Minutes of the meeting must detail all declarations made and any new declarations must be recorded in the Register of Interests (within 28 days). Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment.

As soon as interests arise or change, an updated declaration should be made (by law within 28 days). This is the responsibility of the individual. The following reiterates the points at which a declaration should be made.

**When to make a declaration of interests:**

- On application for a post
- On appointment
- On changing role or responsibility
- As an annual refresher
- Within 28 days of an interest arising (or an interest ceasing)
- At meetings where your interest may have some bearing on an agenda item

The Declaration of Interests form is available at Appendix 1.

### **3.2.5 Register of Declarations of Interests**

The ICB's Register of Declarations of Interests is held by the ICB Corporate Office. The Register details interests declared by individuals that may be actual or potential conflicts of interests. All declared interests will be transferred promptly to the Register of Interests.

It is the responsibility of the Deputy Director of Corporate Affairs to ensure that the ICB's register is up to date.

Interests remain on the register for six months after the interest has expired, or the individual has left. A historic record of interests is retained for a minimum of six years from the date on which it expired or the individual left. The Register of Interests will give the following information:

- Name of individual.



- Position within, or relationship with, the ICB.
- Type of interest.
- Description of interest.
- Relevant dates relating to the interest (i.e., from when to when the interest existed).
- Action taken to mitigate risk.

The Register of Interests for ICB Board members, committee members and sub-committee members will be published on the ICB website at least annually; the full register of interest will not be published but is available to the public on request. The ICB Corporate Office will inform ICB Board members, committee members and sub-committee members by email in advance that the Register will be published.

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm, and where authorised by the Conflicts of Interest Guardian, an individual's name may be redacted from the published register. The individual must believe that substantial damage or distress may be caused to themselves or somebody else by the public disclosure, and a request to withhold from publication, in writing, can be made to the Conflicts of Interest Guardian. Decisions not to publish information are made by the Conflicts of Interest Guardian, who should seek appropriate legal advice where required, and who will inform the ICB's Board of any such decision. The ICB should retain a confidential un-redacted version of the register.

The register will be reviewed at least three times a year by the ICB Board in public and will be published within the Annual Report and Annual Governance Statement (by a link to the ICB website where the register is published). Individuals will be able to request copies of information held about them by making a data subject access request under the General Data Protection Regulations 2016.

For the ICB Board, committees and sub-committees, the Deputy Director of Corporate Affairs or their nominee, discussing with the Conflicts of Interest Guardian where appropriate, will consider every interest declared on appointment, on refreshed declarations of interest, and any declared new interests.

This may identify conflicts of interest that are profound and acute. The Deputy Director of Corporate Affairs will bring this to the attention of the Conflicts of Interest Guardian, and it may be decided that the interest is not manageable. If this is the case, the ICB Chair must be informed as in order to manage such a conflict of interest, an individual may be required to step down from a particular role or move to another role within the ICB. Section 21 of the standard employment contract supports action required in this regard.

### **3.2.6 Managing ICB Board, committee and sub-committee memberships**

The Conflicts of Interest Guardian will, with the Deputy Director of Corporate Affairs, ensure that for every interest declared on appointment or declared as a new interest by ICB Board, committee or sub-committee members, arrangements are in place to manage the potential conflicts of interest, to ensure the integrity of the decision-making process, and to protect individuals and the resources and reputation of the NHS.

Where an individual declares a significant interest that would prejudice their objective decision-making, the individual should not be a voting member of a committee, in particular of committees, sub-committees or advisory groups that make or inform commissioning and contracting decisions.

For previously recorded declarations of interest, steps will be taken to ensure that Committee membership supports decision making as far as is reasonably practicable.

### **3.2.7 Management of meetings and decision making**

The Chair of a meeting should consider ahead of each meeting what conflicts are likely to arise and how they should be managed. Through the meeting minutes, the Chair should document management action which could include:

- Requiring the member not to attend the meeting.
- Ensuring the member does not receive meeting papers for the relevant item.
- Requiring the member to not attend all or part of the discussion and decision on the relevant item; In private meetings, this could include requiring the individual to leave the room and in public meetings to either leave the room or join the audience in the public seating area.
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s). This may be appropriate where, for example, the conflicted individual has important relevant knowledge and experience of the matter(s) under discussion, which it would be of benefit for the meeting to hear, but this will depend on the nature and extent of the interest which has been declared.
- Noting the nature and extent of the interest but judging it appropriate to allow the member to remain and participate in both the discussion and in any decision.
- Removing the member from the group or process altogether.

The agenda for all decision-making groups will contain a standing item, at the commencement of each meeting, requiring members to declare any interests relating specifically to the agenda items being considered including those interests already formally declared and recorded in the Register of Interests.

The Chair of the meeting will decide whether there is a conflict of interest and ensure that the appropriate course of action is taken. The Chair may consult with the Conflicts of Interest Guardian.

Failure to disclose an interest may render the individual liable to disciplinary action which could ultimately result in termination of employment or office. Where others at the meeting are aware of facts or circumstances which may give rise to a conflict of interests which has not been declared, this must be brought to the attention of the Chair to take the appropriate course of action.

Where the Chair of a meeting has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Vice Chair (or other nominated individual if the Vice Chair is also conflicted) will act as Chair for the relevant part of the meeting.

Should the situation arise that a significant number of individuals (more than 50%) are deemed to be prevented from taking part in a meeting because of conflicts of interests, the Chair of the Board / committee / sub-committee will determine whether the discussion can proceed. In making this decision, the Chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the ICB Standing Orders and approved committee Terms of Reference.

Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interest, the Chair of the meeting shall consult with the Deputy Director of Corporate Affairs on the action to be taken. This may include:

- requiring another of the ICB's committees which can be quorate to progress the item of business, or if this is not possible a recommendation on decision can still be taken by remaining members and referred to the ICB's Audit Committee for verifying proposed recommendations.
- inviting on a temporary basis one or more of the following to make up the quorum (where the Constitution permits these to be members of the committee / sub-committee in question) so that the ICB can progress the item of business:
  - a member of a Health and Wellbeing Board.
  - a member of another ICB's Board or Committee.

Advisory committees bring together experts from a specific field of practice and often draw from a relatively small pool of individuals. It is likely that these advisors will have interests relevant to the subject matter. The chair should not normally have any specific direct or indirect financial or non-financial interests. Advisors must declare their interests on being invited to participate and, where there are material interests, should be allowed to participate but must not participate in decision making.

Minutes of meetings must detail all declarations made along with the course of action taken and any new declarations must be recorded in the Register of Interests. The minute will include:

- who has the interest?
- the nature and magnitude of the interest and why it gives rise to a conflict.
- the item(s) on the agenda to which it relates.
- how the conflict was agreed to be managed.
- evidence that the conflict was managed as intended (recording the time/point at which individuals left the room and returned).

### **3.3 Transparency in procurement**

#### **3.3.1 Procurement Policy**

The ICB recognises the importance in making decisions about the services it procures in a way that does not call into question the motives behind the procurement decision. The ICB will procure services in a manner that is open, transparent, non-discriminatory and fair to all potential providers, and compliant with relevant law.

The ICB's Procurement Policy will ensure the ICB's compliance with relevant procurement legislation, regulation and guidance.

With regards to conflicts of interest in procurement, Regulation 6 [National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013] states "a conflict will arise where an individual's ability to exercise judgement or act in their role in the commissioning of services is impaired or influenced by their interests in the provision of those services".

Regulation 6 requires that the ICB does not award a contract for the provision of NHS

healthcare services where conflicts, or potential conflicts, affect or appear to affect the integrity of the award of that contract. The ICB is required to publish a record of how it managed any such conflict in relation to NHS commissioning contracts entered into.

The ICB will also identify as soon as possible where colleagues might transfer to a provider (or their role may materially change) following the award of a contract. This will be treated as a relevant interest to be managed.

Depending on circumstances, there may be ways of managing an actual or potential conflict of interest in order to prevent that conflict affecting or appearing to affect the integrity of the award of the contract, including the exclusion of certain individuals from discussion or removal of voting rights.

The ICB is supported through the procurement process by SCW CSU and will utilise the Declaration of Interest forms, process and recording arrangements of this support organisation as detailed in the Procurement Policy.

### **3.3.2 Primary Care Commissioning and Enhanced Services**

In the context of primary care commissioning, particularly with regard to delegated arrangements, it is likely that there will be potential or actual conflicts of interests. The ICB may also seek to expand the range of enhanced services provided by primary care practices as part of its work to redesign services.

The ICB will be managing general medical service contracts and primary medical service contracts. The ICB may also be commissioning such services from primary care practices. It is therefore vital that there is transparency and safeguards to ensure confidence that such commissioning decisions are based upon the best interests of patients and are made with no perceived conflicts of interest.

Procurement decisions relating to the commissioning of primary medical services will be made by the Primary Care Commissioning Committee. The committee will have a majority of lay members and executive members, with local Healthwatch, and Health and Wellbeing Board representatives invited. The interests of all primary care commissioning committee members (including any NHS England representatives) must be recorded on the ICB's register of interests.

The Committee will have a non-executive director as chair. The Conflicts of Interest Guardian is not permitted to be the Chair or a member of the committee to remove the possibility of conflict. Decisions of this committee will be made in public. The arrangements for decision making do not preclude GP participation in strategic discussions on primary care issues, subject to the appropriate management of conflicts of interest.

Where the potential provider for services is a GP, procurement may be through competitive tender or an Any Qualified Provider (AQP) approach or on a single tender basis where the GP is the only capable provider or where the service is of minimal financial value. Additional safeguards are in place when commissioning services that could potentially be provided by a GP.

These safeguards are designed to:

- maintain confidence and trust between patients and GPs.
- enable the ICB and member practices to demonstrate that they are acting fairly and transparently and that members of the ICB will always put their duty to patients before any personal financial interest.
- ensure that the ICB operates within the legal framework but is not bound by over-prescriptive rules that risk stifling innovation or slowing down the commissioning of services to improve quality or productivity; and
- build on existing guidance.

Please see the 'Procurement Checklist' form at Appendix 2. This form sets out factors on which the ICB would like to provide assurance, regarding the service planning and procurement process, in a consistent and transparent way. These completed forms will be made publicly available.

### **3.3.3 Contractors and people who provide services to the ICB**

Anyone seeking information in relation to procurement or otherwise engaging with the ICB, in relation to the potential provision of services or facilities to the ICB, will be required to make a declaration of any relevant or potential conflict of interest.

Anyone contracted to provide services or facilities directly to the ICB will be subject to the same provisions of this policy in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

Bidders should declare any conflicts of interest, to allow commissioners to ensure that they comply with the principles of equal treatment and transparency. When bidders declare an interest, the commissioners must decide how best to deal with it to ensure that no bidder is treated differently to any other.

Bidders' interests will not be recorded on the register of procurement decisions in order to protect bidders' anonymity during the procurement process, however, an internal audit trail of how the conflict or perceived conflict was dealt with will be maintained to enable the ICB to provide this information at a later date if required.

### **3.3.4 Register of Procurement Decisions**

The ICB will publish a Register of Procurement Decisions including the details of the decision, who was involved in the decision making, a summary of any conflicts of interest and how this was managed. The ICB will ensure that details of all contracts, including the value of the contract are included. The Register will be published on the ICB website and updated as soon as is practicable as contracts are agreed and on at least a six-monthly basis. Where the ICB decides to commission services through AQP, the type of services commissioned and the agreed price for each service will be published on the website. The decision to use a single tender action is a procurement decision and must also be recorded. The Register will also be referenced as part of the Annual Report.

### **3.3.5 Contract monitoring**

The individuals involved in contract monitoring should have no direct or indirect financial, professional or personal interest in the provider that could be perceived to prevent them from

carrying out their role in an impartial, fair and transparent manner.

As part of the procurement process and commissioning cycle, contract monitoring meetings need to consider conflicts of interest. The chair of a contract management meeting should invite declarations of interests, record any declared interests in the minutes of the meeting and manage any conflicts appropriately and in line with this policy. This also applies where a contract is held jointly with another organisation such as the Local Authority or with other ICBs under lead commissioner arrangements.

### 3.4 Gifts, Hospitality and Sponsorship

The ICB acknowledges that gifts, hospitality and sponsorship may be offered. The ICB will ensure that individuals do not accept gifts, hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity. The following sections outline considerations for each; please also refer to section 3.1 regarding the prevention of corruption.

Colleagues should not ask for or accept gifts, gratuities or honoraria (such as grants, scholarships) from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions.

Colleagues are reminded that:

- it may be considered to be a breach of the ICB's Disciplinary Policy to solicit gifts;
- acceptance of gifts may also be illegal, under the Bribery Act 2010, and colleagues that are found to have done so may face disciplinary action and prosecution.

Where acceptance of gifts, hospitality or sponsorship requires prior approval, the following applies:

<b>Applicant/Recipient</b>	<b>Approval Required from</b>
Integrated Care Board member (excluding Chair & Accountable Officer)	Chair and NED Audit
ICB Chair, ICB Accountable Officer	NED Audit and one other Integrated Care Board NED or Partner Member
All other staff members	Line manager

#### 3.4.1 Gifts

Colleagues should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the ICB should be declined, whatever their value.



- Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6 in total and need not be declared.

Gifts from other sources (e.g., patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Colleagues should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e., to an organisation's charitable funds), not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common-sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

All gifts of any nature offered to the individuals in scope of this policy by suppliers or contractors linked (currently or prospectively) to the ICB's business must be **declined**, whatever their value, and a record of the offer made on the Register of Gifts, Hospitality and Sponsorship within 28 days.

However, trivial gifts of a promotional nature, e.g., calendars, diaries, pens and other similar articles may be accepted and do not have to be declared on the Register of Gifts, Hospitality and Sponsorship. As a guideline the expectation is that such gifts would be worth a maximum of £6 and in most cases would be worth considerably less.

Team or directorate gifts, such as confectionary, intended to be shared, may be accepted with the approval of an Executive Director where this would not be perceived as a potential conflict. These team gifts must be declared.

Gifts of a small or moderate value up to a maximum value of £50, from members of the public to colleagues for work well done, such as flowers or small tokens of appreciation, where there is no risk that the gift could be suspected of influencing the ICB's actions or the cost of returning the gift would not be warranted may be accepted and do not need to be declared.

Gifts from members of the public over £50 in value must be declined, and multiple gifts during a year which collectively exceed £50 must also be declined. Where this may offend, the gift may be donated to charity or accepted on behalf of the organisation, but not in a personal capacity, and must be declared.

Any personal gift of cash or cash equivalents (e.g., vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the ICB) must always be **declined**, whatever their value and whatever their source, and the offer which has been declined must be declared for inclusion in the ICB Register of Gifts, Hospitality and Sponsorship within 28 clear days of the gift or offer.

It is not appropriate to give gifts to individuals or organisations at public expense.

### 3.4.2 Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, colleagues will sometimes appropriately receive hospitality. Colleagues receiving hospitality should always be prepared to justify why it has been accepted and be

mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour.

Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.

Overarching principles applying in all circumstances:

- Colleagues should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors – these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register of gifts, hospitality and sponsorship as to why it was permissible to accept.
- A common-sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior colleagues, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest gifts, hospitality and sponsorship as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
  - offers of business class or first-class travel and accommodation (including domestic travel).
  - offers of foreign travel and accommodation.

Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

Hospitality may be accepted by all colleagues where it is moderate (not exceeding £25), on a similar scale to what would be offered by the ICB, in keeping with what is normal in public sector business relationships and where, as far as it can reasonably be assessed by the potential receiver, will not be deemed by others (and in particular by members of the general public), to influence a business decision. Hospitality of this nature does not need to be declared.

Particular caution should be exercised when hospitality is offered by actual or potential suppliers



or contractors, where it may be accepted but should be modest and reasonable, approved by a director in advance and declared.

Hospitality which goes beyond this level may be accepted up to an approximated value of £75 but must be declared. Hospitality above £75 approximated value should be declined, and the offer must be declared. In exceptional circumstances, the hospitality can be accepted with the advance approval of a director and the reason recorded on the register.

Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared. Offers above this level or above what the ICB would itself offer can only be accepted in exceptional circumstances, with the prior approval of a director and must be declared. Where a colleague is invited to attend an external event as part of their personal life but where this relationship and any hospitality provided could be seen to present a potential conflict, the individual must update their Declaration of Interests to reflect the relationship and should be encouraged to declare the hospitality.

Hospitality of £25 and above, either declined or accepted, must be declared by individuals on the Register of Gifts, Hospitality and Sponsorship of the ICB within 28 clear days. Individuals from Primary Care may need to also record the gift or hospitality on their own practice register.

### **3.4.3 Sponsorship**

Sponsorship by commercial companies, including the pharmaceutical sector, is a common practice and reduces NHS expenditure. ICB colleagues, governing body and committee members, may be offered commercial sponsorship for courses, conferences, events, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the ICB.

All offers of sponsorship (whether accepted or declined) must be declared and included on the ICB's register of interests. Declarations must be made within 28 days of the sponsorship being agreed.

Notwithstanding the above, acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the ICB or be dependent on the purchase or supply of goods or services.

It should be made clear to the sponsor that their sponsorship of an event or the availability of publicity material about the company or product will not constitute an endorsement by the ICB and that this will be made clear to the public and those attending the event. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.

It is important to note that:

- sponsorship must not compromise commissioning or purchasing decisions.
- it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance.
- where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings.

When sponsorships are offered, the following principles must be adhered to:

- Sponsorship by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in a clear benefit to the ICB or NHS.
- Sponsors will not have access to patient or individual confidential information.
- no information should be supplied to the sponsor from which they could gain a commercial advantage, or which is not normally in the public domain.
- Sponsors representatives may attend and take part in the event but may not have a dominant influence over the content or main purpose of the event.
- Involvement of a sponsor will always be transparently identified.

A commercial partnership is one where material or support is supplied by a third party in addition to, and capable of being integrated with, services routinely provided in public sector health care. All commercial partnership and joint ventures arrangements must comply with relevant legislation, regulations, good practice and guidance, including for example:

- the NHS Code of Accountability and Code of Conduct.
- Standing Orders.
- Standing Financial Instructions.
- relevant professional codes of practice e.g., NMC, GMC etc.

Additional safeguards will be required for sponsored research and commercial sponsorship agreements for posts where guidance should be sought from the Deputy Director of Corporate Affairs with reference to [Managing conflicts of interest: Revised Statutory guidance for CCGs 2017](#).

When working with the pharmaceutical industry then the ABPI's (Association of British Pharmaceutical Industries) code of conduct should be adhered to.

#### **3.4.4 Hospitality, gifts and sponsorship register**

All relevant offers of hospitality, gifts and sponsorship, whether accepted or refused, must be reported using the form in Appendix 3 within 28 days for recording in the Register. The Register is managed by the Assistant Director of Corporate Affairs. The Register will be presented to the Audit Committee on at least a six-monthly basis. The Register will be published on the ICB website and will be referenced as part of the Annual Report.

## Gifts, Hospitality and Sponsorship Quick Guide

### GIFTS

- DECLINE gifts of any nature from providers/suppliers (current or potential)  
**DECLARE**
- Accept trivial promotional gifts (calendars, pens) with a value under £6
- Accept gifts from the public up to value of £50 (flowers, biscuits)
- DECLINE gifts from the public or multiple gifts in a year that value over £50  
**DECLARE**
- DECLINE any gifts of money or money equivalents

### DECLARE

Declare within 28 days of offer

### HOSPITALITY

- Accept up to value of £25 – similar scale to what ICB would offer
- Accept up to value of £75 but requires prior authorisation **DECLARE**
- DECLINE if value over £75

### DECLARE

Declare within 28 days of offer

### SPONSORSHIP

- sponsorship must not compromise commissioning or purchasing decisions
- it must be clear that sponsorship does not imply endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance
- no information should be supplied to the sponsor from which they could gain a commercial advantage, or which is not normally in the public domain
- where events are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings

Declare ALL offers of sponsorship within 28 days and seek authorisation

## 3.5 Outside employment and private practice

All individuals in scope of this policy must inform the ICB if they are employed or engaged in or wish to engage in any employment or consultancy work in addition to their work with the ICB. The purpose of this is to ensure that the ICB is aware of any potential conflicts of interest.

Clinical colleagues must declare their general practice, any private practice (giving the name of the private facility, when they practice and what they practice as part of their declarations of interests). Outside employment and private practice must be declared as a potential conflict of interest.

Individuals must obtain prior permission to engage in secondary employment, as per section 21 of the standard employment contract, and the ICB reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. All existing outside employment should be declared on appointment.

### **3.6 Initiatives**

As a general principle any financial gain resulting from external work where use of the ICB's time or title is involved (e.g., speaking at events/conferences, writing articles) and/or which is connected with ICB business must be passed to the ICB Chief Finance Officer to pay in to the ICB.

Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in their contract for services/employment with the ICB shall be the intellectual property of the ICB. Individuals with existing relevant patents will be expected to declare these where they might give rise to a conflict of interest with regard to their primary duty to the NHS.

Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the ICB.

Where the undertaking of external work benefits or enhances the ICB reputation or results in financial gain for the ICB, consideration will be given to rewarding colleagues, subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

### **3.7 Raising concerns and breaches**

There will be situations when interests will not be identified, declared or managed appropriately and effectively. Where this happens innocently or accidentally, e.g., through an oversight, this is referred to as 'poor practice incident'. Where interests are not identified, declared or managed because of the deliberate actions of colleagues or other organisations, including with fraudulent intent, this is referred to as a 'breach'.

#### **3.7.1 Raising concerns**

Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules.

It is the duty of every individual in scope of this policy to speak up about genuine concerns in relation to the declaration of conflicts of interest. Individuals should not ignore their suspicions or investigate themselves, but rather speak to the Deputy Director of Corporate Affairs and/or the Conflict-of-Interest Guardian and/or apply the Freedom to Speak Up Policy. All such notifications will be recorded and held in the strictest confidence.

Individuals who wish to notify the ICB that they have accidentally or knowingly breached this policy should contact the Deputy Director of Corporate Affairs.

Anyone from a partner organisation wishing to report should ensure that they comply with their own organisation's relevant policies to obtain appropriate protection. Providers, patients and

other third parties can make a complaint under the Procurement Patient Choice and Competition Regulations.

### 3.7.2 Investigating incidents / breaches and reporting

Where individuals have **concerns about the administration and application of the ICB's policy on conflicts of interest management**, they should report these to the Deputy Director of Corporate Affairs. The Deputy Director of Corporate Affairs will investigate the alleged poor practice incident. In order to investigate an alleged poor practice incident, the Deputy Director of Corporate Affairs may request information from any individuals who may have witnessed the alleged incident and may request any relevant written material such as meeting papers or meeting minutes. Following investigation, the Deputy Director of Corporate Affairs will:

- Assess the severity of the incident.
- Assess what action is required in response.
- Consider who else inside and outside the organisation should be made aware.
- Prepare a report about the incident, including recommendations how to address/remedy the concerns raised.

The Conflicts of Interest Guardian will consider the Deputy Director of Corporate Affairs' report and recommendations, and decide which course of action to take, including implementation of recommendations made by the Deputy Director of Corporate Affairs. The Conflicts of Interest Guardian will report to the Audit Committee about the incident and actions taken.

Should the Deputy Director of Corporate Affairs and/or the Conflicts of Interest Guardian, in the course of their investigation and consideration of the alleged poor practice incident, conclude that the matter is serious enough to be treated as a breach of the ICB's policy on conflicts of interest, they will refer the matter to the ICB's LCFS, for investigation as a suspected breach. All concerns of poor practice incidents will be treated with appropriate confidentiality at all times in accordance with the ICB's policies and applicable laws, and the person raising a concern can expect an appropriate explanation of any decisions taken as a result of any investigation.

Depending on the severity of the incident, actions taken in response to a **poor practice incident** may include:

- informal action against colleagues including as reprimand, signposting to training and/or guidance.
- formal disciplinary action such formal warning, requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal.
- review of ICB policies and procedure to clarify expectations and requirements in regard to ICB colleague's conduct of business.

Where individuals suspect a **breach of the ICB's policy on conflicts of interest management**, i.e., suspect that someone deliberately withheld information about a conflict of interest, including with fraudulent intent, they should report their suspicions to the Conflicts of Interest Guardian. Based on the information given by the individual who raised the suspicion, the Conflicts of Interest Guardian, with the advice of the Deputy Director of Corporate Affairs as appropriate, will form an initial view whether the reported suspicion constitutes a breach or a poor practice incident. If the Conflicts of Interest Guardian concludes that a breach likely

occurred, they will instruct the LCFS to formally investigate the suspected breach.

All notifications will be logged, and LCFS will be informed where it is deemed appropriate to do so. Concerns raised via the Freedom to Speak Up Policy will be managed in accordance with that policy with the addition that the LCFS will be informed initially to ensure that the breach does not need to be investigated by the counter fraud service. Appropriate confidentiality will be applied to all notifications. Where a local investigation is required, this will be arranged by the Deputy Director of Corporate Affairs.

Depending on the severity of the incident, the Deputy Director of Corporate Affairs and the Conflicts of Interest Guardian may conclude that it must be treated as a breach and LCFS will be advised. Outcomes from an incident or breach might include:

- Review of ICB policies.
- Informal action against ICB colleague including a reprimand, signposting to training and/or guidance.
- Formal disciplinary action invoking the Disciplinary Policy.
- Report to the statutory regulated healthcare professional body.
- Legal action, including investigation and prosecution under fraud, bribery and corruption legislation.
- Contractual actions against other organisations.
- Report to NHSE and NHSI.

Anonymised detail of breaches will be published on the ICB website and reported to the Governing Body. LCFS will include relevant breaches in their reports to the Audit Committee.

### **3.8 Impact of non-compliance**

If conflicts of interest are not effectively managed, the ICB could face civil challenges to decisions made. For instance, if breaches occur during a service re-design or procurement exercise, the ICB risks a legal challenge from providers that could potentially overturn the award of a contract, lead to damages claims against the ICB, and necessitate a repeat of the procurement process. This could delay the development of better services and care for patients, waste public money and damage the ICB's reputation.

Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position with the ICB. In extreme cases, colleagues and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

Failures could also lead to criminal proceedings including for offences such as fraud, bribery and corruption. Fraud carries a maximum sentence of 10 years imprisonment and /or a fine if convicted in the Crown Court or 6 months imprisonment and/or a fine in the Magistrates' Court. The offences can be committed by a body corporate.

The Bribery Act 2010 introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery. The offences of bribing another person, being bribed or bribery of foreign public officials in relation to an individual carries a maximum sentence of 10 years imprisonment and/or a fine if convicted in the Crown Court and 6 months imprisonment and/or a fine in the Magistrates' Court. In relation to a body corporate the penalty for these

offences is a fine.

Individuals who fail to disclose relevant interests, outside employment or receipts of hospitality, gifts or sponsorship, as required by this policy or the ICB standing orders and financial policies, may be subject to investigation and, where appropriate, to disciplinary action which could ultimately result in the termination of their employment or position with the ICB.

Statutorily regulated healthcare professionals who work for, or are engaged by, the ICB are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The ICB will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Consequences for inappropriate action could include fitness to practise proceedings being brought against the individual and possibly being struck off by their professional regulator as a result.

## **4.0 ROLES AND RESPONSIBILITIES**

### **4.1 Accountable Officer**

The Accountable Officer has accountability for the ICB's management of conflicts of interests. The Accountable Officer will actively demonstrate leadership in this area and champion the highest standards of business conduct within the ICB.

### **4.2 Conflicts of Interest Guardian**

This role will be undertaken by the ICB NED Audit, to further strengthen scrutiny and transparency of ICB's decision-making processes and supported by the Deputy Director of Corporate Affairs.

The Conflicts of Interest Guardian should, in collaboration with the Deputy Director of Corporate Affairs:

- Act as a conduit for GP practice staff, members of the public, and health and care professionals who have any concerns with regards to conflicts of interests.
- Be a safe point of contact for colleagues or workers of the ICB to raise any concerns in relation to this policy.
- Consider and approve for acceptance offers of hospitality where applicable.
- Support the rigorous application of conflict-of-interest principles and policies.
- Undertake investigations into reported breaches.
- Provide independent advice and judgment (or seek legal advice where necessary) where there is any doubt about how to apply conflicts of interest policies and principles in a particular situation.
- Provide advice on minimising the risks of conflicts of interest.
- Notify NHS England and professional regulatory bodies of breaches where appropriate.

### **4.3 ICB Board, committee and sub-committee members**

All ICB Board, committee and sub-committee members will declare all interests on joining the organisation and ensure that their declaration remains complete and up to date. Members will also disclose, at all committee meetings, interests relevant to any agenda items. Members



will undertake the required conflicts of interest training and refresher training.

Executive members of the ICB Board have an on-going responsibility for ensuring robust management of conflicts of interest and providing leadership in this regard.

NEDs provide scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. NEDs chair a number of ICB committees, including the Audit Committee and Primary Care Commissioning Committee.

#### **4.4 Chairs of meetings**

Chairs have a responsibility to ensure this policy is robustly applied to all committee, sub-committee and other meetings, in particular those that make and / or inform commissioning and procurement decisions. Chairs' responsibilities regarding managing conflicts in meetings are detailed in 3.2.7 above.

#### **4.5 Deputy Director of Corporate Affairs**

This role has responsibility for:

- day-to-day management of conflicts of interest matters, queries and administration.
- maintaining the ICB's Register of Interests and the Register of Gifts, Hospitality and Sponsorship.
- supporting the Conflicts of Interest Guardian to enable them to carry out their role effectively.
- providing advice, support and guidance on how conflicts of interest, and offers of gifts, hospitality and sponsorship should be managed.
- facilitating appropriate training and monitor completion.
- liaising with LCFS and investigating incidents and breaches.

#### **4.6 ICB colleagues and all individuals in scope of this policy**

ICB colleagues are required to familiarise themselves and adhere to this policy. Colleagues must declare interests, and offer of gifts, hospitality and sponsorship as described in this policy. In doing so, colleagues must ensure that they discuss these matters with their line manager incl. mitigating actions. Line managers must ensure that they periodically check with their direct reports whether any declarations need to be made or updated and must sign-off declarations before submission. Colleagues will be expected to undertake and complete training on an annual basis.

#### **4.7 ICB Board**

The Board will formally review the Register of Declarations of Interest at least three times a year to ensure transparent decision making.

#### **4.8 Audit Committee**

The Audit Committee will receive the Registers of Gifts, Hospitality and Sponsorship on a six-monthly basis and any detailed reports from LCFS.



## **5.0 TRAINING**

Training on the management of conflicts of interest will be offered to all individuals in scope of this policy, including Board members, members of ICB committees and sub-committees, and ICB employees. This is to ensure all individuals in scope of this policy understand what conflicts are, and how to manage them effectively utilising the ICB procedures.

Training will be required to be completed by all colleagues on a yearly basis.

## **6.0 EQUALITY AND DIVERSITY**

An Equality Impact Assessment (EIA) has been completed for this policy and no issues have been identified.

## **7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

The Evaluation Standard in Appendix 4 has been developed to provide assurance for monitoring compliance with and effectiveness of this policy.

An audit of conflicts of interest management will be undertaken as part of the internal audit programme on an annual basis with results reflected in each ICB's Annual Governance Statement and discussed in the end of year governance meeting with NHS regional teams. Completion rates for conflict-of-interest training will form part of this audit.

NHS England will be assessing ICB compliance as a key indicator on a quarterly and annual basis.

Any non-compliance with this policy should immediately be reported using the non-compliance form within the Policy for the Management of Policies. Any breaches by other individuals must be reported, with reference to the Whistleblowing Policy.

## **8.0 REVIEW**

This document may be reviewed at any time at the request of either colleague side or management. The policy will be reviewed after three years.

## 9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

The policy should be read in conjunction with the following documents, which also set out generic guidelines and responsibilities for NHS organisations and General Practitioners:

- [Code of Conduct for NHS Managers 2002](#)
- [Appointments Commission: Code of Conduct and Code of Accountability](#)
- [The Healthy NHS Board: Principles of Good Governance](#)
- Respective professional codes of conduct
- [NHS Confidentiality Policy](#)
- [The Bribery Act 2010](#)
- Health Service Guidance HSG (93) 5 “Standards of Business Conduct for NHS Staff”
- [Standards for members of NHS Boards and Clinical Commissioning Group Governing bodies in England November 2012](#)
- Section 14O National Health Service Act 2006 (as amended by the Health & Social Care Act 2012)
- [Commercial Sponsorship - Ethical Standards for the NHS](#)
- [Monitor's 'Substantive guidance on the Procurement, Patient Choice and Competition Regulations' December 2013](#)
- Public Contracts Regulations 2006 and Public Contracts Regulations 2015
- ['Principles and Rules for Cooperation and Competition' July 2010](#)
- ['Managing Conflicts of Interest in the NHS: Guidance for staff and organisations' February 2017](#)
- ['Managing Conflicts of Interest: Revised Statutory Guidance for CCGs 2017' June 2017](#)

## 10.0 REVIEW HISTORY

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date

## 11.0 ACKNOWLEDGEMENT OF EXTERNAL SOURCES / ASSISTANCE

Title/Author/Individual	Institution/Organisation	Comment / Link

## 12.0 LINKS WITH OTHER ICB DOCUMENTS

Document title
<a href="#">Freedom to Speak Up Policy</a>
Anti-Fraud, -Bribery and -Corruption Policy
Procurement Policy
Confidentiality & Safe Haven Policy
Freedom of Information Policy
ICB Constitution
Standing Financial Instructions
Standing Orders

## 13 APPENDICES

Appendices are published as separate individual documents, for ease of use:

- Form Declaration of Interests
- Form Declaration of gifts, hospitality or sponsorship

# DRAFT Policy in support of engaging people and communities

May 2022

## Purpose of this document

This document provides a policy framework to set out how the Integrated Care Board (ICB) for Bath and North East Somerset, Swindon, and Wiltshire (BSW) will meet its requirement to effectively involve people and communities in everything it does.

It will also set out the governing principles for involving people and communities.



*Fig 1 ICB/ICS strategic aims and the way in which the involvement of people and communities will support the delivery of these.*

This document should be read in conjunction with the ICB People and Communities Engagement Strategy (currently in draft format), the ICB Operating Framework, and the ICB Equalities Strategy.

The ICB will co-produce and publish a transparent resourcing model for involvement, including an agreed payments for involvement policy. Once available, these will be included in the appendix to this document.

## Background

BSW ICB serves a combined population of around 940,000 living across the regions of Bath and North East Somerset, Swindon and Wiltshire. We directly employing around 37,600 colleagues and benefits from the contribution of many more carers and volunteers. BSW ICB is part of the BSW Integrated Care System (ICS); a partnership that includes over 2500 voluntary, community, and social enterprise (VCSE) organisations, two Healthwatch partners, three local authorities, 89 GP practices, two community providers, three acute hospital trusts, a mental health trust, an ambulance trust and three local authorities.

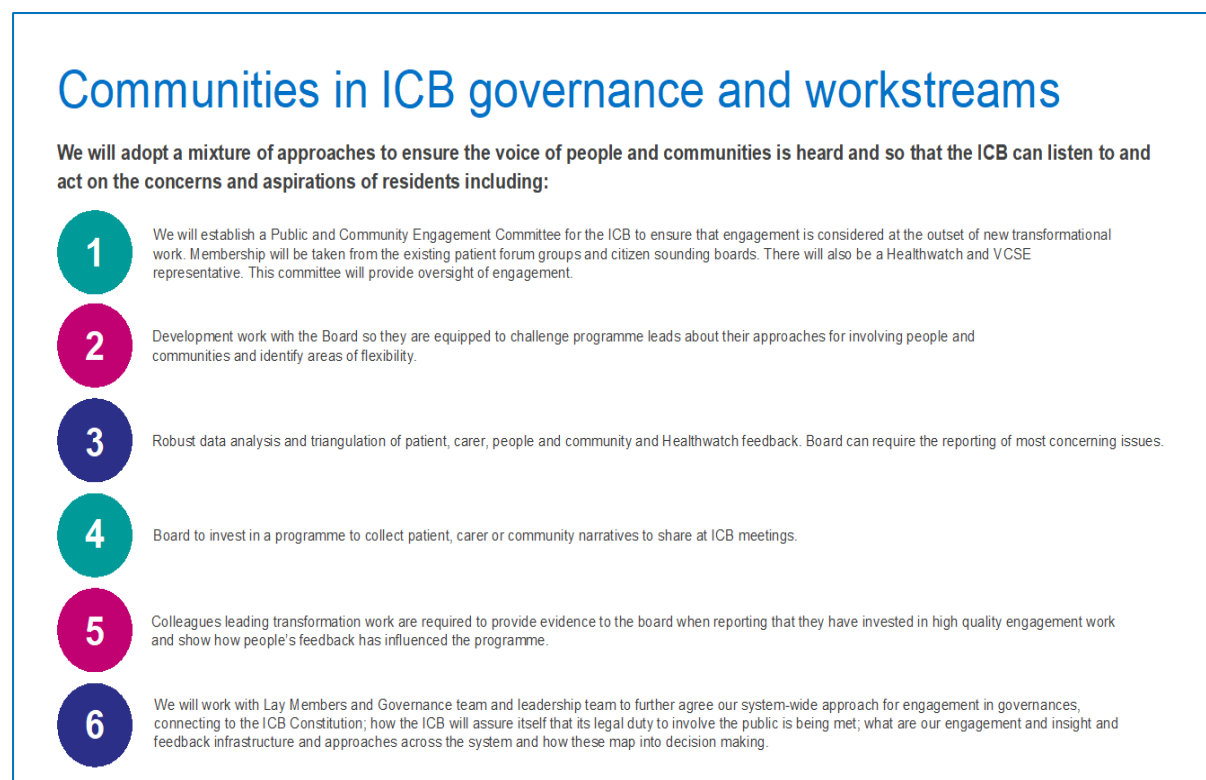
## BSW ICB role

BSW ICB will work with partners across the ICS to develop arrangements for ensuring that Integrated Care Alliances (ICAs) and place-based partnerships have representation from local people and communities in priority-setting and decision-making forums. The ICB will also collaborate with partners to ensure that arrangements are established to gather intelligence about the experience and aspirations of people who use care and support and ICAs have clear approaches to using these insights to inform decision-making and quality governance.

## National policy context

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), states that citizens have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services (including monitoring and review of services). This act and other legal duties are referenced in more detail in Appendix 1.

For the purposes of consistency and clarity in this policy, we use the terms **involvement, engagement, and participation** throughout. These terms are intended to include the many different forms of patient and public involvement as described in the 'ladder of coproduction' developed by Think Local Act Personal in 2016.



*Fig 2 Detailing ways in which outputs from involving people and communities will be reflected in governance and in workstreams*

Involving people and communities is about more than membership of committees. It concerns how decision-making in the ICS takes account of people's experience and aspirations.

Our commitment to being accountable and responsive to communities is in line with national guidance (available by following the link here [Working with People and Communities NHSE/I](#)) and includes transparent decision-making, involving people and communities in governance arrangements, holding meetings in public and publishing minutes and regular updates on progress.

### **Involving people and communities at a strategic level**

The ICB will involve and engage people and communities in the development of proposals for transformational work and service changes.

The type of involvement, engagement and participation will be different on each issue, depending on the issue being consulted about.

### **People and community engagement committee**

This committee will be a forum to discuss, consider, inform, and advise on a range of matters from ICB and ICS priorities to themes arising from people and community feedback.

It will guide and advise on approaches to collecting and using the views of people and communities in priority-setting and decision-making, and monitor the impact of the people and communities involvement strategy and associated policies.

### **Citizens Panel**

The on-line citizens panel is made up of a representative sample of the population from across our region. The panel engages with those living in BSW to get their views on health and care issues. Panel members take part in regular surveys throughout the year as well as form focus groups from time to time.

We have been working with independent market research specialists Jungle Green to develop our panel using a range of methods including face-to-face recruitment in local shopping centres and high streets. During the Coronavirus pandemic they have been unable to do face-to-face recruitment, however, we have been promoting virtual recruitment to the panel.

In addition to more formal governance mechanisms there will be regular events and opportunities where people and communities can be involved in strategic projects and programmes of work.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

## **Integrated Care Alliance (ICA) (place level)**

### **People and communities sounding boards**

Bringing together members of the public, carers, and representatives from voluntary organisations and our local Healthwatch groups, these sounding boards will be a key part of the ICA landscape and involved in shaping ICA priorities.

They will be a key conduit for information to and from neighbourhoods and have a role around ensuring a wide range of voices are heard including those from people and communities experiencing social deprivation and poor health outcomes.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

### **Involving people and communities (neighbourhood level)**

#### **Patient participation groups (PPGs)**

These are independent groups who work with their local GP practices to act as a forum to monitor how the practice is run and share suggestions and ideas for improvements. There will be support for PPG' to develop new approaches to engage with the wider community and to be a catalyst for those experiencing health inequalities, and those from diverse communities to be involved in helping to shape primary care

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

### **Asset-based community development approaches**

We will utilise a range of approaches to build and maintain relationships with a whole range of communities. To do this well and consistently, we will support a networked group of community development workers and community connectors. They will be focussed on using a range of involvement approaches including co-production, and asset based community capacity building.

Quantitative and qualitative insight will be collated and stored within the ICS insight bank.

### **Other engagement mechanisms**

There are a range of virtual and face-to-face mechanisms we will use to engage with our people and communities:

- Electronic surveys
- Regular people and communities [e-newsletters](#)
- Website updates on how to [get involved](#)

- Virtual and physical meetings, events and focus groups
- Public meetings
- Meetings with voluntary groups and stakeholders
- Press and media
- Social media – Twitter, Facebook, Instagram, and LinkedIn
- Informal discussions
- Bespoke opportunities to be involved in a range of development, commissioning, and improvement work

The monitoring and evaluation of the strategy and this policy will be in line with the ten nationally agreed engagement principles. Both the ICB People and Communities Engagement Committee and the ICA People and Community Sounding boards will have a role in reviewing this policy.

1. Put the voices of people and communities at the <b>centre of decision-making and governance</b> , at every level of the ICS.
2. <b>Start engagement early</b> when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's <b>needs, experience and aspirations</b> for health and care, using engagement to find out if change is having the desired effect.
4. Build <b>relationships with excluded groups</b> , especially those affected by inequalities.
5. Work with <b>Healthwatch and the voluntary, community and social enterprise (VCSE)</b> sector as key partners.
6. Provide <b>clear and accessible public information</b> about vision, plans and progress, to build understanding and trust.
7. Use <b>community development approaches</b> that empower people and communities, making connections to social action.
8. Use <b>co-production, insight and engagement</b> to achieve accountable health and care services.
9. <b>Co-produce and redesign services</b> and tackle system priorities in partnership with people and communities.
10. <b>Learn from what works</b> and build on the assets of all ICS partners – networks, relationships, activity in local places.

*Fig 3 Ten principles for engagement as set out in NHSE/I guidance on engaging people and communities*



## **APPENDICES**

### **Appendix 1. Legal duties and national policy guidelines**

Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 sets out what clinical commissioning groups must do to make arrangements to involve and consult patients and the public in:

- The planning of commissioning arrangements and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by the clinical commissioning group that impact or affect how services are run. Section 3a of the NHS Constitution for England 2012 gives the following right to citizens and service users: “You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.” The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following ‘protected characteristics’

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex and sexual orientation

The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires clinical commissioning groups to have ‘due regard’ to the need to:

- Eliminate discrimination that is unlawful under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

## Appendix 2. Engagement terms

Please see below for the following definitions of the key terms used in this policy.

**Co-Production** - [The ladder of co-production](#) describes a series of steps towards co-production in involvement, engagement and participation activities in health and social care. It was created in 2016 by members of the National Co-production Advisory Panel.

**Commissioning** - The process of planning services for a group of people who live in a particular area. It does not always mean paying for services but making sure that the services people need are available in that area. Examples of commissioning activities:

- Planning: The development of a policy for the commissioning of a new or changing health service
- Proposals for change: Development of options for the reshaping of services in a particular area
- Operational decisions: Making changes to, or closure of services or the re-location of services

**Statutory** – Information and guidance from the Government explaining how specific laws should be put into practice and what they mean for people. Non-statutory – If something is non-statutory, it is not required by law and such information, guidance or decisions are based on customs or precedents.

**Involvement** - The involvement of people who use services in the way that those services are designed, delivered and run. It may be an opportunity to use people's experiences to make a particular service work better, and to be involved in decisions about things that affect them directly. User involvement takes different forms in different organisations, from voicing opinions to getting actively involved in the way a service is run.

**Engagement** – This is about giving people the opportunity to express their own views to professionals and say what they need, as well as being properly supported through the process.

**Participation** – Enable people to take part in decisions about things that affect them and other people. This may be about their own day-to-day life, such as what to eat or how to spend their time, or about how a service or organisation is run. It is more than consultation: participation means not just asking people for their view but also giving them the opportunity to have an influence over the final decision.

**Consultation** – This entails inviting people to express their views and opinions about a particular service or proposed change before any final decisions are taken.

**Co-design** – This is a type of engagement activity where people are involved in designing and planning services, based on their experiences and ideas. They may expect to work with professionals to design how a new service could work, or to share their experiences to help a service improve.

**Co-production** - When patients and members of the public are involved as an equal partner in designing the support and services they receive. Co-production recognises that people who use health and social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need health and social care.

## Meeting of the BSW ICB Board

Report Title	Approval and adoption of BSW Integrated Care Board policies – BSW ICB Emergency Preparedness Resilience and Response (EPRR) Policy					Agenda item		7d
Date of meeting	1 July 2022							
Purpose	Approve	x	Discuss		Inform		Assure	
Contact for enquiries	Louise Cadle, BSW ICB Head of EPRR							
This report concerns	BSW ICB	x	BaNES locality		Swindon locality		Wiltshire locality	
Executive summary	The Emergency Preparedness Resilience and Response Policy has been updated in line with the CCG transition to an ICB, and considering known legislation and guidance This paper has been reviewed and agreed by the Executive Team.							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The ICB Board is asked to <b>approve</b> the BSW ICB Emergency Preparedness Resilience and Response (EPRR) Policy.							
Risk (associated with the proposal / recommendation)	High		Medium	x	Low		N/A	
Key risks	BSW ICB has a statutory requirement to be able to respond and recover from any incident that may occur as well as be able to maintain as near business-as-usual activity but particularly critical functions during the incident response and recovery. The EPRR							

Report Title	Approval and adoption of BSW Integrated Care Board policies – BSW ICB Emergency Preparedness Resilience and Response (EPRR) Policy	Agenda item	7d
	Policy outlines the ICB commitment to EPRR and its Category 1 function.		
Impact on quality	By resourcing the function appropriately BSW ICB will ensure its ability to respond to emergencies of all types whilst maintaining business continuity as far as reasonably practicable. This will also ensure compliance with statutory legislation and guidance and maintain a risk-based approach to work planning as well as horizon scanning risks that may impact the wider system.		
Impact on finance	Effective arrangements for the management of any emergency within the health economy should minimise any financial consequences.		
	Finance sign-off: [insert name]		
Conflicts of interest	N/A		

# BSW ICB Health and Safety Management Policy

## Executive Summary

- 1.1 The Health and Safety Management Policy and supporting subordinate policies and procedures have been reviewed in advance of the CCG to ICB transition. The Health and Safety Management Policy has been updated to reflect more suitable arrangements for H&S in the ICB and the current ways of working. The Policy is supported by subordinate policies and procedures as mentioned throughout the document.

## 2. Recommendation(s)

- 2.1 The ICB Board is asked to consider and approve the Health & Safety Management Policy. The Health & Safety Management Policy is a statutory requirement.
- 2.2 Within the Health & Safety Management Policy is a Health & Safety Commitment. The Chief Executive is asked to sign and publish the Statement of Commitment on the BSW website, intranet and within BSW premises.

## 3. Background / Statutory Considerations and Basis for Proposal

- 3.1 Some organisational policies are cited in statute or NHS requirements and must be formally approved, contain certain requirements, and be reviewed on a regular pre-determined frequency. The Health and Safety Management Policy is a statutory requirement to support the Health & Safety Management Framework of the organisation. There is an understanding that policies can be relied on in legal proceedings and that colleagues are aware of them and are required to abide by them.
- 3.2 Policies such as the Health & Safety Management Policy are key policies to provide a firm foundation for ICB management arrangements. The Health & Safety Management Policy has been reviewed and updated to support the current ways of working in BSW and the health and safety arrangements for the ICB going forward. Some arrangements will have been modified and a period of implementation will be needed.
- 3.3 The Health & Safety Management Policy is supported by a number of subordinate policies and procedures that have also been reviewed or will be reviewed as they reach their review date.

## 4. Other Options Considered

- 4.1 It had been considered that the Health & Safety policies and procedures should be left to be reviewed until the ICB is in place and the new Executive Team have a full grasp on how the organisation currently operates and should operate. However, as the documents have been in place for a while and BSW has been operating in

exceptional circumstances over the past two years, it was determined that these should be updated to provide detailed Health & Safety arrangements.

## 5. Resource Implications

- 5.1 No additional resources will be required for general health and safety arrangements. However, the full introduction of Representatives of Employee Safety (RoES) across the organisation as conduits to report health and safety issue and provide information and awareness to their teams will require resourcing. It is not intended that this will be an onerous role and can easily be performed alongside other duties but will support the organisation as we continue to work largely away from offices.

## 6. Consultation

- 6.1 The BSW CCG Executive Team has reviewed and supports the Health and Safety Management Policy.

## 7. Risk Management

- 7.1 This approach aims to mitigate the risk of failing to have documents in place that underpin the operation of BSW. Policies are documents that are relied on within the legal process and will support operations and decision making.

## 8. Next Steps

- 8.1 The Health and Safety Statement of Commitment will be published on the intranet, website and within BSW premises.
- 8.2 The policy will be shared on the internet and website as appropriate and awareness will be raised with BSW colleagues.
- 8.3 Representatives of Employee Safety (RoES) will be identified and trained.

<b>Equality and Diversity</b>	Applicable	x	Not applicable	
These documents support equality and diversity.				

<b>Health Inequalities Assessment</b>	Applicable		Not applicable	x
The arrangement has no impact on health equality.				

<b>Public and Patient Engagement</b>	Applicable		Not applicable	x
The arrangement has no impact on public and patient engagement.				

# **NHS Bath & North East Somerset, Swindon and Wiltshire Integrated Care Board - Emergency Preparedness Resilience and Response Policy**



## Document Control

Title of Document	Emergency Preparedness Resilience and Response (EPRR) Policy		
Placement within Organisation	This document covers all staff within Bath & North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board (ICB)		
Consultation / Stakeholders	BSW ICB EPRR Steering Group		
Author	Louise Cadle Head of EPRR Corporate Affairs		
Approved by	BSW ICB Board		
Approval Date	1 July 2022	Review Date	July 2024
Implementation Date	1 July 2022		
Implementation Method	Distribution to all staff and published on the ICB intranet and internet webpage		
Version Control	0.2 draft		

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## 1. Policy

NHS England and NHS Improvement (NHSEI) requires that all ICBs prepare and test arrangements in response to emergency and business continuity incidents. This policy outlines the requirements to which Bath and North East Somerset, Swindon and Wiltshire ICB must adhere to and how these will be delivered. The policy applies to all aspects of the ICB's operations and services. The process of EPRR is the responsibility of the whole organisation and is driven by BSW Board through the Accountable Emergency Officer. The aim of the EPRR policy is to ensure that the ICB can support the local health economy in its response to an emergency or major incident whilst maintaining high levels of service for the local population.

### 1.1 Scope

The scope of the arrangements for the response to emergency incidents covers all levels of incident as described in NHS England Emergency Preparedness, Resilience and Response Framework.

The ICB will be responsible for the coordination of Level 1 and 2 incidents within its area of operations. The ICB will provide support to NHS England and NHS Improvement (NHSEI) in the response to Level 3 and 4 incidents, whilst coordinating the local response – see figure 1.

Figure 1: NHS Incident Response Levels

NHS Incident Response Levels	
Level 1	An incident that can be responded to and managed by a local health provider organisation within their respective business as usual capabilities and business continuity plans in liaison with local commissioners.
Level 2	An incident that requires the response of a number of health providers within a defined health economy and will require NHS coordination by the local commissioner(s) in liaison with the NHS England local office.
Level 3	An incident that requires the response of a number of health organisations across geographical areas within a NHS England region. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.
Level 4	An incident that requires NHS England National Command and Control to support the NHS response. NHS England to coordinate the NHS response in collaboration with local commissioners at the tactical level.

## 1.2 Accountability

The person with senior level responsibility for the delivery EPRR arrangements is the Accountable Emergency Officer (AEO).

The Accountable Emergency Officer who is the BSW Director of Planning and Performance will report no less than annually to the Board of the ICB on the progress against EPRR assurance framework and the response to incidents and disruptions when they occur.

The responsibilities of the Accountable Emergency Officer may be discharged through one or more deputies; however the responsibility for ensuring compliance remains with the Accountable Emergency Officer.

## 2. Implementation

The ICB will maintain plans and procedures documenting its response to emergency and business continuity incidents.

This will include:

- Incident Response Plan (for Major / Critical Incidents)
- Business Continuity Management Plan
- Entries on the Corporate Risk Register

The incident response plan will enable the ICB to respond to and coordinate local provider responses to incidents and document how it will liaise with NHSEI and facilitate the response to incidents led by NHSEI. Incident response planning will be developed with regard to NHSEI guidance and available national guidance.

The ICB will maintain a corporate business continuity management plan to enable it to respond to business disruptions. This plan will be scalable, enabling an individual team to manage low level disruptions whilst also providing a framework for the Executive Team to manage disruptions that affect the whole organisation.

Business Continuity Plans will be developed with regard to best practice from NHS and industry standards.

### 2.1 Responsibilities of the ICB

It is the responsibility of the ICB to:

- fulfil the relevant duties under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 and the Health and Care Act 2022

- co-chair (Accountable Emergency Officer (AEO) the LHRP (with a local DPH) and maintain the involvement and support of LHRP partners at strategic and tactical level
- ensure appropriate Director level representation at the LRF
- establish a mechanism to provide NHS strategic and tactical leadership and support structures to effectively manage and coordinate the NHS response to and recovery from, incidents and emergencies 24/7. This will include representing the NHS at Strategic Coordinating Groups and Tactical Coordinating Groups
- support NHS England in discharging their EPRR functions and duties locally, including supporting ICS tactical coordination during incidents (level 2–4 incidents)
- ensure robust escalation procedures are in place to respond to disruption to delivery of patient services
- provide a route of escalation for resilience planning issues to the LHRP in respect of commissioned provider EPRR preparedness
- develop and maintain incident response arrangements in collaboration with all NHS funded organisations and partner organisations
- ensure that there is an effective process for the identification, recording, implementation and sharing of lessons identified through response to incidents and emergencies and participation in exercises and debrief events
- provide annual assurance against the NHS EPRR Core Standards, including by monitoring each commissioned provider's compliance with their contractual obligations in respect of EPRR and with applicable Core Standards
- ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can notify the ICB 24/7

## **2.2 Board**

The Board will seek assurances as to the overall strategic direction of the ICB's EPRR programme and ensure that it is implemented and resourced appropriately.

At the 1 July 2022 there is no identified Non-Executive Director because of the infancy of the organisation. It is recommended that the Board will appoint a Non-Executive Director to formally hold the EPRR portfolio for the ICB who will be kept briefed on the progress of the EPRR work plan outside of Board meetings via regular updates from the AEO or EPRR Lead. This will be confirmed as part of further discussions as the ICB develops.

## **2.3 Accountable Emergency Officer (AEO)**

The AEO will be responsible for:

- ensuring the ICB and any sub-contractors are compliant with the EPRR requirements as set out in the CCA 2004, the 2005 Regulations, the NHS Act 2006, the Health and Care Act 2022 and the NHS Standard Contract, including this Framework and the Core Standards
- ensuring that the ICB is properly prepared and resourced to deal with an incident
- ensuring that the ICB and any sub-contractors it commissions have robust business continuity planning arrangements in place that align to ISO 22301 or subsequent guidance that may supersede this

- ensuring that the ICB has a robust surge capacity plan that provides an integrated organisational response and has been tested with other providers and partner organisations in the local area served
- that the ICB complies with any requirements of NHS England, in respect of monitoring compliance
- that the ICB provides NHS England with such information as it may require for the purpose of discharging its EPRR functions
- that the ICB is appropriately represented by director-level engagement with and effective contribution to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate.

## **2.4 Deputy Accountable Emergency Officer**

The AEO role sits with the Director of Planning and Performance to assist this role a Deputy Accountable Emergency has been identified to provide resilience and enable support to the AEO given the challenges of working across two Local Resilience Forums.

## **2.5 Head of Emergency Preparedness Resilience and Response (EPRR)**

The Head of EPRR will work under delegation from the AEO and will be responsible for:

- Coordination of the ICB's day-to-day EPRR and Business Continuity Management (BCM) systems, structures and procedures to ensure integrated planning takes place
- Developing and maintaining a work plan for EPRR and BCM
- Providing advice and guidance at all levels of the ICB
- Developing, reviewing and maintaining the corporate level EPRR and BCM plans ensuring robust consultation as part of that process
- Maintaining professional competency in emergency preparedness and business continuity management
- Risk assessing the likelihood and impact of potential incidents occurring, based on local hazards, which could affect the ICB and require planning for and mitigation
- Providing assurance to the AEO, Board and NHSEI of the ICB's level of compliance with statutory and non-statutory guidance
- Representing the ICB in liaison with other NHS and partner organisations, planning, training and exercising groups with respect to EPRR and BCM
- Coordinating the ICB and LHRP Training and Exercising Programme
- Leading on post incident and exercise debriefs and producing reports including lessons identified and action plans for the BSW ICB EPRR Steering Group and LHRP.
- Ensuring that where necessary relevant directorate level plans are completed and maintained.
- Supporting the Executive Management Team in the response to major, critical and business continuity incidents.

## **2.6 Non-Executive Director**

Whilst this is a planning only role with no emergency response duties, the Non-Executive Director for EPRR is required to work in-conjunction with the organisations Accountable Emergency Officer (AEO) and Head of EPRR to stay informed of the planning and response required of BSW ICB. This will include:

- Meeting with the AEO/Head of EPRR to discuss highlights of internal and external developments relating to EPRR
- Attending any relevant EPRR training and exercising events
- Working with the AEO/Head of EPRR to prepare the annual report for EPRR

## **2.7 Colleagues**

All colleagues must ensure that they read this policy and understand their role in any emergency or business continuity incident. Where they have a role within an EPRR or business continuity response plan that requires specific training, it will be their responsibility to maintain their competence to carry out that role.

## **3. Assurance**

The ICB will participate in the annual assurance exercise against the EPRR Core Standards, managed by NHSEI through the Local Health Resilience Partnership. The AEO will present the ICB and providers' level of compliance with the NHSEI Core Standards for EPRR to the Board and will issue a statement of EPRR compliance in the ICB's annual report.

The Head of EPRR will develop the EPRR Work plan for agreement by the AEO and the BSW ICB EPRR Steering Group.

The EPRR Steering Group will support directorates to develop their business continuity plans and will develop and review corporate level plans. It will scope the training and exercising needs and develop a training and exercising programme yearly which will make up part of the annual work plan.

### **3.1 Assurance Compliance**

Each NHS Organisation is required to take part in the annual NHSEI Assurance process. In meeting this obligation the ICB will coordinate a review of each of its commissioned providers against the core standards published by NHSEI and will meet with NHSEI to provide assurance of the compliance against these core standards by its commissioned providers.

Where a provider has not been able to demonstrate that it is substantially compliant with the core standards, the Head of EPRR will meet with the Provider regularly throughout the year to provide support to deliver progress improvement against the Core standards throughout the year.

The ICB will meet with NHSEI annually to discuss its own compliance with the core standards and will provide assurance to the LHRP of the level of compliance achieved by the ICB and their commissioned providers.

### **3.2 Risk Assessment**

To comply with the NHS England EPRR Framework and EPRR Core Standards, the ICB is required to assess the risk, no less frequently than annually, of any emergencies or business continuity incidents occurring, which affect or may affect the ability of the ICB to deliver its functions. The risk assessment process is in line with partner organisations, Local Health Resilience Partnerships (LHRP) and other risk registers such as the LRF Community Risk Register for Avon and Somerset and Wiltshire and Swindon.

The Head of EPRR will be responsible for ensuring that any risk that has the potential of resulting in an emergency or business continuity interruption is included on the risk register and appropriate mitigating actions identified. Where a particular risk requires a specific response plan is created, the EPRR Lead will include this in the EPRR work plan.

### **3.3 24/7 Response Arrangements**

The ICB will maintain a 24/7 rota of On Call Managers to respond to any arising incident. The manager on call will be supported by an On Call Director who may be contacted by the On Call Manager if required. This will enable support to the wider multi-agency incident coordination structures established.

## **4. Continuous Development**

This EPRR Policy, supporting plans and other associated documents will be placed on the ICB's internal website and will be actively promoted to staff.

The Head of EPRR will be responsible for ensuring that the EPRR Policy and associated plans and procedures are maintained in line with the standard organisational processes for document control and version management. Where these documents are reviewed and improvement identified the revised versions will be made available to all relevant staff and partner organisations.

### **4.1 Training**

The AEO with support from the Head of EPRR is responsible for identifying appropriate levels of training and awareness sessions for relevant staff who will be involved with a response to an emergency or business continuity incident. On Call Directors and Managers must undertake training that meets the relevant National Occupational Standards and NHSEI competencies.

The Head of EPRR will conduct a training needs analysis and will maintain a training plan to focus the training delivered within the ICB. The AEO will ensure that staff attend required training and that training records are maintained. On Call Directors and



Managers will maintain individual training portfolios that demonstrate their competencies.

## **4.2 Exercising**

Plans and procedures will be exercised in line with the requirements of the NHS England Emergency Preparedness Framework which currently recommend:

- a communications exercise every six months
- a desktop exercise once a year and
- a major live exercise every three years

Exercises will also reflect the requirements of the Data Security and Protection Toolkit. The ICB will maintain an exercise plan based upon these requirements as part of the overall annual EPRR work plan. The responsibility to exercise plans can be discharged through participation in multi – agency exercises or the response to a real event.

## **4.3 Review and continuous development**

As part of its commitment to continual development, the ICB will undertake reviews of its response and procedures following major exercises or real incident response. Where appropriate this may take place as part of a multi-agency process. The Head of EPRR will maintain appropriate procedures for debriefing staff, and acting on lessons identified.

Lessons identified will be addressed through changes to policy, plan and procedures and or staff training. The AEO will be responsible for ensuring that this process takes place and that appropriate actions are included in the EPRR annual work plan.

This Policy and all associated plans will be monitored and reviewed in line with the NHSEI Annual Assurance process. Each year the annual review process generates a work plan which will enable the ICB to effectively review this policy against national standards.

The EPRR Policy and associated plans will be reviewed at least annually or in the event of any changes to:

- Business objectives and processes
- Organisational function
- Organisational structures and staff
- Key suppliers or contractual arrangements
- If an updated risk assessment highlights a new or changed vulnerability.

The Policy, plans and procedures may also be reviewed following the response to a real incident or exercise. Where changes are made these will be communicated with all relevant staff and partner organisations and where necessary, updated documents will be circulated.

## 5. References

### 5.1 Definitions and Glossary

Within this policy the following words shall have the meanings set out below:

<b>AEO</b>	Accountable Emergency Officer
<b>BCM</b>	Business Continuity Management
<b>BIA</b>	Business Impact Analysis
<b>BSW</b>	Bath & North East Somerset, Swindon and Wiltshire
<b>Business Continuity</b>	The capability of an organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident.
<b>Business Continuity Incident</b>	An event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. (This could be a surge in demand requiring resources to be temporarily redeployed).
<b>Business Continuity Management</b>	A holistic management process that identifies potential threats to an organisation and the impacts to business operations those threats, might cause, and which provides a framework for building organisational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.
<b>Business Continuity Plan</b>	Documented procedures that guide organisations to respond, recover, resume and restore to a predefined level of operation following disruption.
<b>Business Impact Analysis</b>	Process of analysing activities and the effect that a business disruption might have on them.
<b>CCA</b>	Civil Contingencies Act 2004
<b>Critical Incident</b>	Any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.
<b>Emergency</b>	Under Section 1 of the CCA 2004 an "emergency" means  "(a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom; (b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom; (c) war, or terrorism, which threatens serious damage to the security of the United Kingdom".
<b>EPRR</b>	Emergency Preparedness, Resilience and Response

<b>ICB</b>	Integrated Care Board
<b>Incident</b>	Situation that might be, or could lead to, a disruption, loss, emergency or crisis.
<b>LHRP</b>	Local Health Resilience Partnership
<b>LRF</b>	Local Resilience Forum – based on police force boundaries
<b>Major Incident</b>	Any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. For the NHS this will include any event defined as an emergency.
<b>NHS</b>	National Health Service
<b>NHSEI</b>	NHS England and NHS Improvement
<b>Resilience</b>	Adaptive capacity of an organisation in a complex changing environment.
<b>Response</b>	Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders.
<b>Risk Assessment</b>	Overall process of risk identification, risk analysis and risk evaluation.

## 5.2 Reference Documents

- The Civil Contingencies Act 2004  
[www.legislation.gov.uk/ukpga/2004/36/contents](http://www.legislation.gov.uk/ukpga/2004/36/contents)
- The Health and Social Care Act 2022  
<https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>
- NHSEI EPRR Guidance and Framework  
[www.england.nhs.uk/ourwork/epr/gf/](http://www.england.nhs.uk/ourwork/epr/gf/)
- NHS standard contract [www.england.nhs.uk/nhs-standard-contract/](http://www.england.nhs.uk/nhs-standard-contract/)
- National Occupational Standards (NOS) for Civil Contingencies – Skills for Justice  
<..\..\On Call\Oncall staff\NOS Director on Call Strategic.pdf>  
<..\..\On Call\Oncall staff\NOS Manager on Call Tactical.pdf>
- BSI PAS 2015 – Framework for Health Services Resilience  
[shop.bsigroup.com/ProductDetail/?pid=000000000030201297](http://shop.bsigroup.com/ProductDetail/?pid=000000000030201297)
- ISO 22301 Societal Security - Business Continuity Management Systems Requirements  
[www.iso.org/standard/50038.html](http://www.iso.org/standard/50038.html)
- NHSEI Core Standards For EPRR [www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/](http://www.england.nhs.uk/publication/nhs-england-core-standards-for-epr/)
- Preparation and planning for emergencies: responsibilities of responder agencies and others <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>
- Data Security and Protection Toolkit <https://www.dsptoolkit.nhs.uk/>
- Internal BSW Integrated Care Board Policies

## Meeting of the BSW ICB Board

<b>Report Title</b>	Approval and adoption of BSW Integrated Care Board policies - Health & Safety Management Policy						<b>Agenda item</b>	7e
<b>Date of meeting</b>	1 July 2022							
<b>Purpose</b>	<b>Approve</b>	<b>x</b>	<b>Discuss</b>		<b>Inform</b>		<b>Assure</b>	
<b>Contact for enquiries</b>	Anett Loescher, Deputy Director of Corporate Affairs Yvonne Knight, Head of Risk Management and IG Susannah Long, Information Governance & Assurance Manager							
<b>This report concerns</b>	<b>BSW ICB</b>	<b>x</b>	<b>BaNES locality</b>		<b>Swindon locality</b>		<b>Wiltshire locality</b>	
<b>Executive summary</b>	<p>The Health &amp; Safety Policy was introduced at the merger of the three CCGs and was supplemented with Covid-19 arrangements during the pandemic. It has now been reviewed and updated with arrangements reflecting the current ways of working. The Policy is supported by subordinate policies and procedures as mentioned throughout the document.</p> <p>This paper has been reviewed by the Executive Team.</p>							
<b>Equality Impact Assessment</b>	N/A							
<b>Public and patient engagement</b>	N/A							
<b>Recommendation(s)</b>	<p>The ICB Board is asked to consider and <b>approve</b> the Health and Safety Management Policy.</p> <p>The Chief Executive is asked to sign and publish the Health and Safety Statement of Commitment.</p>							

Report Title	Approval and adoption of BSW Integrated Care Board policies - Health & Safety Management Policy					Agenda item		7e
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	It is important that BSW ICB has policies in place that correctly represent legislation and direct the activities of the organisation. Policies form part of the Governance Framework supporting the day-to-day work of the ICB. Policies are, however, a weak form of control as they rely on BSW ICB colleagues to implement and follow them.							
Impact on quality	ICB colleagues may not have the documents available to them to undertake tasks in the manner agreed by the ICB.							
Impact on finance	Health and Safety incidents may lead to the intervention of the Health and Safety Executive (HSE) with associated costs.							
	Finance sign-off: [insert name]							
Conflicts of interest	N/A							

# BSW ICB Health and Safety Management Policy

## Executive Summary

- 1.1 The Health and Safety Management Policy and supporting subordinate policies and procedures have been reviewed in advance of the CCG to ICB transition. The Health and Safety Management Policy has been updated to reflect more suitable arrangements for H&S in the ICB and the current ways of working. The Policy is supported by subordinate policies and procedures as mentioned throughout the document.

## 2. Recommendation(s)

- 2.1 The ICB Board is asked to consider and approve the Health & Safety Management Policy. The Health & Safety Management Policy is a statutory requirement.
- 2.2 Within the Health & Safety Management Policy is a Health & Safety Commitment. The Chief Executive is asked to sign and publish the Statement of Commitment on the BSW website, intranet and within BSW premises.

## 3. Background / Statutory Considerations and Basis for Proposal

- 3.1 Some organisational policies are cited in statute or NHS requirements and must be formally approved, contain certain requirements, and be reviewed on a regular pre-determined frequency. The Health and Safety Management Policy is a statutory requirement to support the Health & Safety Management Framework of the organisation. There is an understanding that policies can be relied on in legal proceedings and that colleagues are aware of them and are required to abide by them.
- 3.2 Policies such as the Health & Safety Management Policy are key policies to provide a firm foundation for ICB management arrangements. The Health & Safety Management Policy has been reviewed and updated to support the current ways of working in BSW and the health and safety arrangements for the ICB going forward. Some arrangements will have been modified and a period of implementation will be needed.
- 3.3 The Health & Safety Management Policy is supported by a number of subordinate policies and procedures that have also been reviewed or will be reviewed as they reach their review date.

## 4. Other Options Considered

- 4.1 It had been considered that the Health & Safety policies and procedures should be left to be reviewed until the ICB is in place and the new Executive Team have a full grasp on how the organisation currently operates and should operate. However, as the documents have been in place for a while and BSW has been operating in

exceptional circumstances over the past two years, it was determined that these should be updated to provide detailed Health & Safety arrangements.

## 5. Resource Implications

- 5.1 No additional resources will be required for general health and safety arrangements. However, the full introduction of Representatives of Employee Safety (RoES) across the organisation as conduits to report health and safety issue and provide information and awareness to their teams will require resourcing. It is not intended that this will be an onerous role and can easily be performed alongside other duties but will support the organisation as we continue to work largely away from offices.

## 6. Consultation

- 6.1 The BSW CCG Executive Team has reviewed and supports the Health and Safety Management Policy.

## 7. Risk Management

- 7.1 This approach aims to mitigate the risk of failing to have documents in place that underpin the operation of BSW. Policies are documents that are relied on within the legal process and will support operations and decision making.

## 8. Next Steps

- 8.1 The Health and Safety Statement of Commitment will be published on the intranet, website and within BSW premises.
- 8.2 The policy will be shared on the internet and website as appropriate and awareness will be raised with BSW colleagues.
- 8.3 Representatives of Employee Safety (RoES) will be identified and trained.

<b>Equality and Diversity</b>	Applicable	x	Not applicable	
These documents support equality and diversity.				

<b>Health Inequalities Assessment</b>	Applicable		Not applicable	x
The arrangement has no impact on health equality.				

<b>Public and Patient Engagement</b>	Applicable		Not applicable	x
The arrangement has no impact on public and patient engagement.				



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Integrated Care Board

## **HEALTH AND SAFETY MANAGEMENT POLICY**



<b>Title:</b>	BSW Health and Safety Management Policy		
<b>Version:</b>	1.6	<b>Recommended Review Date:</b>	April 2023
<b>Approval Date:</b>	July 2022	<b>Approving Committee:</b>	BSW ICB Board
<b>Document Manager:</b>	Yvonne Knight, Head of Risk Management and Information Governance	<b>Document Sponsor:</b>	

<b>Purpose:</b>	BSW is fully committed to protecting the health, safety and welfare of its colleagues and anyone else whose health, safety and welfare could be affected by the work and activities of the organisation. This policy sets out the arrangements for Health & Safety.
<b>Key information:</b>	<p>Risk Assessments form a critical part of an effective Safety Management System. Managers are responsible for identifying significant and foreseeable risks within their environments and with the duties undertaken.</p> <p>All incidents, including near misses, must be reported in line with the incident reporting mechanism and using Accident Books at each site as appropriate.</p> <p>BSW will ensure that information is on display at each site including the Health &amp; Safety Law Poster and a copy of the Health &amp; Safety Statement of Commitment.</p> <p>Colleagues working from home are required to undertake their own risk assessment of their domestic environment and share the results with their line manager. With agile working, BSW will provide equipment for Display Screen Equipment (DSE) use at home and in other working environments.</p> <p>BSW will comply with the Control of Substances Hazardous to Health Regulations 2002, supporting the Landlord's premises COSHH arrangements.</p> <p>All DSE Users must complete a DSE Workstation Assessment and share this with their Line Manager at least annually and when their work or main working environment changes. BSW will pay for regular eye and eyesight tests.</p> <p>Line Managers will check individual's MOT, car tax, business insurance and driving licence (Duty of Care documents) and complete the Duty of Care process via EASY.</p> <p>BSW will supply Fire Wardens as appropriate at business premises and will expect colleagues to undertake relevant PEEP assessments. BSW will encourage colleagues to consider fire safety at home.</p> <p>BSW will have arrangements in place to comply with Health &amp;</p>

	<p>Safety (First Aid) Regulations 1981 and where necessary recruit and train First Aiders.</p> <p>Lone workers must ensure their Line Manager has up-to-date personal details including contact details, car details and next of kin contact information and that this is up to date on ESR.</p> <p>Outlook diaries must be correct and open to viewing.</p> <p>BSW will aim to reduce the need for colleagues to undertake manual handling and will provide mandatory manual handling training.</p> <p>Safe and secure work-places will be provided.</p> <p>BSW will manage the risks of stress and promote well-being at work and will consult and involve colleagues in decisions that affect them. An Employee Assistance Programme and other resources for wellbeing are available.</p> <p>Violence at work is defined as 'abuse, threat or assault' and BSW will identify situations when violent behaviours are more likely and risk assess them.</p> <p>Premises will meet the basic welfare requirements.</p> <p>Risk assessments of New &amp; Expectant Mothers will be carried out at least every 3 months and on return to work.</p> <p>Specific responsibilities for the safety of young persons (&lt;18y) and children (&lt;16y) in the workplace are covered.</p> <p>Supplementary requirements will be issued as required to support specific circumstances for example Covid-19.</p>
Specific colleagues/ teams:	<p>This policy applies to all colleagues working for or on behalf of BSW including contract, bank or agency staff, students and volunteers. This policy extends to all sites, buildings and areas where BSW owes a duty of care and responsibility to colleagues, patients, visitors, contractors, or any other person affected by its work and activities.</p>
Tables/ Flowcharts:	<p><b>Employee Assistance Programme</b></p> <p>Staff Support Services  Belgrave House  77 High Street  Wroughton  Swindon SN4 9JU  Tel: 01793 815279  E-mail: <a href="mailto:gwh.staffsupport@nhs.net">gwh.staffsupport@nhs.net</a></p>

## **HEALTH & SAFETY MANAGEMENT POLICY**

### **1.0 INTRODUCTION & PURPOSE**

BaNES, Swindon and Wiltshire Integrated Care Board (BSW) is fully committed to protecting the health, safety and welfare of its colleagues and anyone else whose health, safety and welfare could be affected by the work and activities of the organisation. BSW recognises its statutory responsibilities as described within the Health & Safety at Work etc. Act 1974, the Management of Health & Safety at Work Regulations 1999 and other relevant legislation and guidance and will do all that it can to ensure colleagues and others are not exposed to unacceptable risk.

BSW also recognises that a healthy workforce working within a safe working environment has a positive impact on the organisation's ability to deliver services and achieve excellence in our work.

BSW currently operates from the following properties:

1. Head Office, Jenner House, Chippenham, which is a property managed by NHS Property Services and occupied by other commercial tenants. BSW currently shares its office space with Wiltshire Health & Care.
2. The Pierre Simonet Building, Swindon, which is an independent property managed by an independent contractor and also occupied by NHS South, Central and West Commissioning Support Unit (SCW) and GWH colleagues.
3. Southgate House, Devizes which is a property owned and managed by NHS Property Services. The property is also occupied by colleagues from NHS South, Central and West Commissioning Support Unit (SCW). This building will close during 2022 and be replaced by a smaller Devizes satellite office.
4. Kempthorn House, St. Martins Hospital, Bath which is a property owned and managed by NHS Property Services. The property is also occupied by colleagues from NHS South, Central and West Commissioning Support Unit (SCW). This building will close during 2022 and be replaced by Lewis House, Bath. Lewis House is owned and managed by Bath and North East Somerset Council. BSW will lease space here. Other occupants include Avon and Somerset Police and council colleagues.
5. Central Health Clinic, Salisbury which is a property owned and managed by NHS Property Services. The property is also occupied by other NHS tenants.
6. County Hall, Trowbridge which is a property owned and managed by Wiltshire Council. The property is also occupied by Wiltshire Council colleagues.

BSW will:

- Identify and manage health & safety risks to meet legislative requirements and achieve best practice standards.

- Do all that it can to ensure colleagues and others are not exposed to unacceptable risk.
- Continue to develop a safety management system that supports individuals and managers to actively manage foreseeable or identified risks to health and safety.
- Ensure expectations and standards for Health & Safety are clearly defined and local arrangements are documented.
- Provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, safe working environment and safe working practice.
- Ensure individual and management responsibility and accountability is clear at every level.
- Create the conditions in which Health & Safety Management will be part of our everyday approach to our work.
- Measure and monitor Health & Safety as a core business activity by means of regular assessments by South Central & West Commissioning Support Unit (SCW).
- Have arrangements in place that recognise the need to work collaboratively with other organisations to discharge responsibilities.
- Recognise that Health and Safety management must be flexible to provide timely arrangements to reflect national and local environmental changes.

## **2.0 SCOPE & DEFINITIONS**

### **2.1 SCOPE**

This policy applies to all colleagues working for or on behalf of BSW and includes contract, bank or agency staff, students and volunteers.

This policy extends to all sites, buildings and areas where BSW owes a duty of care and responsibility to colleagues, patients, visitors, contractors, or any other person affected by its work and activities.

This policy states our organisational commitment to healthy colleagues, a safe working environment and safe practice, detailing expectations and standards for health, safety and welfare. Roles and responsibilities are described to ensure everyone within BSW understands their contribution and how health & safety is managed.

This policy will thereby ensure, as far as is reasonably practicable, the health, safety and welfare of BSW colleagues and other persons who may be affected by the organisation's work.

## 2.2 DEFINITIONS

BSW Health and Safety Management Systems incorporate Health and Safety and Environmental Legislation relevant to the organisation and its work activities, specifically the Health & Safety at Work etc. Act 1974, the Management of Health & Safety at Work Regulations 1999 and subordinate legislation, regulations and guidance documents. A listing of major relevant legislation can be found at section 9.

<b>BSW</b>	Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board
<b>COSHH</b>	Control of Substances Hazardous to Health
<b>DSE</b>	Display Screen Equipment
<b>HSE</b>	Health & Safety Executive
<b>H&amp;S</b>	Health & Safety
<b>ICB</b>	Integrated Care Board
<b>MSDS</b>	Material Safety Data Sheet
<b>PAT</b>	Portable Appliance Testing
<b>PPM</b>	Planned Preventative Maintenance
<b>RIDDOR</b>	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
<b>RoES</b>	Representatives of Employee Safety

### 3.0 PROCESS/REQUIREMENTS

#### **Health & Safety Policy Statement of Commitment**

We are committed to identifying and managing health and safety risks, meeting legislative requirements and achieving best practice standards.

We accept our responsibilities under the Health & Safety at Work etc. Act 1974 and the Management of Health & Safety at Work Regulations 1999 for ensuring the health & safety of our colleagues and anyone else whose health, safety and welfare could be affected by the work and activities of the organisation.

The organisation will do all that is reasonably practicable to ensure colleagues and others are not exposed to unacceptable risk.

We recognise that a healthy workforce working within a safe working environment has a positive impact on our abilities to deliver services and achieve excellence in our work.

To achieve this objective, we will continue to develop a safety management system that supports individuals and managers to actively manage foreseeable or identified risks to health and safety.

Expectations and standards for Health & Safety will be clearly defined and local arrangements will be documented.

The organisation will provide the leadership and resources to ensure that individuals and managers have the guidance, understanding and opportunity to maintain and improve welfare, a safe working environment and safe working practice.

Implementation of our Health & Safety Policy is an individual and management responsibility, and accountability will be clear at every level.

Health & Safety Management will be part of our everyday approach to our work and its effectiveness will be measured and monitored as a core business activity.

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I and other members of the Board are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety and welfare across. We expect every colleague to share this commitment and to work together to achieve it.

Accountable Officer: **Sue Harriman, Chief Executive Officer**

Date:

### **3.1 Statement of Commitment Review**

The Statement of Commitment will be reviewed and signed annually. The Statement of Commitment describes the commitment and safety culture within BSW and all colleagues are encouraged to read the statement. The Statement of Commitment is available to all colleagues and stakeholders on the BSW internet site.

### **3.2 Safety Management System**

In order to manage health and safety risks effectively, BSW has developed a safety management system that includes:

- A Statement of Commitment;
- Risk Management tools to document, monitor and measure risks;
- Guidance and tools to support individuals and managers in the management of specific risks;
- An organisational structure that clearly describes roles and responsibilities;
- Trained Representatives of Employee Safety (RoES) within BSW;
- Expert advice and support from NHS South, Central and West Commissioning Support Unit including the 'competent person' function and the provision of information about health and safety risks to BSW
- Arrangements for the review of effectiveness of this policy.

The BSW Executive Team will be briefed with information from the Competent Person, on changes to legislation, approved codes of practice or guidance as required.

Where necessary, timely changes to the health and safety management system will be made to reflect national and local environmental changes and emergency responses.

### **3.3 Risk Assessment**

Risk assessments are essential to achieve our Health & Safety objectives and form a critical part of an effective Safety Management System.

Managers, supported by their RoES, are responsible for identifying significant and foreseeable risks within their teams and work environments. The risks identified must be documented, analysed and scored in terms of likelihood and impact. The risk assessment must document how the risk is being managed and describe additional measures to be considered to reduce risk. Wherever possible a hazard should be removed or have fail-safe arrangements in place. Safe systems of work, where this is applicable, must be documented, shared and monitored. Where additional measures are identified, actions must be agreed and the risk assessment must be reviewed and rescored on completion of those actions.

There is an expectation that risks to occupational health and safety will be recorded appropriately and, where these have a risk score greater than the risk register threshold, must be submitted to the Risk Panel for inclusion on the Corporate Risk Register (please see BSW Risk Management Strategy). This communicates the presence of the risk and the plans in place to mitigate the risk throughout the organisation. There is also an expectation that the risk assessments themselves will be stored centrally. In Health & Safety there is a function known as the Competent Person. Each organisation must have a Competent Person and this function must be held by someone with an occupational health and safety qualification. Currently the Competent Person function is provided by SCW CSU. The Health and Safety lead in BSW receives expert support from the Competent Person to address issues raised through legislative changes. The BSW Health & Safety lead will hold the risk assessments and conduct a programme of work for the RoES broadcasting information to relevant stakeholders.

There is an expectation that Managers will provide opportunities for all colleagues to be involved in conversations about safety. Routine risk assessments will be undertaken and safe systems of work will be developed with colleagues to ensure that risks are captured and that control measures are practical and effective. Risk assessments will be generic or specific to particular health and safety areas of risk.

All colleagues must be aware of relevant safe systems of working either through training, by reading the risk assessment or by reference to a separate safe system of work document. This learning and understanding of local safe systems of work will be documented.

General risk assessments must be reviewed at least annually and at any time that there is a significant change to the activity, place of work or individual and/or if there has been a reported incident or near miss relating to the risk. In the latter case the risk assessment will be reviewed as part of the incident investigation. Specific risk assessments will have pre-determined cycles for review. Reviews must be recorded on the Risk Assessment document with a signature and date.

Colleagues working from home are required to undertake their own risk assessment of this domestic environment and to share the results with their line manager. The risk assessment will be reviewed annually or sooner if there are changes to the environment or the individual moves house. BSW will provide appropriate DSE equipment for all colleagues who work from home as part of our Agile Working Strategy.



### **3.4 Incident Reporting**

All incidents, including near misses, must be reported (no matter how small) using the BSW incident reporting mechanism. Accident Books are held at each site and will be overseen by the Estates Team. The BSW Health & Safety Lead will ensure that incidents are reported to the Local Security Management Service, ConsultHR, SCW Health & Safety Advisor and/or other external bodies as necessary and will form part of the report to the Audit Committee.

Managers must follow the BSW incident reporting procedure which may require that an investigation is undertaken to identify contributory factors and root cause(s) of the incident and may involve the support of SCW. Managers must show that they have taken actions to reduce the possibility of any such incident happening again.

Some incidents may impact on a colleague's emotional and mental well-being, and it is essential that appropriate support is given in these circumstances. Advice and assistance can be obtained from ConsultHR, Occupational Health and/or the Employee Assistance Programme (also known as Staff Support Service).

Any investigation must be an inclusive process encouraging those involved in the incident or those involved in similar work, to contribute. Managers must share the outcomes of the investigation with their teams and across the organisation as appropriate. Information regarding incidents will also be shared with the landlord and other tenants as appropriate.

Actions agreed as part of the investigation must be completed within agreed timescales and assessed for effectiveness post implementation.

### **3.5 Reporting of injuries, diseases and dangerous occurrences (RIDDOR)**

BSW will ensure that any injury, disease or dangerous occurrence that falls within the categories outlined in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), is reported to the Health and Safety Executive (HSE) within the time scales set out in the Regulations and any subsequent amendments (RIDDOR 2013).

### **3.6 Communications of information relevant to Health and Safety**

To keep themselves and others safe, all colleagues must have an understanding of health & safety risks, safe ways of working and local health & safety arrangements.

BSW will ensure that information is on display at BSW premises including the Health & Safety Law Poster, a copy of the Health & Safety Statement of Commitment and details of Fire and First Aid arrangements.

The "Health & Safety Law - What you need to Know" poster advises colleagues of:

- The BSW health and safety representative(s)
- Other health and safety related contacts.

BSW will also publish health and safety information on the intranet on dedicated pages that can be accessed [here](#).

All colleagues have the opportunity to discuss Health & Safety issues at their Directorate or Team meeting and are encouraged to be involved in risk assessment. Colleagues are aware of the Representative of Employee Safety (RoES) within their Directorate and will receive briefings and support from this colleague as required.

### **3.7 Consultation**

To encourage and promote effective consultation, communication and co-operation, all colleagues will be provided with the opportunity and encouraged to contribute to conversations about Health & Safety including the undertaking of risk assessments.

BSW understands its responsibility to engage with colleagues, either directly or through appointed representatives. Representatives of Employee Safety (RoES) are given appropriate resources, training, opportunity and access to information and will be invited to attend Health & Safety Forum meetings where arranged.

### **3.8 Working in shared business premises**

All BSW colleagues have a nominal base within shared business premises. BSW has a responsibility to all colleagues wherever they work but also to anyone else who might be affected by the activities or omissions of those colleagues. All other employers operating from the shared premises will have the same legal requirement to take care not only of their own staff but anyone else affected by the activities or omissions of those staff.

Where BSW colleagues work in shared business premises all employers need to take all reasonable steps to minimise risk to all individuals through co-operation and co-ordinated effort. It is important that arrangements for Health & Safety of the site are clear to all. This includes fire safety, electrical safety, security, planned and reactive maintenance, asbestos management and legionella prevention. It is essential that safety information is shared and safe ways of working are agreed by all affected.

Information about emergency arrangements and who to contact about site management risks should be available to all working on the premises.

BSW will participate in any forum arranged to which all employers within the shared business premises are invited. Health and Safety information will be shared at this forum and safety activities will be co-ordinated.

### **3.9 Working from home**

Colleagues who work from home are required to undertake their own risk assessment of their domestic environment and to share the results with their line manager annually; a Home Working Risk Assessment is available for this purpose. The individual will be responsible for the identification and mitigation of risks associated with working from home. Advice and guidance will be provided.

For prolonged periods of home working, BSW will provide equipment to support the safe use of DSE at home. This equipment will remain the property of BSW and must be returned on request. BSW remains accountable for the Health & Safety of CCG colleagues while working from home.

### **3.10 Management of specific risks**

#### **3.10.1 Control of Substances Hazardous to Health (COSHH)**

BSW will comply with the Control of Substances Hazardous to Health Regulations 2002, supporting the Landlord's premises COSHH arrangements by:

- Identifying Substances Hazardous to Health in the workplace
- Maintaining/contributing to an up-to-date inventory of Substances Hazardous to Health in use
- Having a Material Safety Data Sheet (MSDS) available for all Substances Hazardous to Health used by BSW colleagues and listed on the Inventory
- Finding alternatives to Substances Hazardous to Health wherever possible
- Following guidelines and guidance within the MSDS for safe working with the substance hazardous to health (e.g. appropriate storage, arrangements for accidents and incidents including spills and first aid)
- Where a substance cannot be removed, assisting with a COSHH Assessment where the MSDS indicates a substance has the potential to cause harm to individuals and where there are guidelines for prevention of that harm
- Ensuring the COSHH Assessment describes measures in place for safety including personal protective equipment if necessary
- Providing personal protective equipment for individuals where it is described as necessary in the MSDS and COSHH Assessment
- Ensuring all colleagues know what they need to for safe working with any substances hazardous to health listed in the inventory
- Ensuring MSDS and COSHH Assessments are available to all colleagues at premises at all times
- Sharing details of Substances Hazardous to Health in use with other employers within shared premises
- Ensuring that a copy of the MSDS is lodged with the Landlord.

### 3.10.2 Display Screen Equipment (DSE)

BSW will comply with the Health and Safety (Display Screen Equipment) Regulations 1992 by:

- Publishing a DSE Procedure
- Identifying all BSW colleagues as Display Screen Equipment (DSE) Users – individuals who use DSE for a significant part of their working day
- Ensuring all DSE Users complete a DSE Workstation Assessment of their predominant workstation (office or home) and share with their Line Manager at least annually
- Ensuring all DSE Users complete a new DSE Workstation Assessment if there is a change to their predominant workstation, if they are experiencing discomfort that may be affected by or attributable to their workstation or if they have a new health condition that may be affected by, or attributable to, DSE work
- Ensuring colleagues know what they need to about comfort and safety when working with DSE and that this can be applied to 'hot-desking' arrangements
- Putting in place measures to address issues of comfort or safety identified by the DSE Workstation Assessment (such as replacement chairs, standing desks, lamps etc.)
- Facilitating a specialist DSE assessment where advised by Occupational Health on commencement of employment
- Referring DSE Users to Occupational Health, at the earliest opportunity, for advice and guidance on managing new or existing conditions that may be affected by or attributable to DSE Work
- Paying for regular eye and eyesight tests, to an agreed amount, for DSE Users where requested and authorised by a Manager as described in the Eye and Eyesight Test Procedure
- Paying for spectacles, to an agreed amount, for specific use with DSE where they are deemed a requirement for safety by an optician as described in the Eye and Eyesight Test Procedure
- Providing laptop users with a separate keyboard, mouse and docking station for height adjustment and screen where they use the laptop at their workstation

### 3.10.3 Driving and travelling for Work

BSW will manage the risks of driving and travelling for work by:

- Identifying all colleagues as potential 'drivers for work' – individuals who drive to and from BSW sites, events or meetings/appointments as part of their working day.
- Recognising that agile working arrangements may require colleagues to travel between home and ICB premises or working locations
- Checking the individual's MOT, car tax, business insurance and driving licence (Duty of Care documents) at Local Induction and on expiration of these documents by completing the Duty of Care process via EASY.

- Colleagues will be expected to take responsibility for providing their Duty of Care documents for inspection by their Line Manager and uploading relevant information to EASY, for sign-off by their Line Manager, prior to claiming expenses.
- Ensuring all drivers for work have provided personal details including car details (make, model, registration), alternative contact telephone numbers, next of kin name and contact and that this information is updated when there is a change. Personal information should also be kept up to date on ESR.
- Requiring colleagues to notify their line manager of any change to their licence, insurance or MOT at the earliest opportunity
- Requiring colleagues to notify their line manager of any new or existing health condition or medication that may affect their ability to drive or travel for work
- Enabling colleagues to drive or travel safely, by providing adequate time for travel, ensuring colleagues have the opportunity for regular breaks during the day and on long journeys, recommending all colleagues have access to a mobile phone for emergency purposes but they are not expected to take or make calls whilst driving, and that information on personal safety and health precautions are made available.
- Ensuring colleagues keep personal calendars up to date, including travel arrangements.
- Enabling colleagues to comply with legislation and the Highway Code.
- Encouraging colleagues to carry a travel first aid kit in their vehicles.
- Risk assessing standard journeys
- Recognising that those driving or travelling alone are 'lone workers'
- Ensuring that the Lone Working Procedure is available to colleagues and the line manager and colleagues follow the requirements of the Lone Working Procedure and consider the Driving section of the guidelines.

#### 3.10.4 Fire Safety

BSW will manage the risks of fire by:

- Ensuring BSW premises fire arrangements are clear for all colleagues and information about arrangements is on display
- Identifying individuals who may need assistance in an evacuation and putting in place a Personal Emergency Evacuation Plan (PEEP) for the individuals. This may include the use of specialist equipment that must be available
- Ensuring that colleagues receive a tour of ICB premises and other work locations as part of their induction and that fire escapes and infrastructure is identified and the building evacuation arrangements are understood
- Arranging for all colleagues to complete the mandatory fire safety training
- Identifying and training any individuals with special fire safety duties
- Participating in test evacuations in BSW premises at least twice a year. These will be assessed and recommendations for improvement will be reported to BSW
- Ensuring working practices by BSW colleagues minimises fire risks in their workplaces by:
  - o Compliance with any site arrangements for fire safety
  - o Ensuring good housekeeping in work areas
  - o Not leaving kitchen equipment unattended when in use (e.g. microwave, toaster)
  - o Acting to reduce risk when it is identified (e.g. removing obstructions to fire exit, closing fire doors)
  - o Reporting any fire or other health & safety hazards to the landlord
  - o Checking that any maintenance request is being carried out and escalating where required
  - o Reducing the use of hazardous flammable substances and storing appropriately
  - o Completing a H&S risk assessment at least once a year
- Advising colleagues on fire safety when working from home.

#### 3.10.5 First Aid Arrangements

BSW will comply with Health & Safety (First Aid) Regulations 1981 by:

- Completing a Risk Assessment of First Aid Needs covering BSW premises with specific reference to individual colleagues where appropriate
- Putting in place First Aid arrangements identified as necessary by that Risk Assessment
- Ensuring First Aid competence is maintained through training for identified individuals

- Co-operating with the Landlord and other employers within shared premises to ensure safe and sufficient coverage and designation of the 'Appointed Person' role.

BSW will:

- Ensure all colleagues are aware of the First Aid arrangements
- Display information about First Aid arrangements in BSW premises
- Identify and train any individuals with designated First Aid duties

In the event of a medical emergency, the ambulance service must be called immediately clearly stating the nature of the emergency and the location. A medical emergency requires a prompt response and, therefore, the request to call the emergency services does not have to be passed to the Landlord's appointed person for action.

### 3.10.6 Lone Working

BSW will manage the risks of Lone Working by:

- Having in place a Lone Working Procedure
- Identifying individuals who may travel alone, work alone on site, in community settings or at home
- Completing generic and, where appropriate, specific risk assessments for lone working outlining the risks and detailing the agreed local procedure, fully investigating the different situations of lone working
- Ensuring that the local procedure for safety when lone working is agreed with colleagues, that colleagues use it in their day-to-day work and that it is effective.

Please refer to the Lone Working Procedure for full details.

A local procedure should, as a minimum, include the requirement for all lone workers:

- To ensure the line manager has up to date personal details including contact details, car details and next of kin information
- To ensure their personal information is up to date on ESR Supervisor Self-service
- To have access to a telephone when working alone
- To maintain an appointment diary that is accessible to others and up to date, including travel information.
- To ensure someone is aware that they are working alone and to inform their line manager when they arrive at and depart from BSW premises/business addresses.

Consideration must be given for arrangements to cover lone working at the beginning and end of the working day.



### 3.10.7 Manual Handling

BSW will comply with Manual Handling Operations Regulations 1992 (as amended) by:

- Avoiding manual handling wherever possible
- Identifying manual handling risks required in the workplace – lifting, carrying, pushing or pulling
- Completing a risk assessment outlining specific risks and describing the safe way of working
- Ensuring all colleagues are aware of agreed safe systems of working and that they use those ways of working in their day-to-day activities
- Considering work equipment that may minimise the risks (e.g. trolleys, sack trucks)
- Where equipment is introduced, ensuring colleagues know how to use it safely and how it is to be maintained
- Ensuring all colleagues complete manual handling training.

### 3.10.8 Security

The CCG will provide safe and secure workplaces for colleagues ensuring:

- Buildings have clear security and access arrangements
- Access to colleague only areas are protected by appropriate security (e.g. swipe card)
- Incidents and near-misses are reported to and investigated by the Security Management Service via the BSW Incident Reporting process
- There is a lockdown protocol in place with site specific information
- There is a Security Management Policy in place.

### 3.10.9 Stress and well-being

BSW recognises the requirement to manage both the physical and psychological risks to colleagues in the workplace. Work related stress is defined by the Health & Safety Executive (HSE) as, 'The adverse reaction people have to excessive pressures or other types of demand placed on them at work'. BSW will manage the risks of stress and promote well-being at work by utilising the HSE Management Standards for Work Related Stress. These represent a set of conditions that, if present, reflect a high level of health and well-being for colleagues.

BSW will:

- Consult and involve colleagues in decisions that affect them
- Provide positive leadership at work
- Ensure colleagues have regular opportunities to discuss work and workload with their manager
- Provide Occupational Health and an Employee Assistance Programme
- Have in place a Sickness Absence Policy with appropriate return to work arrangements



- Providing resources to support wellbeing

The Employee Assistance Programme (EAP), also known as the Staff Support Service, is a free service for colleagues to anonymously access impartial advice and counselling services. The service includes face to face counselling and/or telephone counselling, if the individual needs help with managing stress, coping with bereavement, relationship breakdown, debt advice or a challenge or issue which they want to talk through with someone. The EAP can be contacted at:

### **Employee Assistance Programme**

Staff Support Services  
Belgrave House  
77 High Street  
Wroughton  
Swindon SN4 9JU  
Tel: 01793 815279  
E-mail: [gwh.staffsupport@nhs.net](mailto:gwh.staffsupport@nhs.net)

Where an individual states they are experiencing symptoms of stress (work-related or otherwise) to their line manager and/or where an individual has had an absence from work due to a stress related absence the line manager will:

- Ensure the individual is aware of the Employee Assistance Programme
- Arrange a meeting with the individual to discuss managing stress at work
- Consider a referral to Occupational Health
- Agree adjustments to work, workload or working arrangements if appropriate
- Document the discussion and agreed actions in a risk assessment
- Review the stress risk assessment and agreed actions with the individual through at least monthly meetings.

BSW recognises the principles of the Workplace Wellbeing Charter to help make the workplace a supportive and productive environment in which individuals can flourish.

BSW will also arrange for selected colleagues to meet on a regular basis to consider and promote ways of helping colleague achieve work/life balance, promote health and wellbeing, and make working life more enjoyable.

BSW will arrange for training for Mental Health First Aiders to support colleagues. Colleagues will be able to access these individuals anonymously. Support arrangements will also be in place for the Mental Health First Aiders.

### 3.10.10 Violence at Work

BSW will protect colleagues from violence and/or harassment at work by:

- Identifying situations when violent behaviours are more likely – violence at work being defined as ‘abuse, threat or assault’
- Agreeing with colleagues what are unacceptable behaviours
- Having an agreed telephone protocol for managing abusive telephone conversations
- Ensuring abuse, threat or assault is reported through the incident reporting procedure
- Ensuring that the incidents are investigated by the Security Management Service
- Completing a risk assessment for violence and aggression outlining specific risks and describing agreed safe ways of working
- Ensuring that Conflict Resolution training is available to key teams.

BSW, with the assistance of the Security Management Service, will ensure that the management of violence and aggression is part of the Security Management Policy.

### 3.10.11 Work Equipment

BSW will comply with the Provision and Use of Work Equipment Regulations 1998 and Lifting Operations and Lifting Equipment Regulations 1998 by:

- Ensuring work equipment where provided is suitable and fit for purpose
- Ensuring any colleague using work equipment has been shown how to use it safely
- Ensuring equipment is maintained at intervals advised by the manufacturer
- Regularly maintaining office electrical equipment through Portable Appliance Testing (PAT)
- Advising colleagues on checks to complete for work equipment at home
- Identifying any work equipment that creates significant risks to users or others, completing a risk assessment to analyse risks and describing agreed safe ways of working.

BSW will seek assurance from landlords regarding fixed and moveable equipment provided by the landlord. Under normal circumstances BSW colleagues will not be expected to use equipment in patient's homes as part of their duties.

### 3.10.12 Work Environment

The BSW will comply with the Workplace (Health, Safety and Welfare) Regulations by:

- Ensuring premises meet the basic welfare requirements of colleagues.
- Ensuring arrangements are in place for planned preventative maintenance (PPM) at all sites occupied by BSW colleagues. PPM will maintain key services such as heating, hot and cold water supplies, lighting, cleaning, fire equipment and alarm systems, security systems, sanitary facilities and general decoration.
- Having arrangements for unplanned maintenance (e.g. breakdowns, repairs) at all sites occupied by BSW.
- Ensuring information for reporting issues with work environment are clear and available.
- Providing advice and guidance on a safe working environment for those colleagues working from home.

BSW will have formal arrangements in place with landlords, and with other organisations hosting BSW colleagues, to manage the above.

### 3.10.13 BSW Temporary Colleagues

BSW has additional responsibilities for the safety of temporary colleagues at work including those on secondment. It will meet these responsibilities by:

- Ensuring all temporary colleagues are told what they need to know for the safety of themselves and others as part of their induction as they start work. This will be documented.
- Temporary colleagues have a designated Line Manager.

### 3.10.14 New & Expectant Mothers

BSW has specific responsibilities for the safety of new and expectant mothers at work. It will meet these responsibilities by:

- Completing a new & expectant mothers risk assessment, via ConsultHR, once notified of the pregnancy
- Detailing any specific risks identified and describing any agreed adjustments to work, workload or working practice in the Risk Assessment
- Seeking advice from Occupational Health for any pregnancy related medical conditions or existing health conditions that may be affected by the pregnancy
- Reviewing the New & Expectant Mothers Risk Assessment at least every 3 months and on return to work
- Providing appropriate facilities for breastfeeding at work for new mothers.

### 3.10.15 Young Persons (under 18 years old) and Children (under 16 years old)

BSW has specific responsibilities for the safety of young persons at work and in the workplace. It will meet these responsibilities by:

- Completing a Young Person Risk Assessment to identify specific risks to young persons and agree arrangements for managing those risks
- Identifying any restrictions at work for safety
- Sharing information about risks and agreed arrangements for safety with the young person and parents/carers as necessary
- Gaining consent for work experience from Parents/Carers where necessary
- Ensuring young people receive appropriate supervision, information, instruction and training at work for their safety and the safety of others.

Please refer to the Work Experience Placements Guide for Managers for full information.

## 4.0 ROLES & RESPONSIBILITIES

### **BSW Accountable Officer**

The BSW Chief Executive, as Accountable Officer, has ultimate accountability for the occupational health and safety of BSW colleagues and other persons affected by BSW acts and omissions. It is the responsibility of the Accountable Officer to ensure that a safety management system supported by a suitable health and safety policy exists, is implemented, monitored and reviewed.

### **BSW Board**

The Board has responsibility for creating the culture and circumstances in which health, safety and welfare are valued business objectives.

### **Audit Committee**

The Audit Committee has delegated responsibility for risk management including health and safety and security management.

### **Nominated Lead Director for Health and Safety**

The Lead Director for Health & Safety is the Director of Planning and Performance. The Lead Director has responsibility for the implementation of the safety management system described in this policy and is responsible for ensuring that systems of assurance are in place and that they are robust.

## **Executive Team**

The Executive Team will monitor and manage health, safety and welfare arrangements across the organisation, ensuring colleagues understand and are committed to this policy. Directors will ensure that risk assessments are reviewed at appropriate intervals and relevant risks are reported to the Risk Management Panel.

## **Operational/Line Managers**

Operational/Line Managers are responsible for managing day to day health, safety and welfare for their teams including ensuring the safety of others who may be affected by the work of the team.

Managers must identify and manage the risks applicable to their own teams, and their visitors, and the tasks they undertake, and must show they are using the guidelines within this policy to do so.

Managers will:

- Ensure the statement of commitment is available to all colleagues
- Ensure colleagues have the opportunity to read this policy and know where it and other relevant documents/policies may be accessed, signposting the intranet Health & Safety pages.
- Support an appointed departmental RoES
- Cover Health & Safety as part of induction and any specific departmental arrangements.
- Identify foreseeable risks in the team and work environment and ensure that these are included in the risk assessment for the department
- Put in place measures to manage and reduce risk and ensure these are documented in the relevant risk assessment
- Understand the needs of individuals to ensure safe working considers their differences
- Share and record significant risks on risk registers
- Complete investigations following incident reporting, where appropriate, involving colleagues in the process and sharing outcomes with teams
- Ensure actions agreed through investigations are completed within agreed timescales
- Report injuries, diseases and dangerous occurrences as required
- Provide colleagues with opportunities to discuss Health & Safety at meetings and regular one to ones
- Implement the actions outlined in the 'Managing Specific Risks' section of this Policy.
- Make provision for post incident support.

**BSW Health & Safety lead (and Deputy)**

The Health & Safety Lead and Deputy are supported by SCW CSU who provide the Competent Person function for the organisation. Their key responsibility will be to provide the advice, guidance and tools needed to successfully manage health, safety and welfare in BSW thereby assisting the organisation to comply with legislation. This will include facilitating the production/review of policies and procedures to support BSW's commitment to health and safety, and completion of a required assessments. It will also involve ensuring that appropriate records are kept and there is co-ordination of any annual health and safety audit undertaken.

**Office Operations Manager**

The Office Operations Manager will oversee the BSW office environments. This will include management of agile working spaces, equipment, workstations and desk booking systems. They will oversee fire safety, first aid and security arrangements and undertake specific risk assessments on a regular basis. They will maintain the first aid boxes within their areas including oversight on stock levels and triggering of ordering. They will assist with the determination of Health & Safety arrangements and supporting documentation. The Office Operations Manager will regularly liaise with Landlords on Health & Safety arrangements and report maintenance and safety issues. They will support the BSW incident reporting procedure and accident book management and be involved in investigations as required.

**Competent Person**

The Competent Person function will be supplied by an individual qualified in occupational health and safety. This role is delivered by the SCW CSU.

**Representatives of Employee Safety (RoES)**

The RoES will be the champion for Health & Safety in their department/directorate/area. The RoES, will assist with risk assessments of their department/directorate/area as requested. The risk assessment, and any control actions identified, will be shared with the relevant Director for the department for discussion, agreement and implementation. The RoES will monitor progress against any local action plan during the year.

The RoES will raise Health & Safety issues on behalf of their team and feedback any Health & Safety messages to their team, regularly attending the Health & Safety Forum. The RoES may be asked to undertake specific Health & Safety related tasks on an adhoc basis included assisting with the annual review of the Health & Safety Management Policy. A role description is at Appendix 2.

**Health and Safety Forum**

The Forum brings together the RoES and Health & Safety Lead (or nominated deputy) on a regular basis to disseminate information, discuss key documents or issues (with guest attendance) and provide training.

### **Fire Safety Officer**

The Fire Safety Officer is appointed by the Landlord(s) to look after site fire safety and compliance within relevant legislation.

### **Colleagues with Fire Safety Duties**

Colleagues with stipulated fire safety duties will also support the Fire Safety Officer with the identification and reporting of maintenance issues/faults with the fire infrastructure, highlighting to managers any hazards created by poor housekeeping or blocking of access/egress.

### **ConsultHR**

ConsultHR will commission Occupational Health Services and the Employee Assistance Programme.

ConsultHR will assist managers in the calculation of RIDDOR absences and provide advice and guidance on Human Resources related matters including post incident colleague support and the management of stress.

### **Occupational Health**

To provide individuals and managers with advice and guidance on how to manage new and existing health conditions in the workplace.

### **Appointed Persons**

An Appointed Person will ensure that the emergency services are called in an emergency and are not expected to administer first aid. The Appointed Person will be identified by BSW where the landlord(s) have not assigned this role.

### **First Aiders**

Where identified, First Aiders will ensure that they:

- complete initial first aid training that has been approved by the Health & Safety Executive
- maintain their competence through training at appropriate intervals
- maintain awareness of the locations and contents of first aid boxes
- give first aid when necessary following best practice and within competence in line with the local procedure
- participate in any First Aid forum
- notify the Appointed Person and Health & Safety Lead of any issues relating to First Aid.

### **All Colleagues**

All Colleagues will:

- have read this Policy
- know where to access this Policy and the Health & Safety pages of the intranet
- understand what they and others need to do for safety in all premises and when working from home
- use safe ways of working agreed through risk assessment
- complete risk assessments as required

- complete training as outlined in the Training Needs Analysis at appropriate intervals and support induction arrangements.
- act upon and/or report health and safety issues identified in the workplace to their RoES or the Health & Safety Lead, and by the appropriate mechanism identified by the landlord(s)
- report all accidents, incidents and near misses using the Accident Book and Incident Reporting process and any mechanism identified by the landlord(s)
- contribute to conversations about Health & Safety
- report any incidences to the Health & Safety Lead where compliance with the Health & Safety Management Policy is not possible
- maintain their personal contact details on ESR Self Service to ensure that, if in the event of an emergency or unforeseen circumstance, they or their next of kin can be contacted
- take positive action to ensure they contribute to maintaining a safe working environment for colleagues, building users and visitors.

## 5.0 TRAINING

BSW wants colleagues to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

BSW has an agreed Training Needs Analysis that outlines the learning to be completed, how to access the learning and how often it must be completed.

Training will be provided:

- to all new colleagues (including temporary colleagues as part of their local induction) so that they know what they need to for their own safety and the safety of others
- to existing colleagues to ensure they continue to be aware of risks at work and understand safe working practice
- whenever there is a change to work or working practice and that change introduces risks or changes the risks for individuals
- following an incident if the investigation shows that training may be beneficial
- to colleagues holding specific roles for fire or first aid and RoES.

Training records are an essential element of safety management and as such accurate records of all training undertaken shall be kept, maintained and used to identify where further training or targeted training is necessary. Colleagues are required to support the maintenance of these records.



## **6.0 EQUALITY AND DIVERSITY**

BSW aims to design and implement a Health & Safety Management Policy that is fair and equitable. BSW is committed to promoting equality and respect for the people it serves and for its colleagues. Our aim is to ensure the way that we work challenges inequality and affirms difference.

This Policy has been assessed against the Equality Impact Assessment (EIA) Tool and no deficiencies have been identified.

## **7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS**

Health & Safety will be monitored as a core business objective by Directors, Senior Managers, the Audit Committee and ultimately the Board to ensure that BSW is operating safely.

This monitoring will include:

- outcome reports from risk assessments
- Health & Safety related risks recorded on the Risk Register
- the outcomes of any annual Health & Safety Review
- compliance with policy
- reports from any inspections
- consideration of Health & Safety related incidents.

A Health & Safety report will be presented to the Audit Committee highlighting any recommendations for improvements. This will inform the BSW Annual Report. Implementation of any high-level action plan will be monitored by the Audit Committee.

The Evaluation Standard in Appendix 1 has been developed to provide assurance for monitoring compliance and effectiveness with this policy for departments and Line Managers.

Any non-compliance with this policy should be reported using the non-compliance form contained within the Policy for the Management of Policies and by contacting the Health & Safety Lead.

## **8.0 REVIEW**

This document may be reviewed at any time at the request of either colleagues or management or where there has been a significant change in health and safety law. Otherwise, this policy will be reviewed on an annual basis to ensure that the Health & Safety arrangements of BSW are fit for purpose.

## 9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

- Health & Safety at Work etc. Act 1974
- Management of Health & Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992 (as amended)
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Personal Protective Equipment at Work Regulations 1992
- Health and Safety (Display Screen Equipment) Regulations 1992
- The Control of Substances Hazardous to Health Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- The Corporate Manslaughter and Corporate Homicide Act 2008
- Health & Safety (Consultation with Employees) Regulations 1996 (as amended)
- Safety Representatives and Safety Committee Regulations 1977 (as amended)
- Health & Safety (First Aid) Regulations 1981
- Successful H & S Management (HS(G)65)
- Influencing Behaviour and Reducing Errors (HS(G)48)
- Environmental Protection Act 1990
- Managing Risk, Adding Value - Health & Safety Executive ISBN 0-7176-1536-7
- Managing Contractors – Health & Safety Executive ISBN 978-0-7176-1196-6
- Regulatory Reform (Fire Safety) Order 2005

## 10.0 REVIEW HISTORY

Version	Review Date	Reviewed By	Changes Required? (If yes, please summarise)	Changes Approved By	Approval Date
0.1	Feb'20	Wiltshire RoES / SCW CSU H&S Advisor	Clarity on other sites' arrangements		
0.2	Apr'20	Gov Body	None	Gov Body	9/4/20
1.1	Feb'21	Health & Safety Lead, Information Gov and Assurance Manager, Office	Additions reflecting agile working and potential changes in office bases		

		Manager			
1.2	Jan'22	Health & Safety Lead, Information Gov and Assurance Manager, Office Manager	Further additions reflecting agile working, changes in office bases and pandemic		
1.5	May'22	Health & Safety Lead, Information Gov and Assurance Manager, Office Manager	Further amends reflecting agile working and step down from pandemic arrangements (removal of Appendix 3 – Covid19 supplement); comments from Dir of Corporate Affairs.		
1.6	Jun'22	Executive Committee			

## 11.0 LINKS WITH OTHER DOCUMENTS

Document title
DSE Procedure Eye and Eyesight Test Procedure Work Experience Placements Guide for Managers PEEPS for Visitors PEEPS for colleagues Risk Management Strategy Incident Reporting Procedure Security Management Policy (including management of violence and aggression and Lockdown) Lone Working Procedure Sickness Absence Policy Health & Wellbeing Policy First Aid Protocol(s) Risk assessments

### EVALUATION STANDARD

Policy Name: Health & Safety Management Policy

#### Standard statement

BSW wants colleagues to be able to work confidently, with the knowledge and understanding of what the work involves, why it is being carried out and how it can be undertaken safely.

#### Criteria - Corporate

1. The Health & Safety Statement of Commitment signed by the Accountable Officer is available on the BSW website and within BSW premises
2. The Health & Safety Law poster is displayed within BSW premises
3. There is a Health & Safety report to the Audit Committee
4. There has been a Fire Evacuation test in the last six months at each business premises routinely occupied by BSW colleagues
5. Suitable arrangements are in place for Competent Person, Occupational Health Service and Staff Support Service
6. Suitable arrangements are in place for environmental/site management and co-ordination (including Fire, First Aid and general Health & Safety) at all premises hosting BSW colleagues
7. There is adequate coverage of BSW appointed Representatives of Employee Safety (RoES), Fire Wardens and First Aiders
8. Sufficient information regarding Health & Safety when working from home is provided.

### Criteria - Departmental

9. Health and safety related risks, where appropriate, are passed to the Risk Panel for consideration for inclusion on the risk register
10. Health & Safety is a standing agenda item at team meetings
11. All colleagues are aware of how to report an incident
12. There is an identified Representative of Employee Safety (RoES) for your Directorate/Team
13. Colleagues are represented on any site Health & Safety forum and are aware how to raise an issue
14. Any substances in use in the workplace have safety data sheets (MDS) and COSHH assessments where appropriate
15. All colleagues have a DSE assessment held by BSW for their most used desk set up that is no more than one year old
16. All colleagues are aware of the fire procedure for the premises they work from and know the location of their nearest break glass point and fire exit
17. All colleagues know how the location of first aid boxes and what to do in a Medical Emergency
18. Arrangements are in place to identify colleagues who may be lone working (including home working) and protect their health and safety
19. All colleagues have a Home Working Risk Assessment in place.
20. Manual handling is minimised with safe systems in place for any remaining moving and handling
21. NHS and personal property is held securely, windows are closed and drawers/cabinets/doors are locked as appropriate

- 22. All colleagues have 1:1 sessions with their line manager and are encouraged to raise any issues
- 23. All colleagues are aware of the Employee Assistance Programme and the Wellbeing information available on the CCG intranet
- 24. All situations where violence may be likely to occur have been identified and control measures and colleague training are in place
- 25. All departmental equipment is safe, suitable and maintained/tested
- 26. All colleagues are aware how to report environmental and maintenance issues
- 27. All temporary colleagues have undertaken local induction and appropriate training and have an identified manager and buddy
- 28. All expectant mothers have their work and environment risk assessed and this risk assessment is reviewed at least every three months and on return to work
- 29. All young people (and children) receive appropriate supervision, information, instruction and training at work for their safety and the safety of others and a risk assessment is completed.

## Conclusion

Please explain any discrepancies below:

--

Please detail remedial action to prevent re-occurrence, giving details of monitoring arrangements to assess improvement:

--

Date of assessment:	
Assessed by:	

### **Representative of Employee Safety (RoES) Role Description**

- Be the champion for Health & Safety for your team/department/directorate
- Raise Health & Safety issues at the Health & Safety Forum
- Deliver Health & Safety messages to your team
- Assist with risk assessments as required
- Implement/facilitate control actions
- Monitor implementation of local action plans
- Assist with review of Health & Safety Policy and other key documents
- Receive Health & Safety training in addition to the mandatory training



## Meeting of the BSW ICB Board

<b>Report Title</b>	Summary report describing the closure of NHS Bath and North East Somerset, Swindon and Wiltshire CCG and the development of NHS BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB)						<b>Agenda item</b>	9
<b>Date of meeting</b>	1 July 2022							
<b>Purpose</b>	<b>Approve</b>		<b>Discuss</b>		<b>Inform</b>		<b>Assure</b>	<b>X</b>
<b>Contact for enquiries</b>	Catherine Phillips, Programme Director for Transition							
<b>This report concerns</b>	<b>BSW ICB</b>	<b>x</b>	<b>BaNES locality</b>		<b>Swindon locality</b>		<b>Wiltshire locality</b>	
<b>Executive summary</b>	<p>Summary of actions taken to close BaNES, Swindon and Wiltshire CCG and creation of the new BSW ICB. The report takes ICB Board members to the point one week before transition, recognising that further work will be required up to and beyond July 2022 to transition and then continue to develop strong cultural and practical approaches working as an Integrated Care System (ICS).</p> <p>The Transition programme has responsibility for:</p> <ul style="list-style-type: none"> <li>• Safe transfer of People</li> <li>• Safe transfer of Property</li> <li>• Safe transfer of Statutory duties</li> <li>• Closure of legacy organisation</li> <li>• Due diligence</li> </ul> <p>All aspects will transfer safely to the new organisation.</p> <p>The NHSE/I authorisation process includes Readiness to Operate Statement (ROS), Establishment Timeline and Due Diligence. All aspects of the ROS are anticipated to be complete in readiness for 1<sup>st</sup> July. Risks to the new organisation and priorities for the ICB are</p>							

Report Title	Summary report describing the closure of NHS Bath and North East Somerset, Swindon and Wiltshire CCG and the development of NHS BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB)	Agenda item	9					
	described in Section 17. The processes of Readiness to Operate and Due Diligence have particularly highlighted a risk in relation to creating a balanced budget/plan, although this is not specific to transition.  All necessary aspects identified through Due Diligence will be completed for 1 <sup>st</sup> July but some actions have been identified for prioritisation in the ICB from 1 <sup>st</sup> July with recommended timescales.  This report was previously presented to the CCG Governing Body on 23 <sup>rd</sup> June 2022.							
Appendices	None							
Equality Impact Assessment	N/A							
Public and patient engagement	N/A							
Recommendation(s)	The ICB Board is asked to <b>note</b> the content of the report which is provided for assurance.							
Risk (associated with the proposal / recommendation)	High		Medium		Low	x	N/A	
Key risks	Throughout the BSW transition programme NHSE/I regional and national teams have viewed the BSW transition as low risk.  However, as with any programme, there have been risks, as detailed on the programme risk register together with mitigations. The highest rated risks throughout have been: <ul style="list-style-type: none"><li>The balance between short-medium &amp; long-term priorities (operational pressures &amp; recovery) and ICS Programme development needs which creates tension/ affects bandwidth and impacts successful delivery of ICS Development Programme. There is an associated risk of limited system capacity as a result of service recovery and system pressures.</li></ul>							

<b>Report Title</b>	Summary report describing the closure of NHS Bath and North East Somerset, Swindon and Wiltshire CCG and the development of NHS BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB)	<b>Agenda item</b>	9
	<p>This may lead to slower progress of system development and leadership to deliver the programme.</p> <ul style="list-style-type: none"> <li>• That the transition of the CCG and establishment of new ICS leadership team creates a destabilising effect, including risk of turnover, affecting delivery (see corporate risk register).</li> <li>• The complexity associated with establishment of the ICS/ ICB/ ICP/ ICAs, and potential gaps in our associated planning and organisation, results in important elements/ work not being completed, with the result of delay to implementation or unplanned costs/ quality impacts.</li> <li>• There is a risk that the partnership is not culturally and behaviourally ready to work in a fully collaborative integrated care system.</li> <li>• The delay to national ICB launch until July 2022 may cause a Leadership vacuum.</li> </ul> <p>This paper does not fully describe the current inherent risks in the NHS, for example in relation to funding, performance, delivery of the Long Term Plan and wider response to major incidents such as COVID-19. These are potentially high-risk factors in the environment in which BSW ICB will operate. An expected benefit of becoming an ICB is that we are better equipped to tackle such issues and do so in a unified way.</p>		
<b>Impact on quality</b>	The development of BSW ICB is expected to facilitate better quality of care via different ways of working within and between teams and stakeholders, including providers and patients.		
<b>Impact on finance</b>	<p>The development of BSW ICB is expected to support more efficient and effective ways of working as a system.</p> <p>Governing Body and Audit committee originally reviewed and agreed a £309k budget for the transition programme, much of which has been delivered alongside business as usual. Expenditure against the budget is being monitored.</p>		
	<b>Finance sign-off:</b>	Matthew Hawkins	

<b>Report Title</b>	Summary report describing the closure of NHS Bath and North East Somerset, Swindon and Wiltshire CCG and the development of NHS BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB)	<b>Agenda item</b>	9
<b>Conflicts of interest</b>	<p>No conflicts of interest have been noted during the production of the report</p> <p>No ICB Board members receiving this report are known to have conflicts of interest related to this report.</p>		

## **Summary report describing the closure of NHS Bath and North East Somerset, Swindon and Wiltshire CCG and the development of NHS BaNES, Swindon and Wiltshire Integrated Care Board (BSW ICB).**

### **1. Executive Summary**

- 1.1 Summary of actions taken to close BaNES, Swindon and Wiltshire CCG and creation of the new BSW ICB. The report takes ICB Board members to the point of transition, recognising that further work will be required up to and beyond July 2022 to develop strong cultural and practical approaches working as an Integrated Care System (ICS).
- 1.2 There is no specific requirement for a legacy document to be created for the closure of the CCG. However, this report broadly describes the actions taken by the transition programme team and will therefore remain a matter of record for both the closing CCG and new ICB.
- 1.3 The NHSE/I authorisation process includes Readiness to Operate Statement (ROS), Establishment Timeline and Due Diligence. All aspects of the ROS are anticipated to be complete in readiness for 1st July. Risks to the new organisation and priorities for the ICB are described in Section 17.
- 1.4 All necessary aspects identified through Due Diligence will be completed for 1st July but some actions have been identified for prioritisation in the ICB from 1st July with recommended timescales.
- 1.5 A previous version of this report was presented to the CCG Governing Body on 23<sup>rd</sup> June.

### **2. Recommendation(s)**

- 2.1 ICB Board members are asked to note the content of the report which is provided for assurance.

### **3. Background**

- 3.1 Clinical commissioning groups (CCGs) were established as part of the Health and Social Care Act in 2012, replacing the Primary Care Trusts on 1st April 2013. On 1st April 2020, the 3 individual CCGs of Bath and North East Somerset, Swindon and Wiltshire, merged to become BSW CCG.
- 3.2 During 2021-22 CCGs used NHSE guidance such as the Integrated Care Systems: Design Framework to support the start of the transition to ICS. This was based on the Department of Health and Social Care's White Paper on Integration and innovation (February 2021) which set out legislative proposals for a health and care bill. This focused on: working together and supporting integration; reducing bureaucracy; enhancing public confidence and accountability; proposals to support public health, social care, quality and safety.
- 3.3 In December 2020 the Bath and North East Somerset, Swindon and Wiltshire Partnership (BSW) was formally accredited as an Integrated Care System (ICS).

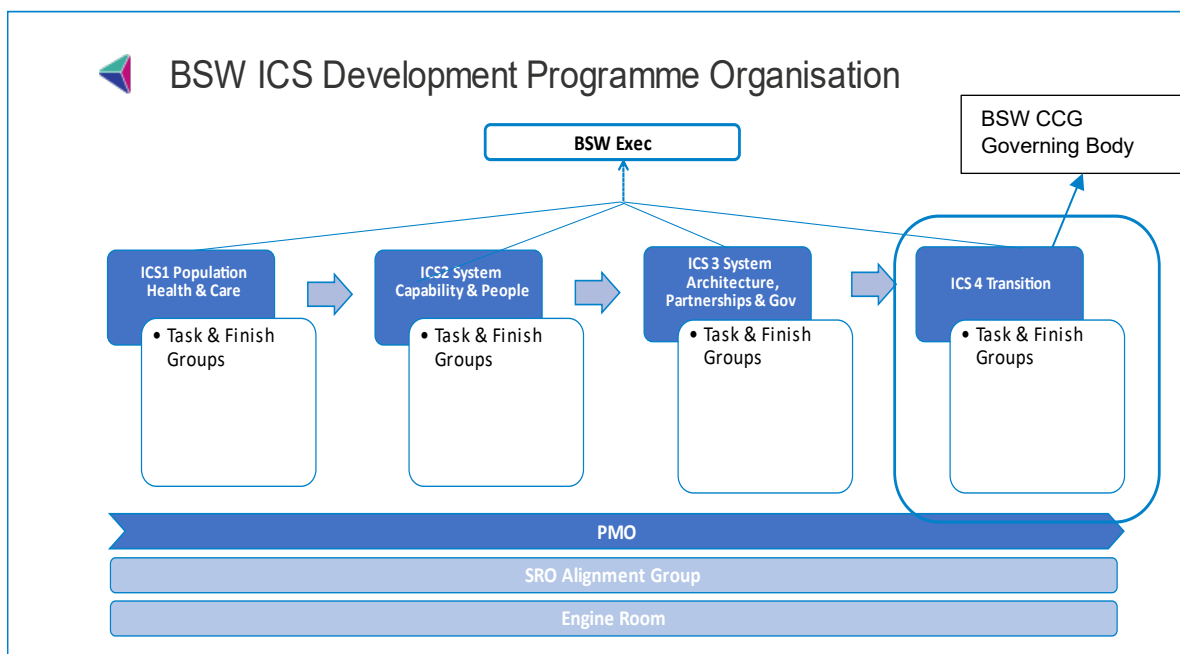
- 3.4 The Health and Care Bill received Royal Assent on 28 April 2022, thereby confirming that CCG will close and transition into the new operating arrangements including Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) from 1<sup>st</sup> July 2022.

#### 4. BSW ICB – the new organisation

- 4.1 The establishment order made by NHS England will take effect and bring the ICB into being at midnight at the beginning of 1 July 2022; CCGs will be dissolved at the same time (this will happen automatically under the legislation, with no further steps needed). This differs from the merger programme two years ago where a Transfer Order was signed by NHSE colleagues. Bath and North East Somerset, Swindon and Wiltshire (BSW) ICB will therefore legally come into existence on 1<sup>st</sup> July 2022.
- 4.2 The new organisation has a recognised short form of “BSW ICB”.

#### 5. Approach to Transition

- 5.1 The Transition programme has responsibility for:
- Safe transfer of People
  - Safe transfer of Property
  - Safe transfer of Statutory duties
  - Closure of legacy organisation
  - Due diligence
- 5.2 A Programme Management approach with clear governance was set up to manage the transition process and as part of a wider programme of work to develop the ICS (see diagram below):



- 5.3 Programme management initiation and monitoring process:
- Monthly Transition Oversight Group (TOG) including clinical, executive and NHSE/I colleagues as well as workstream leads as required.
  - Fortnightly Workstream Leads meetings which increased in frequency to weekly at the end of the programme. The focus of this group is on operational delivery.
  - Regular reporting to Governing Body, Audit Committee, Executive/Senior Leadership Team and BSW Executive group.
- 5.4 Nine workstreams were developed:
- Communications and Engagement
  - Finance
  - Governance
  - IM&T
  - Organisational Development and HR
  - Contracts, procurement and commissioning
  - Quality
  - Records management
  - Business as Usual Transfer
- 5.6 The CCG Transition team has worked alongside NHSE/I colleagues throughout, both formally in the TOG and via regular conversations between the transition leads, including regional touchpoint meetings. A formal checkpoint meeting was held on Monday 13<sup>th</sup> June (see ROS).
- 5.7 National guidance was provided by NHSE/I describing the overall process of transition as well as key requirements and direction through documents such as the Establishment Timeline, Readiness to Operate Statement and Due Diligence Checklist.

## 6. ICB Constitution

- 6.1 The new BSW ICB constitution was developed based on the national model constitution. Within the tight national steer to keep very close to the model, we have adapted the Constitution to suit and meet our local needs. The constitution was reviewed on several occasions by the regional NHSE team, feedback was built into subsequent iterations. The final draft constitution was submitted on 25 May 2022 and is now pending approval by NHSE.
- 6.2 The BSW ICB Board will have 18 members. The Board will be compliant with the Health and Care Act and national policy ('s' indicates statutory member, 'm' indicates mandatory member):
- Chair (s)
  - Chief Executive (s)
  - Chief Finance Officer (m)
  - Chief Nurse Officer (m)
  - Chief Medical Officer (m)
  - Five non-executive members – Audit (m), RemCom and People (m), Finance, Quality, Community Engagement

- Two partner members nominated jointly by NHS trusts and NHS foundation trusts – one from acute sector, one from mental health sector (statutory requirement to have one partner member in this category)
- One member nominated jointly by primary care providers (s)
- Three members nominated jointly by local authorities – one from Bath and North East Somerset (BaNES), one from Swindon, one from Wiltshire (statutory requirement to have one partner member in this category)
- One member from the Voluntary Community and Social Enterprise (VCSE) sector
- One member from community provider sector

6.3 Recruitment to the non-executive director roles completed in April 2022. The process for all partner member roles has commenced in readiness for 1<sup>st</sup> July and a selection process for two roles with more than one nomination (Primary Care and VCSE) will also conclude before 1<sup>st</sup> July.

6.4 Recruitment to the executive team is complete, with all executive colleagues joining the organisation between now and end August 2022. They comprise:

- Chief Executive
- Director of Strategy and Transformation
- Chief Nurse
- Chief Medical Officer
- Chief People Officer
- Chief Finance Officer
- Director of Planning and Performance
- Director of Equalities, Innovation and Digital Enterprise
- Director of Place for each of our localities – B&NES, Swindon and Wiltshire.

6.5 The governance framework for the ICB has been articulated. In line with the readiness to operate and due diligence processes, committee terms of reference and other governance documents were submitted to the NHSE regional team on 26 May 2022. We expect evolution of assurance and decision-making structures and processes during year 1, e.g. due to

- ICB Executive Directors arriving in post over the next few weeks;
- forthcoming statutory guidance on joint and collaborative working with likely impact on place-based governance;
- forthcoming regulations re the provider selection regime with anticipated impact on procurement governance and decisions;
- impact of evolving provider collaborative structures on ICB and ICS governance.

## 7. Staff TUPE

7.1 All CCG colleagues in scope will transfer to the ICB through a transfer scheme created by NHS England and Improvement. The transfer will be in line with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) and the Cabinet Office Statement of Practice on Staff Transfers in the Public Sector (COSOP).

7.2 An “employment commitment” was made nationally to all NHS colleagues affected by the closure of CCGs:



“NHS people within the wider health and care system (below board level) affected directly by these legislative changes, including CCGs, NHS England and NHS Improvement and NHS providers, will receive an employment commitment to continuity of terms and conditions (even if not required by law) to enable all affected colleagues to be treated in a similar way despite a variety of contractual relationships. This commitment is designed to provide stability and remove uncertainty during this transition.”

- 7.3 This commitment therefore did not apply to Board and Executive colleagues as the future ICB roles were deemed sufficiently different from current roles in the CCG. Ongoing support continues to be provided to CCG Directors in terms of pension/retirement support and outplacement support as well as from the South West Leadership Academy and South West Talent Pool. Draft redundancy business cases have been shared with NHS England for feedback and endorsed by the CCG Remuneration Committee. Final authorisation for these business cases is required by the Department of Health and the Treasury.
- 7.4 A technical HR Framework was developed by NHS England and Improvement and provides details to support the successful transition of people. An Equality Impact Assessment (EIA) has been completed and it has been identified that no colleagues with a protected characteristic should be detrimentally impacted by the transfer.
- 7.5 The consultation paper regarding the safe transfer of colleagues to the ICB has been compiled in line with the HR Framework, best practice and the CCG Organisational Change policy. The consultation process ran from 4<sup>th</sup> April, closing 4<sup>th</sup> May 2022. This documentation had previously been reviewed by the BSW Colleague Partnership Forum. The consultation was to engage with colleagues collectively and individually on the process of transition and the implications for individuals, not whether the transfer would take place. No measures or changes per proposed during this process. The outcome document for the consultation process will be shared with all colleagues by the end of May 2022.
- 7.6 CCG colleagues will “lift and shift” to the ICB. However, it is noted that colleagues may move to a different directorate and/or line manager if they report into a Director.
- 7.7 Colleagues will see their employment contract moved directly to the ICB and will retain their continuity of service and protection of their terms and conditions. All colleagues will be written to during June 2022.
- 7.8 Colleagues outside the organisation for reasons of sick, maternity, secondment, etc. have been written to separately and were invited to dial in for the consultation meetings. Managers were also tasked with speaking to absent colleagues during the consultation period. Absent colleagues will also receive the transfer letter when it is issued. Bank colleagues will transfer over to the ICB if they are active. If they have not been active, managers have been asked to terminate their assignments.
- 7.9 A list of colleagues on fixed term contracts has been reviewed and necessary action taken for those whose contract ends before 30th June – either termination form completed or their contract has been extended. A further review of the fixed term

contract status of individuals was undertaken end May and reflected in the People Impact Assessment (PIA) and ELI (Employee Liability Information).

- 7.10 A robust due diligence process has taken place across all functions of the organisation with a significant focus on HR, including the mix of our staff groups, policy development and any outstanding HR issues or concerns; this also forms part of the national People Impact Assessment and Employee Liability information processes.
- 7.11 There is no change to the organisation's HR system, only a change in name which has been requested from the national ESR team.
- 7.12 An internal communications plan is in place to inform colleagues of the changes they will experience but there are no specific actions colleagues will need to take in preparedness for transition.
- 7.13 In terms of the operational transfer of staff into the new organisation, there is a regular HR Operational Group comprising HR, OD, payroll, finance and pensions which has been monitoring progress on the staff transfer. Although this is anticipated to go smoothly, contingency measures are in place to both check and rectify any issues at the point of transfer.

## 8. Transfer of Property

- 8.1 All property held by the CCG will transfer to the ICB. "Property" is defined in its broadest sense including any assets, including physical assets like IT equipment and less tangible assets such as contracts and access to information. Liabilities include risks around complaints and potential litigation, as well as liabilities already listed on the financial accounts.
- 8.2 In order to support the property transfer order, all property held by the dissolving CCG has been documented and the following actions undertaken:
  - Identified that the dissolving CCGs do not hold any property in the form of buildings (this is held by NHS Property Services).
  - Listed assets (IT only and held on team database)
  - Listed financial liabilities (held on ledger)
  - Listed information /data assets (held on IM&T team database)
  - Listed all contracts held by the CCGs both for the provision of healthcare and those to support our business as usual delivery (held on contracts database).
- 8.3 A robust due diligence process across all functions of the organisation has been undertaken with detail on the assets and liabilities of the dissolving CCG, including complaints; all finance initiatives and any issues which may impact the functioning of the new organisation. See Section 17:Due diligence.
- 8.4 The dissolving CCG holds a database of all contracts held with both health providers and suppliers that support the business as usual functions of the CCG. Each provider will be communicated with about the change in name of the organisation for invoicing purposes at the end of June to reduce confusion.

Contracts will be updated March 2023 aligned to normal contracting timescales. Contracts do not need to change sooner as the ICB is created by legislation and current contracts state CCG or successor organisations.

- 8.5 Further work is required beyond 1<sup>st</sup> July to ensure all contracts are included on the database, including leases and personal health budgets. See Section 17: Due diligence.

## 9. Finance

- 9.1 The Shared Business Systems (SBS) working group reports to TOG and acts as the operational delivery group for the finance element of the transition programme, including closure of the CCG. The SBS group includes finance workstream leads (Financial Accounting; Financial Management; Technical Accounting), NHSE/I representative, Programme Lead for Transition and representatives from the national SBS team.
- 9.2 Actions have remained on track throughout the programme and Go Live criteria were agreed to have been met at the Programme Board on 13<sup>th</sup> June.
- 9.3 Appropriate notifications have been supplied and received from Royal Bank of Scotland, Government Banking Services, HMRC and others.
- 9.4 A robust due diligence process across all functions of the organisation has been undertaken including finance. See Section 17: Due diligence.
- 9.5 As part of the Readiness to Operate process and in relation to the section on Planning for 2022/23 (10.1), we originally rated ourselves as amber ("Delivery is at risk but mitigation plan in place for delivery by 1 July") but a balanced plan has now been submitted.

## 10. IM&T

- 10.1 Organisational Data Service (ODS) guidance has been provided by the national NHSE/I transition team, which is similar to the previous merger toolkit.
- 10.2 The CCG code (92G) will stay the same for the transition year and just the name changed. The STP ODS code will be renamed to reflect the ICB (our current code is QOX). The organization names in ODS for BSW will therefore be:

92G "NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE ICB -92G" Known as our Sub ICB location

QOX "NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE ICB" The previous STP code now renamed for ICBs

Due to us not having any boundary changes and the ODS codes and hierarchy staying the same in the transition year, impact to wider system is minimal.

- 10.3 As there is a transitional year for IM&T, the ICB should be aware of a potentially significant amount of work to complete in this area of the transition programme in 2023 especially if major changes to ODS codes are made. This is not yet described nationally so local implications are not clear, but we are not likely to be different to any other ICBs nationally in terms of requirements.
- 10.4 Our NHS website ICB name is confirmed as bsw.icb.nhs.uk and intranet as intranet.bsw.icb.nhs.uk.
- 10.5 Our ICB short name will be BSWICB all NHS mail shared mailboxes that currently start with BSWCCG.????@nhs.net (or legacy CCG name e.g. SWICCG) will be automatically renamed to BSWICB.????@nhs.net however the old address will still also work to receive email.
- 10.6 Access to the single folder structure (K://) will continue in the ICB.
- 10.7 Statutory and named roles for the ICB have been agreed as follows and will be registered during June or upon their arrival:
- OC1 (Organisational Contact) is the authority in the organisation to keep the NHS Digital team updated with any ODS changes to the organisation's name, address and contact details. These will be our Assistant Director of IT, Director of Equalities, Innovation and Digital Enterprise and Assistant Director of Business Intelligence.
  - Caldicott Guardian – Chief Nurse and deputy is Deputy Director of Nursing (due to be reviewed post ICB formation).
  - Senior Information Risk Owner (SIRO) – Chief Finance Officer and deputy is Assistant Director of Digital Transformation.
  - Data Protection Officer – outgoing Director of Governance until end August, then Director of Planning and Performance with deputy as the Head of Risk and Information Governance.

## 11. Records management

- 11.1 The objectives of the records management workstream were to ensure the capture, review and onward appropriate retention of Corporate Records in line with the Records Management Code of Practice 2021; to have in place required IG arrangements; to take a risk based approach to corporate policies, to bring forward, review or rewrite for the ICB.
- 11.2 All current processes will transition into the ICB, however the following are noted and more fully described as part of Section 17: Due diligence:
- 11.3 Review, catalogue and description of CCG records aligned to our policy and ensuring that records relating to the COVID enquiry are maintained. Paper based records held by the CCG include HR, primary care, complaints, contracts, finance, corporate and CHC records. We also hold records in off-site storage. We have sought a Records Manager post to provide expertise and resource to direct and

undertake tasks in support of this workplan but have been unsuccessful so far. Some of this work will transition into the new organisation.

- 11.4 Electronic records held on K:\drive will be directly transferred to ICB.
- 11.5 The Data Security and Protection (DSP) Toolkit will be submitted by the CCG by 30 June 2022. Evidence is being collected for this. Information Asset Owner (IAO) and Information Asset Administrator (IAA) training will take place in May/June as will Data Flow Mapping review and Information Asset identification.
- 11.6 A review of corporate policies identified policies to write or review before transition and each has a plan for transition or update, although some will be longer term pieces of work within the ICB.

## 12. Communications and Engagement

- 12.1 The communications and engagement workstream is responsible for the communication and engagement with all stakeholders throughout the transition process. In addition, the workstream developed the ICB branding and new public facing website, internal colleague intranet and will transition social media channels.
- 12.2 The draft ICB people and communities engagement strategy has been developed with input from the public and VCSE and submitted to NHSEI for review. The strategy will be further developed with involvement of our people and communities with a final version signed off by ICB Board and BSW Partnership Board in October 2022. This document will set out the principles for engaging our local population on service change/reconfiguration.

## 13. Contracts, commissioning and procurement

- 13.1 Contracts are considered part of the property of the CCG and are also referenced above in the section on transfer of property.
- 13.2 National planning and contracting guidance processes have been followed as part of our business as usual functions.
- 13.3 We are awaiting guidance on the changes to Procurement identified within the white paper (Provider Selection Regime) and what that means for BSW ICS/ICB.
- 13.4 A robust due diligence process across all functions of the organisation has been undertaken including contracts, commissioning and procurement. This is addressed in Section 17:Due diligence.

## 14. Quality

- 14.1 The purpose of the workstream is to ensure a safe transition from a quality perspective, ensuring all duties transition safely and that we remain focused on quality, safety, effectiveness and equality throughout. In addition, there are several quality governance aspects that have been developed.

- 14.2 Terms of reference and ways of working have been developed for the Safety and Quality Group and the Quality Assurance Group aligned to National Quality board definition and position statement.
- 14.3 Safeguarding arrangements and governance across our safeguarding partnerships have been agreed.
- 14.4 Joint system oversight of the Infection Prevention and Control (IP&C) Board assurance frameworks are in place and further revised protocols were agreed in May 2022.
- 14.5 A Community of Practice (CoP) is well established in preparation to transfer to ICB, with identified system Patient Safety Specialists and readiness for delivery of the Patient Safety Incident Response Framework (PSIR).
- 14.6 Work on the System Quality Strategy is progressing and will be shared after 1<sup>st</sup> July.
- 14.7 A robust due diligence process across all functions of the organisation has been undertaken including quality. See Section 17: Due diligence.

## 15. Other areas of business as usual transformation

- 15.1 **Primary Care Delegation:** The current delegated commissioning agreements for the CCG will transfer into BSW ICB with no changes. Arrangements are being developed to take on further delegation of primary care including dentistry and optometry from April 2023.
- 15.2 **Signage:** Signage across the current estate of BSW will be changed during early July and will use the same supplier as we did post-merger. At the point of merging, we were careful to minimise the number of signs using “CCG” and used the NHS lozenge, e.g. in car parks, etc. Additional signage will be ordered to support our new bases.
- 15.3 **ID cards:** All colleagues will receive new ID cards and lanyards after 1<sup>st</sup> July. Current ID cards provide access to some of our buildings. This will change with the new ID cards which will not be coded with door access. The estates team is looking to use a fob which will provide access to several buildings as well as photocopiers, desk systems, etc. Branding has been finalised so we have ordered new lanyards. We have subcontracted printing of the new ID cards to colleagues in our Commissioning Support Unit (SCWCSU).

## 16. Readiness to Operate Statement (ROS)

- 16.1 The Readiness to Operate Statement (ROS) is a high-level statement to confirm that:
- All legally required and operationally critical elements are in place ready for the establishment of the Integrated Care Board (ICB) as a statutory body on 1 July 2022; and
  - Arrangements are in place for the ICB to fulfil its role within the wider ICS, including establishing the Integrated Care Partnership (ICP) with the relevant local authority/ies.
- 16.2 At the point of writing (late June 2022), the following aspects are amber (“Delivery is at risk but mitigation plan in place for delivery by 1 July”):
- 2.5: Designate appointments made – although all designate appointments have been made, treasury authorisation is required in relation to business cases for pay/redundancy. We await national authorisation to progress conversations with affected colleagues.
- 16.3 The following aspects are green which means that the aspect is not yet complete but is on target for completion by 1<sup>st</sup> July:
- 2.4: Designate partner members appointed. As described above in governance, a selection process is required for two partner members, this will conclude towards the end of June.
- 11.2: Completion of the data security and protection toolkit (DPST). This is in progress and due for submission end June. Internal review by CFO 24<sup>th</sup> June.
- 12.4.4: ICB website in place. The website has been developed and content continues to be updated. The website will go live for 1<sup>st</sup> July.
- 16.3 During June, there were key deadlines regarding ROS:
- 10<sup>th</sup> June: Submission of our final ROS checklist accompanied by a statement signed by the Chief Executive to say that everything is complete or will be completed by 1<sup>st</sup> July.
  - 13<sup>th</sup> June: Meeting with regional team to discuss and review the content of the ROS which went smoothly and resulted in agreement to resubmit the ROS on 15<sup>th</sup> June (as attached to this briefing).
  - 17<sup>th</sup> June: Regional approval of the final statement of readiness for the ICB.
- 16.4 The BSW ROS updated 24<sup>th</sup> June 2022 is available at appendix 1; Board members are reminded that this is a live document which will continue to be updated up to 30th June 2022.



## 17. Due diligence

- 17.1 The CCG has not received any specific legal advice on the ICB transition itself although advice in relation to financial, HR and operational matters has been received from internal experts and external expertise where necessary. Detailed guidance and support have been received from national experts identified by NHSE/I in relation to HR/OD, development of the constitution and detailed guidance documents from NHS Digital.
- 17.2 A checklist was provided by NHSEI, based on the due diligence process BSW CCG used at the point of merging. This checklist was distributed across the functional teams of the CCG for completion with leadership and support from the programme director as required. Additional lines were added where further/local issues were identified.
- 17.3 A recommendation was made to Audit Committee in November 2021 to use the nationally provided checklist in preference to using external providers for this process.
- 17.4 The summary Due Diligence document can be found at Appendix 2. The final deadline for this work is 30th June 2022 so will not currently appear as complete. Tables from the summary tab are included here, detailing:
- Areas of focus between now and 1<sup>st</sup> July.
  - Risks for the ICB as receiving organisation.
  - Priorities for completion after 1st July which should be monitored and delivered within agreed timescales
- 17.5 Identified areas of focus between now and July are:

Link to DD	Issue	Plan	Timescale	Update
1.6.1(ii)	Cross check contract register / with ledger to ensure that it is complete	Finance and contracts to identify any differences between lists by 1st July. Anything not listed will be picked up as part of 1.6.1 completion of contracts database.	by 30th June	Cross reference complete, amendments to contract database in progress.
1.7.9	Details of any actual or potential disputes	Original focus on IT systems, used more broadly to cover any disputes. Transformation team summarising information on known issues. File locations and level of risk to be described. Risk will trfr to ICB.	by 30th June	Meeting 22/06 to confirm final details
1.7.10	Details of all IT equipment (apply a materiality approach).	As our only material property transferring is IT equipment, this will constitute our property list. Final IT equipment list to be supplied to programme to support property transition.	by 30th June	Complete and will continue to update



Link to DD	Issue	Plan	Timescale	Update
Tab 2	People impact assessment	This work is all scheduled for May/ June and will be completed	by 30th June	Complete and will continue to update
3.2.16 & 4.22	Ensure all appropriate records are kept, and emails are retained for any key staff that may leave during the transition period	Summary reminder of actions required to support executives and senior leaders leaving the organisation and to be reminded by line manager. All filing complete, out of office directing to new contact, emails to be filed and CCG information should not be removed.	by end May	Complete, shared with CEO and people team
3.3.35 - 40	Planning process	A number of DD actions relate to the national planning round, associated submissions and creation of a balanced budget. This is a risk for the ICB which is well documented elsewhere in the CCG risk register, etc. There is a risk of conditions/sanctions being imposed on the new ICB if a balanced plan is not presented. See risks, below	by 30th June	Complete, balanced plan submitted 20/06
5.41	IG training completed / DSPT	Current IG training compliance is just under requirements for the CCG which could mean we don't pass the DSPT: All staff & Board: Required 95%; current 87.9% CCG Board Statutory members: Required 100%; current 50% CCG Board All members: Required 95%; current 53.3%	by 30th June	CFO next review 24/06 prior to submission

## 17.6 Potential risks for the ICB are:

### ***Risks for the ICB as receiving organisation:***

Link to DD	Issue	Plan	Timescale	Update
1.7.9	Details of any actual or potential disputes - original focus on IT systems, used more broadly to cover any disputes.	Transformation team summarising information on known issues. Level of risk to be clarified and will transfer to ICB.	To be collated by end June	Meeting 22/06 to confirm final details
1.7.12 & 4.33	Records management - retention and disposal: "stop notice" for COVID files received and transfers to ICB.	Organisational communications re stop notice and awaiting next steps.	Organisational communications re stop notice and awaiting next steps.	Actions to support the national COVID enquiry following a significant period of change in leadership in the organisation continues as a risk
3.3.35 - 40	Planning process	A number of DD actions relate to the national planning round, associated submissions and creation of a balanced budget. This is a risk for the ICB which is well documented elsewhere in the CCG risk register, etc. There is a risk of conditions/sanctions being imposed on the new ICB if a balanced plan is not presented.	by 30th June	Balanced plan submitted 20/06 but scale of delivery is significant.

17.7 Priorities for completion after 1<sup>st</sup> July are:

Link to DD	Issue	Plan	Timescale
1.6.1	Contracts database - Database is in place, but not all BAU contracts are currently listed. This includes BAU, PHBs, leases. Cross reference to 1.61(ii) and 1.6.2	Seeking additional resource to complete this work which will include ensuring cross reference with the payments ledger.	By end 2022/23
1.7.11 & Tab 4	Records management - ensure that a records management plan is in place.	Inventory and forward plan in place, limited so far by unsuccessful recruitment. The work will continue in ICB to cleanse and put in place stronger records management processes. Low risk but should be completed during the ICB's first year.	By end 2022/23
3.1.21	Map all existing CCG Statutory Duties	All statutory duties pass from CCG to ICB although the way in which some are delivered will change. Work has started to map duties to incoming executives, prepared for job descriptions. This work needs to be finalised once all are in post to provide clarity on individual and directorate responsibilities.	By end Q2 2022/23
3.1.16	Risk management approach	BSW Risk Management Strategy in place which will transition to ICB. Strategy to Risk Management Panel meeting (early June) to seek approval for a year's extension of the policy. ICB Board will meet in August for dedicated seminar to articulate risk appetite and tolerance, which will in turn influence a risk strategy.	By end Q3 2022/23
3.3.25	Agree approach to budget holding	The finance system and reporting is built to support budget holder oversight and responsibilities. The levels and types of responsibilities need to be agreed, aligned to our new directorates and SFIs.	By end Q3 2022/23
3.5.6	S75 agreements	S75 agreements are prepared for B&NES and Wiltshire; the Swindon agreement needs updating.	By end Q4 2022/23
6	ODS	Significant amount of work may be required by the IM&T team to make ODS changes for 1st April 2023 - driven by national guidance which is still in development.	By end Q4 2022/23

17.5 Regular extracts of the due diligence workbook have been provided to support internal and external assurance of the process and findings in readiness for this deadline. This includes our Internal Audit team who have reviewed the process and given a rating of “Significant Assurance with minor improvement opportunities”. All improvement opportunities have now been instigated. The internal audit report was submitted for Audit Committee review in June.

17.6 During June, there were some key deadlines regarding due diligence:

- 1<sup>st</sup> June: CFO and CEO sign to say a robust process has been carried out and DD submitted to NHSE
- 13<sup>th</sup> June: Feedback meeting with NHSE
- 30<sup>th</sup> June: finalisation of the document to support a record of the closure of BSW CCG and transition to ICB.

## 18. ICB and ICP development

18.1 This paper has necessarily focused on the process to close the CCG and to transfer people, property and duties to the ICB. However, the development of the ICS and its constituent statutory elements of the Integrated Care Board (ICB) and Integrated Care Partnership (ICP) have not been neglected.

18.2 Work throughout 2021-22 has continued on a broad range of activities associated with maturing the way BSW operates and continuing our journey towards becoming a thriving Partnership. We set out our approach in the BSW System Development Plan in July 2021 and the update submitted in September 2021 and March 2022.

18.3 Central to our recent work have been the shaping of our BSW Care Model, our Population Health Management approach and our BSW Inequalities Strategy. Maintaining focus on these areas will ensure our arrangements at neighbourhood, place and system-level are based on the needs and opportunities that exist within our local communities. This is creating new and exciting possibilities in the way we think about health and wellbeing and our role in serving the population of BSW. The recently launched BSW Academy, working through its five pillars – Leadership, Learning, Inclusion, Innovation and Improvement will support the realisation of our BSW Care Model.

18.4 Providers across BSW are increasingly working in collaborative arrangements to ensure we maximise value in the use of our resources and provide the service resilience and innovation that is needed. We are excited about the changes that lie ahead and the activities that we are embarking upon that are set out in this refreshed Q4 BSW System Development Plan.

## 19. Next Steps

19.1 The closure of BaNES, Swindon and Wiltshire CCG and development of BaNES, Swindon and Wiltshire ICB will take place on 1st July 2022.

19.2 There will be some ongoing requirements from the workstream leads during subsequent months to continue planned transition work, some of which will naturally fall around the date of transition, and specific pieces of work to focus on have been

described in due diligence. Together with teams across the wider organisation, workstream leads will also rectify any issues that arise as a result of the transition. Activities will ultimately transfer to business as usual actions during Q2-3 apart from IM&T which is likely to have some longer term requirements in Q4-Q1 as described earlier.

- 19.3 Workstream leads and other stakeholders will be asked for their lessons learned during July to support learning for any similar future programmes. These will be shared with the Transition Oversight Group.
- 19.4 The development of the ICB is a significant change programme and the legal closure of the CCG and inception of the ICB is just the beginning. There is considerable work to do in the coming months and years for us to grow the new organisational culture and ways of doing things. Programmes to deliver new ways of working across our system are already underway but will continue to evolve over the coming months and years and continuing to develop the environment to promote both will be vital.