

# COMMITTEE AND GOVERNANCE HANDBOOK 2020 - 2021

<b>Last Review Date</b>	26 May 2020
<b>Approving Body</b>	Head of Corporate Governance
<b>Date of Approval</b>	May 2020
<b>Date of Implementation</b>	May 2020
<b>Next Review Date</b>	September 2021
<b>Review Responsibility</b>	Head of Corporate Governance
<b>Version</b>	V1.2

## REVISIONS/AMENDMENTS SINCE LAST VERSION

Date of Review	Amendment Details
N/A	New document
26-05-2020	Revised Engagement and Experience Committee Terms of Reference  Revised Executive Committee Terms of Reference

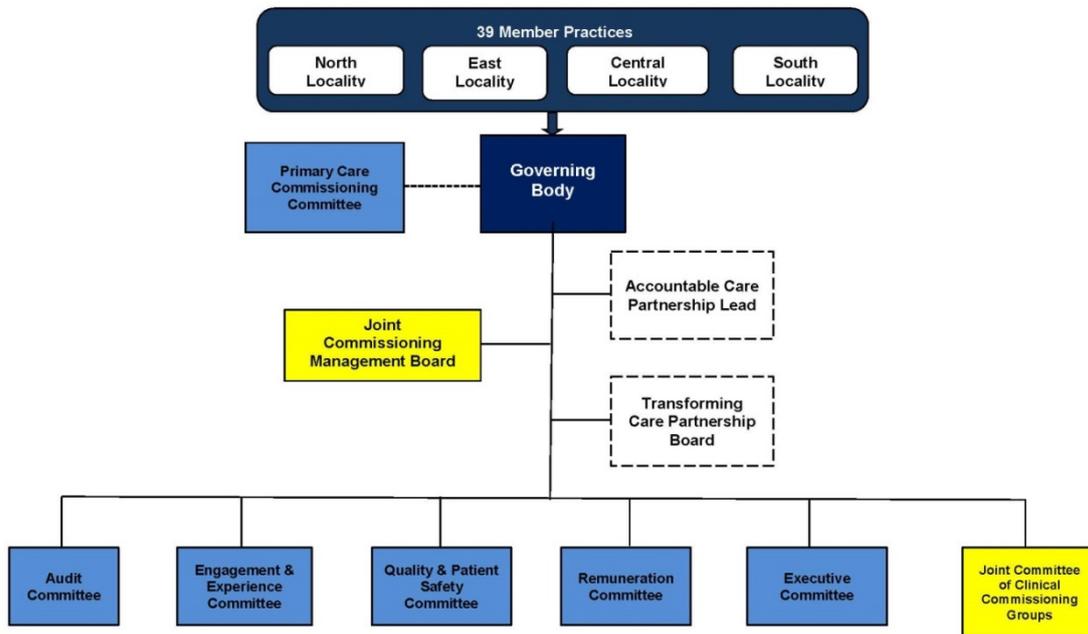
## CONTENTS

Introduction and Purpose	4
Committee Structure	4
Committee Roles	4
Standards of Business Conduct Policy and Conflicts of Interest	5
Scheme of Reservation and Delegation (SoRD)	5
Standing Financial Instructions (SFIs)	6
Standing Orders (SOs)	6
Roles and Responsibilities	6
Policies and Procedures	6
Terms of Reference - Introduction	6
Terms of Reference - Engagement and Experience Committee (EEC)	7
Terms of Reference - Executive Committee	13
Terms of Reference - Joint Committee of Clinical Commissioning Groups	18
Terms of Reference - Joint Commissioning Management Board	26
Terms of Reference - Quality and Patient Safety Committee	30
Terms of Reference - Locality Meetings	36
Appendix 1 – Scheme of Reservation and Delegation	41
Appendix 2 – Standing Financial Instructions	84

## 1. Introduction and Purpose

- 1.1. This handbook sets out the Governing Body’s committee structure, terms of reference, decision-making powers and membership. It does not include committees / groups that are temporary assignments such as task and finish groups.
- 1.2. The handbook will be updated on an annual basis by the Corporate Governance Manager and will be published on NHS Doncaster Clinical Commissioning Group’s (CCG) internet site.

## 2. The Committee Structure



## 3. Committee Roles

The following table briefly describes the roles of each of the formal committees reporting to the Governing Body. It does not include sub-committees, joint committees, task and finish groups / forums or other groups not formally established. A separate sub-committee handbook has been developed internally to provide committees with assurance on the reporting functions.

Governing Body	
Committee	Role
Engagement and Experience	The Committee ensures the engagement of the public, patients and carers, the coordination of patient experience data, compliance with the public sector duties under the Equality Act and with the duties contained within the NHS Constitution.

<b>Executive</b>	The Committee directs operational aspects of the organisation and oversees the provider contractual reporting structure.
<b>Joint Committee of Clinical Commissioning Groups</b>	The Committee has the primary purpose of enabling the CCG members to work effectively together, to collaborate and take joint decisions in the areas of work that they agree. In addition the JCCCGs meet collaboratively with NHS England to make integrated decisions in respect of those services which are directly commissioned by NHS England.
<b>Joint Commissioning Management Board</b>	The Committee plays a vital role in the development, implementation and oversight of joint commissioning arrangements between the NHS Doncaster Clinical Commissioning Group (CCG) and Doncaster Council (DC) that are central to success of the Doncaster Place Plan (Doncaster Caring). They set the work programme for strategic joint commissioning activity. The Committee guide development and integration of key strategic enablers including though not exclusive to: Digital and Information Management and Technology, Estates, Workforce, Community Support.
<b>Quality and Patient Safety</b>	The Committee monitors the quality and safety of all healthcare services commissioned by the CCG

#### **4. Standards of Business Conduct Policy – which includes the arrangements the CCG has made for the management of conflicts of interest**

The policy sets out our Standards of Business Conduct, the approach to identifying, managing and recording conflicts of interest that may arise during the course of NHS Doncaster CCG fulfilling its duties, and the management of gifts, hospitality and sponsorship. The policy can also be viewed: [Standards of Business Conduct and Conflicts of Interest Policy](#)

#### **5. Scheme of Reservation and Delegation (SoRD)**

- 5.1.** The 2006 Act (as amended by the 2012 Act) provides the CCG with powers to delegate its functions and those of the Governing Body to certain bodies (such as committees) and certain persons. The CCG has decided that certain decisions may only be exercised in formal session. These decisions and also those delegated are contained in the CCG's scheme of reservation and delegation (see Appendix 1).
- 5.2.** The Scheme of Reservation and Delegation has been drawn up to ensure the delegated functions regulate the proceedings of the CCG and can fulfil its obligations, as set out largely in the 2006 Act, as amended by the 2012 Act and related Regulations. They are effective from the date the CCG is established.

5.3. Failure to comply with the scheme of reservation and delegation may be regarded as a disciplinary matter that could result in dismissal.

## 6. Standing Financial Instructions (SFI's)

6.1. The SFIs (Appendix 2) are issued for the Regulation of the conduct of the CCG members and officers in relation to all financial matters with which they are concerned. The SFIs detail the financial responsibilities, policies and procedures adopted by the CCG. They are designed to ensure that the CCG's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Governing Body and the Scheme of Delegation adopted by the CCG.

6.2. The SFIs identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer (CFO).

## 7. Roles and Responsibilities

Refer to the Standing Orders, within the CCG Constitution, to review the roles and responsibilities of the Membership, Governing Body, Accountable Officer and Chief Finance Officer.

## 8. Policies and Procedures

The CCG has a number of other relevant policies and procedures that staff are required to follow: [General-policies](#)

## 9. Terms of Reference

9.1. The following pages set out the terms of reference that are not already incorporated into the CCG Constitution, covering purpose of the committee, duties, and membership.

9.2. Some general principles which apply to all committees are:

- Chairs will agree and set agendas, and approve papers in consultation with the lead Executive and Head of Corporate Governance. The Administrator will provide support, manage logistics, and arrange for appropriate attendees to be invited for relevant parts of the meeting.
- The Corporate Assurance Report will go to the Governing Body on a quarterly basis, together with an annual report from the Audit Committee detailing its performance against objectives.
- The minutes of all committees will be made accessible to Governing Body members.

## Terms of Reference

### Engagement and Experience Committee

#### 1. Introduction

- 1.1. The Engagement & Experience Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution.
- 1.2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.
- 1.3. The Committee's remit is to ensure the engagement of the public, patients and carers, the coordination of patient experience data, compliance with the public sector duties under the Equality Act and with the duties contained within the NHS Constitution.

#### 2. Statutory Framework

- 2.1. NHS Constitution - Promoting awareness of, and acting with a view to securing that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution.
- 2.2. The statutory duties are those set out in the National Health Service Act 2006 (as amended) – sections 13Q, 14Z2 and 242 and Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England (NHS England, April 2017).
- 2.3. The Committee is established as a committee of the Governing Body of NHS Doncaster CCG in accordance with Schedule 1A of the "NHS Act".

#### 3. Role of the Committee

The Governing Body has delegated the following functions to the Engagement & Experience Committee.

##### 3.1. Public and Patient Involvement

- 3.1.1. Making arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:
  - Securing that individuals to whom services are being or may be provided are involved (whether by being consulted or provided with information in other ways):
    - in the planning of the commissioning arrangements by the Group;
    - in the development and consideration of proposals by the Group for changes in the commissioning arrangements where the implementation of the

- proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and
- in the decisions of the Group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

- Where relevant, engaging with the Local Authority health overview and scrutiny committee(s) and, working in accordance with the Cabinet Office's *Code of Practice on Consultation*.

**3.1.2.** Working with transformational programme and priority pathway leads to support effective engagement, communication, and consideration of health inequalities.

### **3.2. Patient Experience**

**3.2.1.** Developing comprehensive mechanisms to effectively engage with and gather insight from patients and the public, including disadvantaged groups.

**3.2.2.** Ensuring that patient experience and feedback from patients, carers and other stakeholders is measured and analysed effectively and is used to influence decision making throughout the commissioning cycle.

**3.2.3.** Acting as a coordinating group for all patient and public engagement activity and patient experience data for the CCG

**3.2.4.** Identifying trends arising from complaints, ensuring these are fed into the commissioning process.

### **3.3. Public Sector Equality Duty**

**3.3.1.** Working to meet the general public sector equality duty by having due regard to the need to:

- eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the 2010 Equality Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

**3.3.2.** Working to meet the specific public sector equality duties by using the NHS Equality Delivery System tool or equivalent to:

- publish, at least annually, sufficient information to demonstrate compliance with the general duty across all our functions;
- prepare and publish specific and measurable equality objectives, revising these at least every four years.

**3.3.3.** Ensuring that the organisation considers equality and human rights when designing, delivering and reviewing its business priorities.

### **3.4. Other Duties**

- 3.4.1. Developing partnerships with other engagement networks.
- 3.4.2. Developing, implementing and monitoring appropriate engagement and equality strategies.
- 3.4.3. Developing and approving policies and procedures within the functions of the Committee as set out in its Terms of Reference.

### 3.5. Sub Groups

- 3.5.1 The Committee shall be advised by the two commissioned CCG patient and public engagement forums facilitated by Healthwatch:
  - Primary Care Focus Group (Patient Participation Group)
  - Health Ambassadors
- 3.5.2 The Committee shall receive the action notes from the Doncaster Growing Together for information.

## 4. Membership

- 4.1. **Members:** The members of the Committee shall comprise:
  - Lay Member – Patient & Public Involvement (Chair)
  - 1 Locality Lead representative from the Governing Body (Vice Chair)
  - Director of Strategy and Delivery
  - Head of Communication & Engagement
  - Patient Experience Manager
  - Corporate Governance Manager
  - Communication & Engagement Officer
  - HealthWatch Doncaster representative
  - Third Sector Representative
  - Performance and Intelligence Team representative
  - Ambassador representatives
  - Public Health Representative
- 4.2. The Chair of the Committee shall be the Lay Member with the responsibility for Patient and Public Involvement.
- 4.3. The Vice Chair of the Committee shall be a Locality Lead.
- 4.4. Members are required to attend 80% of scheduled meetings. Attendance will be monitored throughout the year and any concerns raised by the Chair with the relevant Member.
- 4.5. Any changes to the membership of the Committee must be approved by the CCG governing body.
- 4.6. **Attendees**

Other attendees requested to attend shall comprise:

- Heads of Department
- Other individuals may be invited to attend for all or part of any meeting as appropriate.

## **5. Appointment Of Chair**

The Chair shall be appointed by the Governing Body, and shall be the Lay Member, for Patient and Public Involvement. The Vice-Chair shall be the Locality Lead.

## **6. Meetings and Conduct of Business**

**6.1.** The Committee will operate in accordance with the CCG's Standing Orders. Items of business for inclusion on the agenda will be set by the Engagement & Experience Management Group. Supporting papers shall be submitted at least 10 working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least six working days before the date the meeting will take place.

**6.2.** When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

### **6.3. Secretary**

The Board Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

### **6.4. Quorum**

**6.4.1.** The quorum for meetings shall be five members and the Chair (or Vice Chair in the Chair's absence). In the Chair and Vice Chairs absence, the Director of Strategy and Delivery will chair the meeting.

**6.4.2.** If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee.

**6.4.3.** Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

### **6.5. Frequency**

The Committee will aim to meet formally at least ten times a year at times which are consistent with the engagement and equality reporting cycle and which enable it to efficiently discharge its duties. Extraordinary meetings may be called at the discretion of the Chair.

- 6.6. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 6.7. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 6.8. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 6.9. An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

## **7. Decisions**

- 7.1. The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.
- 7.2. The Committee will make decisions within the bounds of its remit.
- 7.3. In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:
  - Majority necessary to confirm a decision – simple majority
  - Casting vote – Chair
  - Dissenting views – dissenting views must be recorded in the minutes.
- 7.3. The Committee has full authority to commission any reports it deems necessary to help it fulfil its obligations.
- 7.4. The Committee may establish Sub-Groups to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.
- 7.5. **Urgent matters arising between meetings**

The Chair and Deputy Chair of the EEC in consultation with the Director of Strategy and Delivery or Head of Communications and Engagement, may also act on urgent matters arising between meetings of the Committee. Any actions taken outside the meeting, will be minuted at the next available meeting of the Committee.

## **8. Reporting Arrangements**

- 8.1. The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.

- 8.2.** Recommendations and decisions arising from the work of the Committee will be reported to the CCG Governing Body as required.
- 8.3.** The Committee will annually review and assess its effectiveness and report its findings to the Governing Body. It will do this by;
- Reviewing its terms of reference;
  - Reviewing the attendance rate of Committee members;
  - Reviewing its work plan;
  - Reviewing its performance.

## **9 Confidentiality and Conflicts of Interest / Standards of Business Conduct**

- 9.1** All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.
- 9.2** In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.
- 9.3** All Members shall respect confidentiality requirements as set out in the CCG Constitution.
- 9.4** The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles<sup>1</sup>.

## **10 Disclosure / Freedom of Information Act (FOI)**

The CCG senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

## **11 Links and Interdependencies**

The Engagement and Experience Committee will link, in particular, to the following forums:

- CCG Delivery Groups
- Governing Body (Board)
- CCG Quality and Patient Safety Committee
- Patient Participation Groups
- Healthwatch
- Doncaster Growing Together

---

<sup>1</sup> Available at <http://www.public-standards.gov.uk/>

## **12 Review of the Terms of Reference**

The Committee will review its terms of reference on a bi-annual basis and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Last reviewed – February 2020

## Terms of Reference Executive Committee

### 1. Introduction

- 1.1. The Executive Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution.
- 1.2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.
- 1.3. The Committee's remit is to direct operational aspects of the organisation and oversee the provider contractual reporting structure.

### 2. Role of the Committee

The Governing Body has delegated the following functions to the Executive Committee.

- 2.1. Coordinating and directing the operations of the CCG in accordance with the strategic direction set by the Governing Body, ensuring operational delivery on behalf of the Governing Body.
- 2.2. Deploying the resource of the organisation effectively and efficiently to deliver the strategies of the organisation.
- 2.3. Horizon scanning to enable review and discussion of the implications and implementation of key policy documentation issued by NHS England, the Department of Health and other statutory authorities for recommendation to the Governing Body regarding the potential impact on plans and on services commissioned by the CCG.
- 2.4. Overseeing the operational commissioning and contracting of healthcare services for the Doncaster population.
- 2.5. Overseeing integration of commissioning functions across the Doncaster health and social care community and a wider footprint.
- 2.6. Approving proposals, business cases, service change, funding requests and procurements where they are in line with the CCG's strategic plan, financial scheme of delegation and approved budgets.
- 2.7. Ensuring that the organisation has systems in place to obtain appropriate advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health.
- 2.8. Undertaking regular scrutiny of financial risks of the organisation.

- 2.9. Taking decisions and action on any other appropriate matter within the delegated authority of its individual members.
- 2.10. Ensuring the development and performance management of delivery plans to reduce health inequalities.
- 2.11. Ensuring the principle of patients' rights to choice under the NHS Constitution is maintained by commissioners and providers.
- 2.12. Provide oversight and delivery of risk management arrangements including a review of the CCGs risk register, ensuring any agreed actions are completed.
- 2.13. Provide oversight of data / information quality and compliance arrangements, ensuring standards of good practice in relation to information quality.
- 2.14. Developing and approving policies and procedures relating to CCG operations within the functions of the Committee as set out in its Terms of Reference.
- 2.15. Establishing Sub-Groups to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference.

### **3. Sub Groups**

3.1. The Executive Committee has established the following sub-groups:

- Strategic Contracting Meetings with the organisation's main providers
- Quality, Innovation, Productivity and Prevention (QIPP) Programme Board
- Information Governance Group.

The meetings shall report directly to the Executive Committee and the minutes of these shall be formally recorded and submitted to the Committee.

3.2. The following meetings shall submit minutes to the Executive Committee for information:

- Doncaster Joint Commissioning Operational Group
- A&E Delivery Board – Doncaster and Bassetlaw
- Clinical Reference Group

### **4. Membership**

#### **4.1. Members**

The members of the Committee shall comprise:

- Chief Officer (Chair)
- Clinical Chair
- Director of Strategy & Delivery
- Chief Finance Officer (Vice Chair)
- Chief Nurse

- Associate Director of HR and Corporate Services
- 4.2.** Members are required to attend nine out of 12 scheduled meetings. Attendance will be monitored throughout the year and any concerns raised by the Chair with the relevant Member.

**4.3. Attendees**

Other attendees requested to attend shall comprise:

- Head of Corporate Governance (Board Secretary and formal Deputy for the Associate Director of HR and Corporate Services)
- Deputy Director of Strategy and Delivery (formal Deputy for the Director of Strategy and Delivery)
- Deputy Chief Finance Officer (formal Deputy for the Chief Finance Officer)
- Deputy Chief Nurse (formal Deputy for the Chief Nurse)
- Other individuals may be invited to attend for all or part of any meeting as appropriate.

**5. Appointment Of Chair**

The Chair shall be appointed by the Governing Body. The Vice-Chair shall be determined by the Committee.

**6. Meetings and Conduct of Business**

- 6.1.** The Committee will operate in accordance with the CCG's Standing Orders.
- 6.2.** When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

**6.3. Secretary**

The Board Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

**6.4. Quorum**

- 6.4.1.** A quorum shall be four members. Delegated authority for decisions can only be exercised if a member (or their formally nominated deputy) with the necessary authority to act is present.
- 6.4.2.** If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee.

6.4.3. Members of the Committee may participate in meetings by telephone or by the use of video conferencing facilities where they are available. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

## **6.5. Frequency**

The Committee will aim to meet at least 10 times a year. Extraordinary meetings may be called at the discretion of the Chair.

## **6.6. Notice of meetings**

Items of business for inclusion on the agenda of a meeting shall be notified to the Chair of the meeting at least 10 working days before the meeting takes place. Supporting papers for such items shall be submitted at least six working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least three working days before the date the meeting will take place.

6.7 An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

## **7. Decisions**

7.1. The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.

7.2. The Committee will make decisions within the bounds of its remit.

7.3. In line with the CCG's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, then a vote of members will be required, the process for which is set out below:

- Majority necessary to confirm a decision – simple majority
- Casting vote – Chair
- Dissenting views – dissenting views must be recorded in the minutes.

7.4. The Committee has full authority to commission any reports it deems necessary to help it fulfil its obligations.

7.5. The Committee may establish Sub-Groups to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

## **7.6. Urgent matters arising between meetings**

The Chair and Deputy Chair of the Committee in consultation with the Chair of the Governing Body, Chief Nurse and Director of Strategy and Delivery may also act on urgent matters arising between meetings of the Committee. Any actions taken outside the meeting, will be minuted at the next available meeting of the Committee.

## **8. Reporting Arrangements**

- 8.1. The minutes of the Committee meetings shall be formally recorded and submitted to the Governing Body.
- 8.2. Recommendations and decisions arising from the work of the Committee will be reported to the CCG Governing Body as required.
- 8.3. The Committee will annually review and assess its effectiveness and report its findings to the Governing Body. It will do this by:
  - Reviewing its terms of reference;
  - Reviewing the attendance rate of Committee members;
  - Reviewing its work plan;
  - Reviewing its performance.

### **13 Confidentiality and Conflicts of Interest / Standards of Business Conduct**

- 13.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.
- 13.2 In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.
- 13.3 All Members shall respect confidentiality requirements as set out in the CCG Constitution.
- 13.4 The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles<sup>2</sup>.

### **14 Disclosure / Freedom of Information Act (FOI)**

The CCG senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

### **15 Links and Interdependencies**

The Executive Committee will link, in particular, to the following forums:

- Governing Body (board)
- CCG Quality and Patient Safety Committee
- Joint Commissioning Management Board
- Working Together Joint Committee
- Audit Committee

---

<sup>2</sup> Available at <http://www.public-standards.gov.uk/>

## **16 Review of the Terms of Reference**

The Committee will review its terms of reference on a two-yearly basis and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Last reviewed: February 2020

# South Yorkshire and Bassetlaw Joint Commissioning Committee of Clinical Commissioning Groups JC CCGs Terms of Reference

## 1. Introduction

- 1.1. The NHS Act 2006 (as amended) (**'the NHS Act'**), was amended through the introduction of a Legislative Reform Order ("**LRO**") to allow CCGs to form joint committees. This means that two or more CCGs exercising commissioning functions jointly may form a joint committee as a result of the LRO amendment to s.14Z3 (CCGs working together) of the NHS Act.
- 1.2 Joint committees are a statutory mechanism which gives CCGs an additional option for undertaking collective strategic decision making and can include NHS England, who may also make decisions collaboratively with CCGs.
- 1.3 Individual CCGs and NHS England will still always remain accountable for meeting their statutory duties. The aim of creating a joint committee is to encourage the development of strong collaborative and integrated relationships and decision-making between partners.
- 1.4 The Joint Committee of Clinical Commissioning Groups (**'JC CCGs'**) is a joint committee of:
  - (1) NHS Barnsley Clinical Commissioning Group;
  - (2) NHS Bassetlaw Clinical Commissioning Group;
  - (3) NHS Doncaster Clinical Commissioning Group;
  - (4) NHS Rotherham Clinical Commissioning Group;
  - (5) NHS Sheffield Clinical Commissioning Group;
  - (6) NHS England Specialised Commissioning; Non voting

And \*Associate CCG members:

- (7) NHS Derby and Derbyshire Clinical Commissioning Group;

**\*Associate CCG** is a partner CCG outside of the SYB footprint with commissioned patient flows into SYB for acute provider secondary and tertiary care services. Derby and Derbyshire CCG is also a member of the SYB and North Derbyshire Cancer Alliance. Our Associate CCG is involved in the commissioning arrangements and decisions managed through the JC CCGs where their patients are affected by any proposed change as appropriate. Associate CCGs are non-voting members of the JC CCGs where they do not have a patient interest in a proposed change overseen by the JC CCGs. The involvement of the associate CCG in the JC CCGs work (where voting rights would be appropriate for that specific priority) is clarified on the list of JC CCGs work priorities.

It has the primary purpose of enabling the CCG members to work effectively together, to collaborate and take joint decisions in the areas of work that they agree.

1.5 In addition the JC CCGs will meet collaboratively with NHS England to make integrated decisions in respect of those services which are directly commissioned by NHS England.

1.6 Guiding principles:

- Collaborate and co-operate. Do it once rather than repeating or duplicating actions and increasing cost across the CCGs. Establish and adhere to the governance structure set out in these Terms of Reference and in the JC CCGs Manual (as updated from time to time), to ensure that activities are delivered and actions taken as required;
- Be accountable. Take on, manage and account to each other for performance of the respective roles and responsibilities set out in these Terms of Reference and in the JC CCGs Manual (as updated from time to time);
- Be open. Communicate openly about major concerns, issues or opportunities relating to the functions delegated to the JC CCGs, as set out in Schedule 1; ensuring our collective decisions are based on the *best* available evidence, that these are fully articulated, heard, and understood.
- Learn, develop and seek to achieve full potential. Share information, experience, materials and skills to learn from each other and develop effective working practices, work collaboratively to identify solutions, eliminate duplication of effort, mitigate risk and reduce cost whilst ensuring quality is maintained or improved across all the CCGs;
- Adopt a positive outlook. Behave in a positive, proactive manner;
- Adhere to statutory requirements and best practice. Comply with applicable laws and standards including EU procurement rules, data protection and freedom of information legislation.
- Act in a timely manner. Recognise the time-critical nature of the functions delegated to the JC CCGs as set out in Schedule 1, and respond accordingly to requests for support;
- Manage stakeholders effectively;
- Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in these Terms of Reference and in the JC CCGs Manual Agreement (as updated from time to time);
- Act in good faith to support achievement of the Key Objectives as set out in the JC CCGs Manual and compliance with these Principles.
- The JC CCGs has a commitment to ensuring that in pursuing its Key Objectives it does not increase inequalities or worsen health outcomes for any local populations.
- From time to time programmes boards may be established to oversee individual programmes of work. Where these are established under the direction of the JC CCGs these will be accountable to the JC CCGs.

## **2. Statutory Framework**

2.1 The NHS Act which has been amended by LRO 2014/2436, provides at s.14Z3 that where two or more clinical commissioning groups are exercising their commissioning functions jointly, those functions may be exercised by a joint committee of the groups.

2.2 The CCGs named in paragraph 1.5 above have delegated the functions set

out in Schedule 1 to the JC CCGs.

### **3. Role of the JC CCGs**

3.1 The role of the JC CCGs shall be:

- Development of collective strategy and commissioning intentions;
- Development of co-commissioning arrangements with NHS England;
- Joint contracting with Foundation Trusts and other service providers;
- System transformation, including the development and adoption of service redesign and best clinical practice across the area – which may include the continuation or establishment of clinical networks in addition to those nationally established;
- Representation and contribution to Alliances and Networks including clinical networks nationally prescribed;
- Work with NHS England and Improvement on the outcome and implication of national or regional service reviews;
- Work with the NHS England Area on system management and resilience;
- Collaboration and sharing best practice on Quality Innovation Productivity and Prevention initiatives; and
- Mutual support and aid in organisational development.

3.2 At all times, the JC CCGs, through undertaking decision making functions of each of the member CCGs, will act in accordance with the terms of their constitutions. No decision outcome shall impede any organisation in the fulfilment of its statutory duties.

### **4. Geographical coverage**

4.1 The JC CCGs will comprise those CCGs listed above in paragraph 1.5, NHSE / I specialised commissioning covering the South Yorkshire and Bassetlaw, Derby and Derbyshire areas (associate members).

### **5. Membership**

5.1 Membership of the committee will combine both Voting and Non-voting members and will comprise of: -

5.2 Voting members:

- Two decision makers from each of the five SYB member CCGs: the Clinical Chair and Accountable Officer. Each CCG has one vote.

5.3 Non-voting attendees:

- Two Lay Members
- One Director of Finance chosen from the member CCGs.
- A Healthwatch representative nominated by the local Healthwatch groups
- SYB ICS Chief Executive or deputy
- SYB ICS Director of Commissioning

- SYB ICS Communications and Engagement lead
- NHSE Specialised Commissioning lead
- Associate CCG member (where no or minimal patient interest in proposed changes, see para 1.4)

- 5.4 The JC CCGs may invite additional non-voting members to join the JC CCGs to enable it to carry out its duties.
- 5.5 Committee members may nominate a suitable deputy when necessary and subject to the approval of the Chair of the JC CCGs. All deputies should be fully briefed and the secretariat informed of any agreement to deputise so that quorum can be maintained.
- 5.6 No person can act in more than one role on the JC CCGs, meaning that each deputy needs to be an additional person from outside the JC CCGs membership.
- 5.7 The SYB ICS will act as secretariat to the JC CCGs to ensure the day to day work of the JC CCGs is proceeding satisfactorily. The membership will meet the requirements of the constitutions of the CCGs named above at paragraph 1.4.
- 5.8 The JC CCGs will be Chaired by a respective CCG Clinical Chair and vice clinical Chair. For 2019/20 the Chair is Doncaster CCG Clinical Chair, Deputy Chair is Rotherham CCG Clinical Chair. The tenure of the role is 12 months.

## **6. Meetings**

- 6.1 The JC CCGs shall adopt the standing orders of NHS Sheffield Clinical Commissioning Group insofar as they relate to the:
- a) notice of meetings;
  - b) handling of meetings;
  - c) agendas;
  - d) circulation of papers; and
  - e) conflicts of interest.

## **7. Voting**

- 7.1 The JC CCGs will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used. The JC CCGs has five CCG members and 1 vote for each CCG. The voting power of each individual present will be weighted so that each party (CCG) possesses 20% of total voting power.
- 7.2 It is proposed that recommendations can only be approved if there is approval by more than 80%.

## **8. Quorum**

- 8.1 At least one full voting member from each CCG must be present for the meeting to be quorate. The Healthwatch representative must also be present.

## **9. Frequency of meetings**

- 9.1 Frequency of meetings will usually be monthly, but the Chair has the power to call meetings of the JC CCGs as and when they are required.
- 9.2 Meetings may be held by telephone or video conference, JC CCGs members can participate and included as quorum in a face to face meeting, by telephone or by video link.

## **10 Meetings of the JC CCGs**

- 10.1 Meetings of the JC CCGs shall be held in public unless the JC CCGs considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Therefore, the JC CCGs may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 10.2 The Chair shall set the agenda and arrange papers to be circulated 5 working days prior to the JC CCGs meeting.
- 10.3 Members of the JC CCGs have a collective responsibility for the operation of the JC CCGs. They will participate in discussion, review evidence and provide objective expert input to the best of the knowledge and ability, and endeavour to reach a collective view.
- 10.4 The JC CCGs may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 10.5 Each JCCCG member must abide by all policies in relation to conflicts of interests. Where any JC CCGs member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member of the JC CCGs can participate / vote in the meeting or part of the meeting where the item is discussed
- 10.6 The JC CCGs has the power to establish sub groups and working groups and any such groups will be accountable directly to the JC CCGs.
- 10.7 Members of the JC CCGs shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the JC CCGs, in which event these shall be

observed.

- 10.8 The right of attendance at meetings by members of the public as referred to in paragraph 10.1 does not give the right to such members of the public to ask questions or participate in that meeting, unless invited to do so by the Chair.
- 10.9 Members of the public or press may not record proceedings in any manner whatsoever, other than in writing, or make any oral report of the proceedings as they take place, without the prior written agreement of the Chair.
- 10.10 Questions must be submitted in writing to the JC CCGs secretariat by noon on the Monday before the meeting.
- 10.11 Answers to submitted questions relating to the agenda received in advance of the meeting will be published on the JCCCG section of the South Yorkshire and Bassetlaw Integrated Care System website following the meeting.
- 10.12 Up to 15 minutes will be set aside at the beginning of the meeting in public to respond to written questions. Additional verbal questions and /or statements requested by members of the public are answered at the chairs discretion. Questions or statements that are not deemed appropriate to the business of the JC CCGs and agenda will not be accepted.
- 10.13 Confidential items will be considered in a closed private meeting of the JC CCGs.
- 10.14 The Chair may exclude any member of the public from a meeting of the JC CCGs if they are interfering with or preventing the proper or reasonable conduct of that meeting.

## **11. Secretariat provisions**

The secretariat to the JC CCGs will:

- a) Take and circulate the minutes, conflicts, matters arising action notes and decisions of the JC CCGs meeting to all members; and
- b) Present the minutes, conflicts, matters arising, action notes and decisions to the governing bodies of the CCGs set out in paragraph 1.4 above.

## **12. Reporting to CCGs**

The JC CCGs will make a quarterly written report to the CCG member governing bodies and the SYB ICS and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made.

## **13. Decisions**

- 13.1 The JC CCGs will make decisions within the bounds of the scope of the functions delegated.

- 13.2 The decisions of the JC CCGs shall be binding on all member CCGs.
- 13.3 All decisions undertaken by the JC CCGs will be published by the Clinical Commissioning Groups set out in paragraph 1.4 above.
- 13.4 The JC CCGs agrees to make decisions by a common process for decision making with a non-member CCG. This process will apply where a non-member CCG has delegated the functions within the scope of the JC CCGs to an individual or member or employee of the non-member CCG.

#### **14. Attendance**

- 14.1 Voting members of the JC CCGs shall attend a minimum of at least 75% of meetings during the financial year.

#### **15. Review of Terms of Reference**

These terms of reference will be formally reviewed in **6 months** by Clinical Commissioning Groups set out in paragraph 1.4 and may be amended by mutual agreement between the CCGs at any time to reflect changes in circumstances as they may arise.

#### **16. Withdrawal from the JC CCGs**

- 16.1 Should this joint commissioning arrangement prove to be unsatisfactory, the governing body of any of the member CCGs can decide to withdraw from the arrangement, but has to give a minimum six months' notice to partners, with consideration by the JC CCGs of the impact of a leaving partner - a maximum of 12 months' notice could apply.

## List of Members from each CCG and non-voting members

<b>Column 1</b> <b>Organisation or nomination</b>	<b>Column 2</b> <b>Representatives</b>
<b>Voting members</b>  NHS Barnsley Clinical Commissioning Group NHS Bassetlaw Clinical Commissioning Group NHS Doncaster Clinical Commissioning Group NHS Rotherham Clinical Commissioning Group NHS Sheffield Clinical Commissioning Group	The Clinical Chair, The Accountable Officer The Clinical Chair, The Accountable Officer
<b>Non-voting members</b>  JC CCGs Lay Members Nominated Director of Finance Nominated Healthwatch member South Yorkshire and Bassetlaw ICS  NHS England Associate CCG member	Lay members X2 NHS Sheffield CCG Director of Finance Healthwatch Doncaster ICS Chief Executive or Deputy ICS Director of Commissioning ICS Communications & Engagement Lead  Specialised Commissioning NHS Derby and Derbyshire CCG

**DRAFT**  
**Terms of Reference**  
**Health & Social Care Joint Commissioning Management Board (JCMB)**

<b>Name</b>	Health & Social Care Joint Commissioning Management Board (JCMB).
<b>Purpose</b>	<p>The JCMB will play a vital role in the development, implementation and oversight of joint commissioning arrangements between the NHS Doncaster Clinical Commissioning Group (CCG) and Doncaster Metropolitan Borough Council (DMBC) that are central to success of the Doncaster Place Plan (Doncaster Caring). This includes setting the work programme for strategic joint commissioning activity. This is expected to focus on the areas where the greatest potential change, improved outcomes and cost reductions can be achieved through an integrated and increasingly preventive approach to public service investment and delivery (areas of opportunity), including long-term savings. The JCMB is an evolution of the Joint Commissioning Collaborative Committee (JCCC), reflecting the increasing maturity of joint commissioning intentions.</p> <p>Beyond the areas of opportunity, the JCMB will also guide development and integration of key strategic enablers including though not exclusive to :</p> <ul style="list-style-type: none"> <li>• Digital and Information Management and Technology</li> <li>• Estates</li> <li>• Workforce</li> <li>• Community Support</li> </ul>
<b>Responsible to</b>	DMBC Cabinet and the NHS Doncaster CCG Governing [Additionally, although not responsible to, the Management Board will consult with and share information with the Doncaster Health and Wellbeing Board]
<b>Delegated authority</b>	<p>The JCMB delegates authority to the Joint Commissioning Operational Group (JCOG) to:</p> <ul style="list-style-type: none"> <li>• Oversee management of any pooled budgets (including Better Care Fund) approaches to support the joint work</li> <li>• Oversee joint operational commissioning arrangements.</li> <li>• Ensure BCF use is aligned with transformation objectives</li> <li>• Make recommendations to the JCMB for funding</li> </ul>

	<p>decisions with regards to proposed Better Care Fund schemes</p> <ul style="list-style-type: none"> <li>• The creation and maintenance of effective and efficient processes and documentation</li> <li>• Adherence to corporate finance and audit requirements</li> <li>• The monitoring of performance</li> <li>• The completion of nationally required funding and performance returns and plans</li> </ul> <p>JCOG will provide assurance to JCMB on the activities above including identifying and managing risks.</p>
<p><b>Duties and work programme</b></p>	<ul style="list-style-type: none"> <li>• Agree strategic development priorities for joint commissioning activity</li> <li>• Agree the investment programme and joint financial management strategy e.g. pooled budgets</li> <li>• Agree joint commissioning workforce strategy</li> <li>• Receive assurance from JCOG on the coordination and delivery and progress of joint commissioning work programmes</li> <li>• Agree the commissioning strategies relating to the delivery of the Place Plan, including: <ul style="list-style-type: none"> <li>- Current and future areas of opportunity</li> <li>- Integrated health and social care neighbourhood delivery</li> <li>- Strategic enablers (digital, estates, business intelligence, workforce)</li> </ul> </li> <li>• Share wider transformation agendas to ensure an overall awareness across the health and social care economy</li> <li>• Escalate decisions to DMBC Cabinet and NHS Doncaster CCG Board as required</li> <li>• Take a population health management approach</li> <li>• Work with the Doncaster Integrated Care Partnership Board to ensure commissioning strategy aligns with and facilitates transformational change across Doncaster</li> <li>• Identify and manage potentially conflicting commissioning priorities across the Clinical Commissioning Group and Council</li> </ul> <p>The committee is accountable for the efficient and effective deployment of all allocated resources in pursuit of the joint transformation programme objectives.</p>
<p><b>Chair (rotating)</b></p>	<p>Chief Executive (DMBC) / Accountable Officer (CCG) The role will be alternated every 12 months, unless otherwise</p>

<b>Deputy chair</b>	<p>agreed by the membership.</p> <p>The deputy chair will chair the meeting on the absence of the current Chair. This will be either the Chief Executive (DMBC) or Accountable Officer (CCG).</p>				
<b>Membership</b>	<table border="1" data-bbox="517 450 1458 893"> <thead> <tr> <th data-bbox="517 450 987 524"><b>Doncaster Council representatives</b></th> <th data-bbox="987 450 1458 524"><b>Doncaster CCG representatives</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="517 524 987 893">           Director of People            Director of Public Health            Chief Financial Officer            Assistant Director of Commissioning Learning and Opportunities            Commissioning Lead Adults Portfolio Holder         </td> <td data-bbox="987 524 1458 893">           Accountable Officer            Clinical Chair            Chief Financial Officer            Director of Strategy and Delivery              Chief Nurse            Strategic Clinical Lead            Lay Member         </td> </tr> </tbody> </table> <p>Also:</p> <ul style="list-style-type: none"> <li>- Director of health and social care transformation</li> <li>- Additional members co-opted to the committee as deemed appropriate by the JMBC members.</li> </ul>	<b>Doncaster Council representatives</b>	<b>Doncaster CCG representatives</b>	Director of People Director of Public Health Chief Financial Officer Assistant Director of Commissioning Learning and Opportunities Commissioning Lead Adults Portfolio Holder	Accountable Officer Clinical Chair Chief Financial Officer Director of Strategy and Delivery  Chief Nurse Strategic Clinical Lead Lay Member
<b>Doncaster Council representatives</b>	<b>Doncaster CCG representatives</b>				
Director of People Director of Public Health Chief Financial Officer Assistant Director of Commissioning Learning and Opportunities Commissioning Lead Adults Portfolio Holder	Accountable Officer Clinical Chair Chief Financial Officer Director of Strategy and Delivery  Chief Nurse Strategic Clinical Lead Lay Member				
<b>Quorate membership required</b>	<p>In order for a meeting to be quorate, attendance must consist of at least 3 members from each body, to include a chair person or nominee, plus a member with delegated decision-maker powers from each body.</p>				
<b>In attendance</b>	<p>Specific leads managers within the Place Plan scope of operations, dependent on relevance and when a specific update is required at JCMB.</p> <p>Provider input is captured through the ACP Leadership and the Health and Wellbeing Board.</p>				
<b>Frequency of meetings</b>	<p>Six-weekly</p>				

<b>Permanency</b>	The JCMB is a permanent Board for the duration of the Doncaster Caring/Place Plan Transformation programme	
<b>Date approved by the committee</b>		
<b>Date approved by [responsible committee]:</b>	Joint Commissioning Management Board	
<b>Review date:</b>	November 2019	
<b>Version</b>	<b>Status</b>	<b>Changes</b>
November 2018	Draft	Delegated authority Duties and work programme Membership Chair and deputy chair Quoracy

## Terms of Reference

### Quality and Patient Safety Committee

#### 1. Introduction

- 1.1. The Quality and Patient Safety Committee (the Committee) is established in accordance with NHS Doncaster Clinical Commissioning Group's Constitution.
- 1.2. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution.
- 1.3. The Committee's remit is to monitor the quality and safety of all healthcare services commissioned by the Clinical Commissioning Group (CCG).

#### 2. Role of the Committee

The Governing Body has delegated the following functions to the Committee.

##### 2.1. Securing continuous improvement to the quality of services

Seeking to ensure continuous improvement to the quality of services by methods including, though not exclusively:

- Receiving regular reports regarding quality and safety legislative and contractual requirements including patient safety and clinical effectiveness data, and taking mitigating action as necessary.
- Developing and reviewing quality schedules for commissioned care.
- Monitoring of continuous improvement in the quality of services.
- Maintaining contractual meetings to review the clinical quality of care with providers for which the Committee has commissioning responsibility.
- Clearly defining identified roles within the management structure, with clear job descriptions outlining the lead responsibilities for:
  - Safeguarding Children;
  - Safeguarding Vulnerable Adults;
  - Accountable Officer for Controlled Drugs;
- Receiving and acting upon reports from regulatory and other competent bodies and ensure action plans are delivered.
- Identifying risks, receiving risk profiles of providers and monitoring actions taken, aiming to proactively identify early warnings of any failing services.
- Cooperating with local statutory partnerships such as the Doncaster Safeguarding Children Board (DSCB), Doncaster Safeguarding Adults Board (DSAB), Multi-Agency Public Protection Arrangements (MAPPA), and Multi-Agency Risk Assessment Conferences (MARAC), taking feedback and learning and identifying risk from these wider partnership meetings.

## **2.2. Quality of Primary Medical Services**

- 2.2.1.** To support the delivery of the primary care quality strategy, reporting quarterly to the Primary Care Commissioning Committee on quality initiatives and improvements.
- 2.2.2.** Receive quarterly reports on the Primary Care Matrix (PCM) to review and understand the contributing factors to the quality and patient safety variations in behaviour of GP Practices and monitor the organisations quality and patient safety improvement.
- 2.2.3.** Work with other organisations such as NHS England (NHSE) and the Care Quality Commission (CQC) to increase and maintain quality of care.

## **2.3. Research, Education and Training**

- 2.3.1.** Through the quality schedules within contracts, practice visits and practice communications promote research and the use of research.
- 2.3.2.** Through the quality schedules within contracts, practice visits and practice communications, promote appropriate education, support and training to include assessment of competency, for persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of health services in England so as to assist the Secretary of State for Health in the discharge of his related duty.

## **2.4. Other Duties**

- 2.4.1.** Approving clinical policies and procedures within the functions of the Committee as set out in its Terms of Reference.
- 2.4.2.** Ensuring that significant clinical risks are identified and reported on the Risk Register and escalating to the Assurance Framework where necessary.
- 2.4.3.** Establishing Sub-Groups to assist in discharging delegated responsibilities of the Committee as set out in its Terms of Reference.

## **2.5. Sub Groups**

- 2.5.1.** The following meetings shall report directly to the Quality & Patient Safety Committee and the minutes of these shall be formally recorded and submitted to the Committee:
  - Incident Management Group – a meeting which receives and reviews Serious Incidents (SIs) and Never Events in commissioned services, approves completed SI reports and identifies themes/trends and disseminates lessons learned from these incidents.

- Safeguarding Assurance Group – a meeting which receives Safeguarding assurance from Providers and identifies and makes recommendations on key safeguarding commissioning issues.
- Medicines Management Group – a meeting which receives medicines management assurance from Providers and identifies and makes decisions on key medicines management commissioning issues. It has delegated authority from the committee to take decisions on quality issues affecting medicines commissioning.

**2.5.2.** The Committee shall receive the minutes from the Area Prescribing Committee, Local Intelligence Network ((LIN (for controlled drugs)) and Primary Care Quality Group for information.

### **3. Membership**

#### **3.1. Members**

The members of the Committee shall comprise:

- Governing Body Secondary Care Doctor Member (Chair)
- Chief Nurse (Vice Chair)
- Head of Quality / Designated Nurse Safeguarding Children & Looked After Children
- Head of Individual Placements & Designated Nurse Safeguarding Vulnerable Adults
- Primary Care Quality Lead
- Head of Medicines Management
- GP Locality Lead with lead for Prescribing
- Public Health Lead
- Named Nurse Safeguarding Children and Looked After Children
- Quality & Contracts Manager
- Specialist Rehabilitation Placements Case Manager
- Patient Experience Manager
- Named Nurse for Adult Safeguarding
- Senior Nurse, Quality and Patient Safety
- Named Nurse for Patient Safety

#### **3.2. Attendees**

Other individuals may be invited to attend for all or part of any meeting as appropriate.

**3.3.** Members are required to attend four out of six scheduled meetings. Attendance will be monitored throughout the year and any concerns raised by the Chair with the relevant Member.

**3.4.** Any changes to the membership of the Committee must be approved by the CCG Governing Body.

#### **4. Appointment Of Chair**

The Chair shall be appointed by the Governing Body, and is the Secondary Care Doctor.

The Vice-Chair shall be the Chief Nurse.

#### **5. Meetings and Conduct of Business**

**5.1.** The Committee will operate in accordance with the CCG's Standing Orders. Items of business for inclusion on the agenda will be set by the Engagement and Experience Management Group. Supporting papers shall be submitted at least five working days before the meeting takes place. The agenda and supporting papers shall be circulated to all Committee members and attendees at least six working days before the date the meeting will take place.

**5.2.** When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

#### **5.3. Secretary**

The Board Secretary shall provide appropriate advice to the Chair and Committee members and shall make arrangements for the Committee to have an administrator who will arrange meetings, collate and distribute papers, take minutes and keep a record of issues to be carried forward.

#### **5.4. Quorum**

**5.4.1.** A quorum shall be four members, one of which shall be the Chair, or Vice Chair in the Chair's absence.

**5.4.2.** If a quorum has not been reached, then the meeting may proceed if those attending agree but any record of the meeting should be clearly indicated as notes rather than formal minutes, and no decisions may be taken by the non-quorate meeting of the Committee.

#### **5.5. Frequency**

The Committee will aim to meet formally at least six times a year at times which are consistent with the quality reporting cycle and which enable it to efficiently discharge its duties. Extraordinary meetings may be called at the discretion of the Chair.

**5.6.** Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

- 5.7. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
- 5.8. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

## **6. Decisions**

- 6.1. The Committee will apply best practice in its decision making processes and effectively declare and manage all conflicts of interest.
- 6.2. The Committee will make decisions within the bounds of its remit.
- 6.3. Decisions will aim to be reached by a process of consensus decision-making.
- 6.4. The Committee has full authority to commission any reports it deems necessary to help it fulfil its obligations.
- 6.5. The Committee may establish Sub-Groups to assist it in discharging responsibilities of the Committee as set out in its Terms of Reference.

## **7. Reporting Arrangements**

- 7.1. The minutes of the Committee meetings shall be formally recorded and submitted to Governing Body. The committee shall formally record any issues or concerns to be escalated to Governing Body or Executive Committee.
- 7.2. Recommendations and decisions arising from the work of the Committee will be reported to the CCG Governing Body as required.
- 7.3. The Committee will annually review and assess its effectiveness and report its findings to the Governing Body. It will do this by;
- Reviewing its terms of reference;
  - Reviewing the attendance rate of Committee members;
  - Reviewing its work plan;
  - Reviewing its performance.

## **8. Confidentiality and Conflicts of Interest / Standards of Business Conduct**

- 8.1. All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Policy.
- 8.2. In circumstances where a potential conflict is identified the Chair of the Committee will determine the appropriate steps to take in accordance with the CCG's Conflicts of Interest decision-making matrix. This action may include, but is not restricted to, withdrawal from the meeting for the conflicted item or remaining in the meeting but not voting on the conflicted item.

- 8.3.** All Members shall respect confidentiality requirements as set out in the CCG Constitution.
- 8.4.** The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles<sup>3</sup>.

**9. Disclosure / Freedom of Information Act (FOI)**

The CCG senior officer with responsibility for corporate governance will be responsible for ensuring that FOI requirements in relation to the Committee are met. The chair of the committee will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

**10. Links and Interdependencies**

The Quality and Patient Safety Committee will link, in particular, to the following forums:

- Governing Body (Board)
- Primary Care Commissioning Committee
- Primary Care Focus Group
- Incident Management Group
- Safeguarding Assurance Group
- Medicines Management Group
- Area Prescribing Committee
- Local Intelligence Network ((LIN (for controlled drugs))

**11. Review of the Terms of Reference**

The Committee will annually review its terms of reference and the attendance rate of Committee members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Last reviewed – April 2019

---

<sup>3</sup> Available at <http://www.public-standards.gov.uk/>

## Draft Terms of Reference

### Doncaster Clinical Commissioning Group Locality Meetings

#### 1. Introduction

The four Locality meetings (North, East, South and Central) are established in accordance with NHS Doncaster Clinical Commissioning Group's (DCCG) Constitution. These terms of reference (TOR) should be read and applied with reference to the constitution particularly sections 4 and 5. These TOR set out the Localities, remit, responsibilities and reporting arrangements.

#### Objectives

- 2.1. To support DCCG to deliver on the organisation's aims as set out in section 4.3.1 in DCCG's Constitution namely:
- Foster effective organizational leadership,
  - develop transparent and accountable relationships with stakeholders.
  - ensure all Corporate Governance systems and processes are robust and transparent
  - Commission innovative healthcare and pathways to improve patient experience, outcomes and cost effectiveness.
  - contract and performance manage for continuous quality improvement; and
  - achieve economic efficiency and effectiveness within the allocated resource limit.
- 2.2 To support the delivery of the DCCG Commissioning priorities.

#### 3. Membership

The members of the Committee shall comprise:

- DCCG Governing Body Board members – Locality Lead (Chair)
- Locality Practice representation: GP and/or Practice Manager
- DCCG Management Support ("Head of")
- DCCG administration support
- Locality Pharmacy Support

#### 4. Attendance

Other Stakeholders such as providers may be invited to attend for all or part of any meeting as appropriate.

#### 5. Administration Support

Administration support will be provided by the DCCG admin pool but in the main will be supported by a named individual to support consistency.

The Admin Support Officer will liaise with the Chairs of the locality and the DCCG manager to ensure the agenda and all necessary papers are approved and circulated, as a minimum, 3 days in advance of the meeting. Agendas will be timed and follow the NHS Institute for Innovation and Improvement template. (Appendix 1)

## **6. Quorum**

Locality meetings shall consist of the Chair and not less than five other members of which one should be a Practice Manager.

## **7. Frequency of meetings**

The Locality meetings shall be monthly.

Extraordinary meetings may be called at the discretion of the Locality Chair.

## **8. Remit and responsibilities of the Locality meetings.**

The Governing Body has delegated the following functions, connected with the Governing Body's main functions, to the Locality meetings:

- 8.1** Influencing the development of and enactment of a Delivery Plan to ensure delivery of the aims, objectives and outcomes of the Group as contained within the Strategy Plan of the organisation.
- 8.2** Ensuring the "Practice Voice" is delivered to the meeting to enable the Chair to feed that voice into the Organisational Governance Structure. The Practice Voice includes patients and their carers and practice staff.
- 8.3** Providing assurance to the Governing Body of effective delivery.
- 8.4** Developing productive working relationships with wider clinical colleagues to ensure multidisciplinary input, advice and guidance on commissioning developments. Obtaining professional advice from persons who, taken together, have a broad range of professional expertise in healthcare and public health and ensuring that all plans for service development have been informed by the appropriate expertise.
- 8.5** Influencing the commissioning and contracting of healthcare services for the Doncaster population.
- 8.6** Promoting the integration of health services with other health services and social care services where this would improve the quality of care or reduce inequalities. Integrating commissioning work plans and pathways of care based on shared priorities and patient led services, involving all appropriate stakeholders in service redesign and actively seeking out evidence based integrated solutions to care pathways.
- 8.7** Enabling patients to make choices by ensuring the principle of patients' rights to choice under the NHS Constitution is maintained by commissioners and providers.

8.8 Promoting innovation and effective appropriate use of the DCCG Innovation Fund.

8.9 Promoting and supporting appropriate research projects.

## 9. Roles and Responsibilities

**Chair(s)** – 1 Chair is identified for each meeting. The Chair's main responsibilities is to ensure the meeting is managed and the objectives and the remit and responsibilities above are delivered. The Chair should steer the commissioning focus of the meeting and manage/direct provider issues in line with the CCG's Constitution.

**CCG Management Support** – The CCG Manager will support the Chair in delivering the objectives and remit and responsibilities. The CCG manager can be a conduit for information and provide understanding on wider of specific portfolio issues. The CCG manager attends to support commissioning debate and commissioning work. Issues from practices as providers should be directed as appropriate/necessary to the LMC, NCB.or the CCG Issues Log.

**Administration Support** – The administration support officer (ASO) will agree the agenda with the Locality Chair(s) and CCG manager ensure papers are circulated in advance of the meeting. The ASO will ensure Locality meeting registration/claim forms are available on the day and will take notes/action logs of the meeting. These notes and logs will be circulated for comment and accuracy within one week of the meeting.

The ASO is not a locality manager and any management issues should be directed to the chair in the first instance.

**Practice Representatives (GP and/or Practice manager)** – Practice representatives attend the meeting to represent the voice of their practice including staff, patients and carers. This voice must be heard if we are to commission services effectively with involvement, engagement and empowerment being the underpinning principles of everything the CCG does.

**Pharmacy Support** – Each locality has dedicated Pharmacy support to ensure effective delivery of pharmacy services. In the respect of locality meetings the pharmacy support attends to advise and provide information that would inform commissioning debate and commissioning work not on individual issues from practices as providers. Such issues should be directed to the pharmacy support themselves initially then escalated to Head of Medicines Management as necessary.

## 10. Relationship with the Governing Body

Action Notes will be recorded by the Locality Administration Officer. These will be circulated and saved as requested and as is appropriate. It will be the Locality Chairs responsibility to ensure the "Locality Voice" is reported back into the organisational governance structure formally through a written report to the Governing Body.

The DCCG support manager will feedback any appropriate actions and issues through the Directorate Management Team meeting.

## **11. Remuneration**

GP and Practice Manager attendance for Locality meetings will be remunerated in line with DCCG policy and practice. All forms must be submitted and signed accordingly on the day of the meeting and should match the meeting register.

## **12. Policy and best practice**

Locality members will operate and apply best practice and effectively declare and manage all conflicts of interest.

## **13. Conduct of the Committee**

The Locality meetings will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice including the Nolan Principles (Available at <http://www.public-standards.gov.uk/>).

The Localities will annually review these TOR and the attendance rate of Locality members. Any resulting changes to the terms of reference or membership shall be submitted to the Governing Body for approval.

Date agreed:

By:                      Locality Lead

Version:                Draft

Appendix 1

**Title, Venue, Time**

<b>Agenda No</b>	<b>Item description</b>	<b>Objectives</b>	<b>Item presenter</b>	<b>Time allocated per item</b>
1.	<b>Welcome and Introductions</b>		All	
2.	<b>Minutes of last meeting on .....</b>	Check accuracy and agree content	All	
3.	<b>Matters Arising and Items not on the Agenda</b>	Cover matters arising and items not on the agenda and ensure actions completed	All	
4.	<b>Agenda</b>			
4.1	Standing Items			
4.2				
5.	<b>Any Other Business</b>			
6.	<b>Date and time of next meeting</b>			

## APPENDIX 1 - SCHEME OF RESERVATION AND DELEGATION

The overarching scheme of delegation from the CCG Constitution as approved by Members is replicated here for completeness. There follows the operational scheme of delegation reserved to the Governing Body for approval.

### OVERARCHING SCHEME OF DELEGATION

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
1. REGULATION AND CONTROL	1.1 Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	X				
1. REGULATION AND CONTROL	1.2 Consideration and approval of applications to the NHS Commissioning Board on any matter concerning changes to the Group's Constitution, including terms of reference for the Group's Governing Body, its Committees, membership of Committees, the overarching scheme of reservation and delegated powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	X				
1. REGULATION AND CONTROL	1.3 Exercise or delegation of those functions of the Group which have not been retained as reserved by the Group, delegated to the Governing Body or other Committee or Sub-Committee or Member or employee.			X		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
1. REGULATION AND CONTROL	<p>1.4 Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group <u>reserved</u> to the membership and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> <li>• Group's Governing Body</li> <li>• Committees and Sub-Committees of the Group, or</li> <li>• its Members or employees</li> </ul> <p>and sets out those decisions of the Governing Body <u>reserved</u> to the Governing Body and those <u>delegated</u> to the</p> <ul style="list-style-type: none"> <li>• Governing Body's Committees and Sub-Committees,</li> <li>• members of the Governing Body,</li> <li>• an individual who is Member of the Group but not the Governing Body or a specified person</li> </ul> <p>for inclusion in the Committee Handbook, as prescribed in the CCG's constitution.</p>			X		
1. REGULATION AND CONTROL	1.5 Approval of the Group's overarching scheme of reservation and delegation.		X			
1. REGULATION AND CONTROL	1.6 Prepare and approve the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the Group.			X		

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
1. REGULATION AND CONTROL	1.7 Approval of the Group's operational scheme of delegation that underpins the Group's 'overarching scheme of reservation and delegation' as set out in its Constitution.					Audit Committee
1. REGULATION AND CONTROL	1.8 Prepare detailed financial policies that underpin the Group's prime financial policies.				X	
1. REGULATION AND CONTROL	1.9 Approve detailed financial policies.					Audit Committee
1. REGULATION AND CONTROL	1.10 Approve arrangements for managing exceptional funding requests.		X			
1. REGULATION AND CONTROL	1.11 Set out who can execute a document by signature / use of the seal		X			
1. REGULATION AND CONTROL	1.12 Apply to NHS England to amend the Constitution (except amendments required by law or regulations).	X				
1. REGULATION AND CONTROL	1.13 Apply to NHS England to: <ul style="list-style-type: none"> <li>change geography</li> <li>change name of the CCG</li> <li>merge with another CCG</li> <li>remove a member of the CCG</li> </ul>	X				
1. REGULATION AND CONTROL	1.14 Apply to NHS England to amend the Constitution (non-material).		X			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	<p><b>2.1</b> Approve the arrangements for</p> <ul style="list-style-type: none"> <li>• identifying Practice Representatives to represent Practices in matters concerning the work of the Group; and</li> <li>• appointing clinical leaders (Locality Leads) to represent the Group's Members on the Group's Governing Body.</li> </ul>		X			
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	<p><b>2.2</b> Approve the appointment of Governing Body members, the process for recruiting and removing non-elected members to the Governing Body (subject to any regulatory requirements) and succession planning.</p>		X			
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	<p><b>2.3</b> Approve arrangements for identifying the Group's proposed Accountable Officer.</p>		X			
2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY	<p><b>2.4</b> Extend terms of office of members in exceptional circumstances</p>		X			

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Chief Finance Officer</b>	<b>Committee and Sub-committees</b>
<b>2. PRACTICE MEMBER REPRESENTATIVES AND MEMBERS OF THE GOVERNING BODY</b>	<b>2.5</b> Removal of Governing Body Member		<b>X</b>			
<b>3. STRATEGY AND PLANNING</b>	<b>3.1</b> Agree the vision, values and overall strategic direction of the Group.		<b>X</b>			
<b>3. STRATEGY AND PLANNING</b>	<b>3.2</b> Approval of the Group's operating structure.		<b>X</b>			
<b>3. STRATEGY AND PLANNING</b>	<b>3.3</b> Approval of the Group's commissioning plan.		<b>X</b>			Executive Committee to recommend to Governing Body
<b>3. STRATEGY AND PLANNING</b>	<b>3.4</b> Approval of the Group's corporate budgets that meet the financial duties as set out in section 5.3 of the main body of the Constitution.		<b>X</b>			
<b>3. STRATEGY AND PLANNING</b>	<b>3.5</b> Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the Group's ability to achieve its agreed strategic aims.		<b>X</b>			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
3. STRATEGY AND PLANNING	3.6 Approval of QIPP Business Cases and release of finance from allocated reserves		For decisions of a financial value in excess of £1m			Executive Committee for decisions of a financial value up to and including £1m recommend to Governing Body
3. STRATEGY AND PLANNING	3.7 Approval of joint commissioning arrangement with NHS England for the exercise of CCG functions		X			
3. STRATEGY AND PLANNING	3.8 Approval of joint commissioning arrangements with NHS England for the exercise of NHS England functions, or arrangements for the exercise of functions fully delegated by NHS England to the CCG.					Primary Care Commissioning Committee
4. ANNUAL REPORTS AND ACCOUNTS	4.1 Approval of the Group's annual report and annual accounts.		X			Audit Committee to recommend to Governing Body
4. ANNUAL REPORTS AND ACCOUNTS	4.2 Approval of the arrangements for discharging the Group's statutory financial duties.		X			Executive Committee to recommend to Governing Body

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
5. HUMAN RESOURCES	5.1 Approve the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.					Remuneration Committee
5. HUMAN RESOURCES	5.2 Approve terms and conditions of employment for all employees of the Group including, pensions, remuneration, fees and travelling or other allowances payable to employees and to other persons providing services to the Group.					Remuneration Committee
5. HUMAN RESOURCES	5.3 Approve any other terms and conditions of services for the Group's employees.			X		
5. HUMAN RESOURCES	5.4 Determine the terms and conditions of employment for all employees of the Group which are not required to be considered and approved by the Remuneration Committee.			X		
5. HUMAN RESOURCES	5.5 Determine pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.		X			

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Chief Finance Officer</b>	<b>Committee and Sub-committees</b>
<b>5. HUMAN RESOURCES</b>	<b>5.6</b> Recommend pensions, remuneration, fees and allowances payable to employees and to other persons providing services to the Group.					Remuneration Committee to recommend to the Governing Body
<b>5. HUMAN RESOURCES</b>	<b>5.7</b> Approve disciplinary arrangements for employees, including the Accountable Officer (where he/she is an employee or member of the Group) and for other persons working on behalf of the Group.					Remuneration Committee
<b>5. HUMAN RESOURCES</b>	<b>5.8</b> Review disciplinary arrangements where the Accountable Officer is an employee or member of another Clinical Commissioning Group.		<b>X</b>			
<b>5. HUMAN RESOURCES</b>	<b>5.9</b> Approval of the arrangements for discharging the Group's statutory duties as an employer.					Remuneration Committee
<b>5. HUMAN RESOURCES</b>	<b>5.10</b> Approve human resources policies for employees and for other persons working on behalf of the Group					Remuneration Committee
<b>5. HUMAN RESOURCES</b>	<b>5.11</b> Appoint Chair of Governing Body		<b>X</b>			
<b>5. HUMAN RESOURCES</b>	<b>5.12</b> Approve non contractual payments to staff, eg. Bonus payments to ensure value for money and probity.					Remuneration Committee

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
6. QUALITY AND SAFETY	6.1 Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		X			
6. QUALITY AND SAFETY	6.2 Approve arrangements for supporting the NHS Commissioning Board in discharging its responsibilities in relation to securing continuous improvement in the quality of general medical services.					Primary Care Commissioning Committee
6. QUALITY AND SAFETY	6.3 Approve and monitor the groups plans to meet the public sector equality duty					Engagement and Experience Committee
6. QUALITY AND SAFETY	6.4 Promote the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members.	X				
6. QUALITY AND SAFETY	6.5 Approve the Groups strategies for patient safety and quality.		X			

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Chief Finance Officer</b>	<b>Committee and Sub-committees</b>
<b>6. QUALITY AND SAFETY</b>	<b>6.6</b> Monitor the implementation of the groups strategies and plans to secure continuous improvement in the safety and quality of services including safeguarding children and vulnerable adults utilising information available to help identify areas for improvement to ensure better health, better outcomes and better value for the residents of Doncaster					Quality and Patient Safety Committee
<b>6. QUALITY AND SAFETY</b>	<b>6.7</b> Approve and monitor plans to support and drive the integration of health and social care services where these improve quality or reduce inequalities.					Executive Committee
<b>7. OPERATIONAL AND RISK MANAGEMENT</b>	<b>7.1</b> Approve the Group's counter fraud and security management arrangements.					Audit Committee
<b>7. OPERATIONAL AND RISK MANAGEMENT</b>	<b>7.2</b> Approval of the Group's risk management arrangements.					Audit Committee to recommend to the Governing Body

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
7. OPERATIONAL AND RISK MANAGEMENT	7.3 Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with other clinical commissioning groups or pooled budget arrangements under section 75 of the NHS Act 2006).		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.4 Approval of a comprehensive system of internal control, including budgetary control, that underpin the effective, efficient and economic operation of the Group.					Audit Committee
7. OPERATIONAL AND RISK MANAGEMENT	7.5 Approve proposals for action on litigation against or on behalf of the Group.			X		
7. OPERATIONAL AND RISK MANAGEMENT	7.6 Approve the Group's arrangements for business continuity and emergency planning.					Executive Committee
7. OPERATIONAL AND RISK MANAGEMENT	7.7 Approve the Group's arrangement for managing potential conflict of interest.		X			
7. OPERATIONAL AND RISK MANAGEMENT	7.8 Approve the Group's arrangements for managing dispute resolution between external organisations and the CCG.			X		
8. INFORMATION GOVERNANCE	8.1 Approve the Group's arrangements for handling complaints, including those related to contract management.					Quality and Patient Safety Committee

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
8. INFORMATION GOVERNANCE	8.2 Approval of the arrangements for ensuring appropriate and safekeeping and confidentiality of records and for the storage, management and transfer of information and data.					Audit Committee
9. TENDERING AND CONTRACTING	9.1 Approval of the Group's contracts for any commissioning support.			X		
9. TENDERING AND CONTRACTING	9.2 Approval of the Group's contracts for corporate support (for example finance provision).			X		
10. PARTNERSHIP WORKING	10.1 Approve decisions that individual members or employees of the Group participating in joint arrangements on behalf of the Group can make. Such delegated decisions must be disclosed in this scheme of reservation and delegation.			X		
10. PARTNERSHIP WORKING	10.2 Approve decisions delegated to joint committees established under section 75 of the 2006 Act.		X			
10. PARTNERSHIP WORKING	10.3 Review and monitor the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies and monitoring the delivery of the groups responsibilities within such strategies;					Executive Committee

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Chief Finance Officer</b>	<b>Committee and Sub-committees</b>
<b>10. PARTNERSHIP WORKING</b>	<b>10.4</b> Approve decisions delegated to joint committees established under section 14Z of the 2006 Act.		<b>X</b>			
<b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b>	<b>11.1</b> Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions.		<b>X</b>			
<b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b>	<b>11.2</b> Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies)		<b>X</b>			
<b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b>	<b>11.3</b> Approve the establishment of any joint committee.		<b>X</b>			

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
<p><b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b></p>	<p><b>11.4</b> The Primary Care Commissioning Committee, on behalf of NHS England's Primary Care Committee as delegated by sections 83, 3 and 3A of the NHS Act and in conjunction with NHS England shall undertake the following:</p> <ul style="list-style-type: none"> <li>• GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);</li> <li>• The management of existing and implementation of newly designed enhanced services ("Directed Enhanced Services");</li> <li>• Design of local primary care incentive schemes, such as alternatives to the Quality Outcomes Framework (QOF);</li> <li>• Decision making on whether to establish new GP practices in an area;</li> <li>• Approving practice mergers; and</li> <li>• Making decisions on discretionary payments, such as returner/retainer schemes.</li> </ul>					<p>Primary Care Commissioning Committee</p>

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
<p><b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b></p>	<p><b>11.5</b> The Primary Care Commissioning Committee, on behalf of NHS England's Primary Care Committee and in conjunction with NHS England shall undertake the following:</p> <ul style="list-style-type: none"> <li>• Planning and carrying out needs assessments relating to primary care;</li> <li>• Commissioning primary medical care services for the population of Doncaster;</li> <li>• Assessing the effectiveness of primary care services in meeting the strategic objectives of the CCG and NHS England;</li> <li>• Co-ordinating a common approach to primary care commissioning; and</li> <li>• Overseeing relevant NHS England budgets in respect to primary care commissioning.</li> </ul>					<p>Primary Care Commissioning Committee</p>
<p><b>11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES</b></p>	<p><b>11.6</b> The Executive Committee will review, consider and recommend to the Primary Care Commissioning Committee on all service changes to primary care medical services, ensuring the services are in line with the CCG Corporate Objectives, Five Year Commissioning for Strategy, Doncaster Place Plan and the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.</p>					<p>Executive to recommend to the Primary Care Commissioning Committee</p>

Policy Area	Decision	Reserved to the Membership	Reserved or delegated to Governing Body	Accountable Officer	Chief Finance Officer	Committee and Sub-committees
11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	11.7 Assist the NHS Commissioning Board in its duty to improve the quality of primary medical services by continuously increasing the capability, competence and capacity of primary care, and the proportion of health and social care provided by primary and community services					Quality and Patient Safety Committee
11. COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	11.8 Develop and monitor plans to reduce inequalities across the borough.					Engagement and Experience Committee
12. COMMUNICATIONS	12.1 Approving arrangements for handling Freedom of Information requests.			X		
12. COMMUNICATIONS	12.2 Determining arrangements for handling Freedom of Information requests.			X		
12. COMMUNICATIONS	12.3 Approve the groups' communications and engagement strategy.		X			
12. COMMUNICATIONS	12.4 Approve the annual public and patient involvement report					Engagement and Experience Committee
13. AUDIT	13.1 Receive the annual governance letter from the External Auditor and advise the Governing Body of proposed action.					Audit Committee

<b>Policy Area</b>	<b>Decision</b>	<b>Reserved to the Membership</b>	<b>Reserved or delegated to Governing Body</b>	<b>Accountable Officer</b>	<b>Chief Finance Officer</b>	<b>Committee and Sub-committees</b>
13. AUDIT	13.2 Receive an annual report from the Internal Auditor and advise the Governing Body of proposed action.					Audit Committee
13. AUDIT	13.3 Report and provide assurance to the Governing Body on the effectiveness of financial governance arrangements at the CCG.					Audit Committee
13. AUDIT	13.4 Approve the appointment (and where necessary change or removal) of internal audit service providers.					Audit Committee

## A2 – OPERATIONAL SCHEME OF DELEGATION

RESERVATIONS TO THE GOVERNING BODY		
BODY / INDIVIDUAL	DELEGATION	DELEGATED TO
THE GOVERNING BODY	<p><b>General Enabling Provision</b></p> <p>The Governing Body may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.</p>	Not delegated
THE GOVERNING BODY	<p><b>Functions</b></p> <p>The functions that the Group is responsible for exercising are largely set out in the 2006 Act, as amended by the 2012 Act. An outline of these appears in the Department of Health's <i>Functions of Clinical Commissioning Groups</i>. They relate to:</p> <p>a) commissioning certain health services (where the NHS Commissioning Board is not under a duty to do so) that meet the reasonable needs of:</p> <p>i) all people registered with Member GP practices, and</p> <p>ii) people who are usually resident within the area and are not registered with a member of any Clinical Commissioning Group;</p> <p>b) commissioning emergency care for anyone present in the Group's area;</p> <p>c) paying its employees' remuneration, fees and allowances in accordance with the determinations made by its Governing Body and determining any other terms and conditions of service of the Group's employees;</p> <p>d) determining the remuneration and travelling or other allowances of members of its Governing Body.</p>	Not delegated
THE GOVERNING BODY	<p><b>Regulations and Control</b></p> <p>1. Approve Standing Orders (SOs), a schedule of matters reserved to the Governing Body and Standing Financial Instructions for the Regulation of its proceedings and business.</p>	Not delegated

<b>RESERVATIONS TO THE GOVERNING BODY</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<ol style="list-style-type: none"> <li>2. Suspend Standing Orders.</li> <li>3. Vary or amend the Standing Orders.</li> <li>4. Approve a scheme of delegation of powers from the Governing Body to the other committees.</li> <li>5. Require and receive the declaration of Governing Body members' interests which may conflict with those of the CCG and, taking account of any waiver which the Secretary of State for Health may have made in any case, determining the extent to which that member may remain involved with the matter under consideration.</li> <li>6. Require and receive the declaration of officers' interests that may conflict with those of the CCG.</li> <li>7. Adopt the organisational structures, processes and procedures to facilitate the discharge of business by the CCG and to agree modifications thereto.</li> <li>8. Receive reports from committees including those that the CCG is required by the Secretary of State for Health or other Regulation to establish and to action appropriately.</li> <li>9. Confirm the recommendations of the CCG's committees where the committees do not have executive powers.</li> <li>10. Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body.</li> <li>11. Ratify use of the seal.</li> <li>12. Approve any urgent decisions taken by the Chair of the CCG and Chief Officer for ratification by the CCG in public session in accordance with SO 5.2.</li> <li>13. Governing Body members share corporate responsibility for all decisions of the Governing Body.</li> <li>14. Appoint and dismiss Committee and Sub-Committees accountable to the Governing Body.</li> <li>15. Enter into externally financed development agreements.</li> <li>16. Approve levels of non-pay expenditure.</li> </ol>	
<b>THE GOVERNING BODY</b>	<p><b>Strategy and Performance</b></p> <ol style="list-style-type: none"> <li>1. Define the strategic aims and objectives of the CCG.</li> <li>2. Identify the key strategic risks, evaluate them and ensure adequate responses are in place and are monitored.</li> <li>3. Approve proposals for ensuring quality and developing clinical governance in services commissioned by the CCG, having regard to any guidance issued by the Secretary of State for Health.</li> <li>4. Commission health services for all the population in accordance with the requirements of the NHS Operating Framework and all other relevant national policy and guidance.</li> <li>5. Ensure clinicians are engaged in the development and implementation of the strategic plan.</li> <li>6. Assure implementation of the strategic plan</li> <li>7. Ensure contracts with all providers reflect the requirements of the NHS Operating Framework and strategic plan.</li> <li>8. Ensure required performance against all NHS Operating Framework requirements, all strategic plan</li> </ol>	Not delegated

<b>RESERVATIONS TO THE GOVERNING BODY</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<p>requirements and all contract requirements is achieved.</p> <p>9. Approve the CCG's proposed organisational development proposals.</p> <p>10. Decisions relating to service reconfiguration i.e. service changes requiring formal consultation.</p> <p>11. Formal adoption of a commissioning policy which has legal or budget implications e.g. restricted procedures policy.</p> <p>12. Approval of joint commissioning arrangements with NHS England for the exercise of CCG functions.</p> <p>13. Approval of QIPP business cases and release of finance from allocated reserves for a financial value in excess of £1m.</p>	
<b>THE GOVERNING BODY</b>	<p><b>Finance and Procurement</b></p> <p>1. Ensure all financial duties are achieved.</p> <p>2. Ensure all QIPP programme requirements are achieved.</p> <p>3. Approve (with any necessary appropriate modification) the CCG annual Financial Strategy.</p> <p>4. Approve decisions to procure for contracts exceeding or likely to exceed £10,000,000.00 (£10m) over a period of 3 years (or the period of contract if longer) excepting decisions relating to primary care contracts which will be made by the Primary Care Commissioning Committee.</p> <p>5. Approve award of Capital or Revenue Healthcare or Non Healthcare contracts exceeding or likely to exceed £10,000,000.00 (£10m) over a period of 3 years (or the period of contract if longer) excepting decisions relating to primary care contracts which will be made by the Primary Care Commissioning Committee.</p> <p>6. Approve annual budgets via the budget book, which will be enacted by budget managers through the separate scheme of budgetary delegation.</p> <p>7. Approve Outline and Final Business Cases for Capital Investment if this represents a variation from the plan.</p> <p>8. Ratify proposals for acquisition, disposal or change of use of land and/or buildings.</p> <p>9. Approve the opening of bank accounts.</p> <p>10. Approve proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Audit Committee.</p> <p>11. Approve individual compensation payments.</p> <p>12. Receipt and approval of the CCG's Annual Report and Annual Accounts.</p>	Not delegated
<b>THE GOVERNING BODY</b>	<p><b>Governance</b></p> <p>1. Approve the CCG's policies and procedures for the management of risk.</p> <p>2. Approve the framework for procedural documents including relevant delegation to Committees of the Governing</p>	Not delegated

<b>RESERVATIONS TO THE GOVERNING BODY</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<p>Body.</p> <ol style="list-style-type: none"> <li>3. Approve and act in accordance with the Standards of Business Conduct and Conflicts of Interest Policy.</li> <li>4. Subscribe to the Code of Conduct.</li> <li>5. Ensure proper and widely publicised procedures for voicing complaints, concerns about maladministration, breaches of Code of Conduct, and other ethical concerns.</li> <li>6. Receipt of such reports as the Governing Body sees fit from the other committees in respect of its exercise of powers delegated.</li> </ol>	
<b>THE GOVERNING BODY</b>	<p><b>Audit</b></p> <ol style="list-style-type: none"> <li>1. <i>Approve the appointment (and where necessary dismissal) of External Auditors (and where necessary change/removal) of External Audit and to receive reports of the Audit Committee meetings and take appropriate action.</i></li> <li>2. Receive the Annual Audit Letter received from the External Auditor and agreement of proposed action, taking account of the advice, where appropriate, of the Audit Committee.</li> <li>3. Receive an Annual Report from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee.</li> <li>4. To receive reports from the Audit Committee and take appropriate action, including recommendations on the treatment of losses and special payments.</li> <li>5. To approve single items of loss or a special payment in excess of £10,000.</li> <li>6. Approve the appointment (and where necessary change or removal) of internal audit service providers.</li> </ol>	Not delegated
<b>THE GOVERNING BODY</b>	<p><b>Appointments / Dismissal</b></p> <ol style="list-style-type: none"> <li>1. Approve appointments and dismissals of members of the Governing Body in line with the Constitution.</li> <li>2. Appoint and dismiss other committees (and individual members thereof) that are directly accountable to the Governing Body in line with the Constitution.</li> <li>3. Confirm appointment of members of any committee of the CCG as representatives on outside bodies.</li> <li>4. Approve proposals of the Remuneration Committee.</li> </ol>	Not delegated

<b>DELEGATIONS BY THE GOVERNING BODY TO THE CHIEF OFFICER</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
<b>CHIEF OFFICER / ACCOUNTABLE OFFICER</b>	<p><b>Role of the Accountable Officer</b></p> <p>This role of Accountable Officer is defined in the Constitution as:</p> <ol style="list-style-type: none"> <li>1. Being responsible for ensuring that the Group fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money;</li> <li>2. At all times ensuring that the regularity and propriety of expenditure is discharged, and that arrangements are put in place to ensure that good practice (as identified through such agencies as the National Audit Office) is embodied and that safeguarding of funds is ensured through effective financial and management systems;</li> <li>3. Working closely with the Chair of the Governing Body, the Accountable Officer will ensure that proper constitutional, governance and development arrangements are put in place to assure the Members (through the Governing Body) of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This will include arrangements for the ongoing developments of its Members and staff.</li> </ol>	Not delegated
<b>CHIEF OFFICER</b>	<p><b>Regulation and Control</b></p> <ol style="list-style-type: none"> <li>1. Advise on risk, quality and governance, having regard to any guidance by the Secretary of State for Health, and including preparation of proposals to develop and monitor clinical standards in the CCG and its constituent member practices.</li> <li>2. Ratify or otherwise instances of failure to comply with Standing Orders brought to the Chief Officer's attention in accordance with SO 5.6. Such failures to be reported to the CCG in formal session.</li> <li>3. If the Chief Officer considers the Governing Body is doing something that might infringe probity or regularity, he/she should set this out in writing to the Chair and the Governing Body. If the matter is unresolved, he/she should ask the Audit Committee to inquire and if necessary NHS England and ultimately the Department of Health.</li> </ol>	Not delegated
<b>CHIEF OFFICER</b>	<p><b>Strategy and Performance</b></p> <ol style="list-style-type: none"> <li>1. Prepare the strategic plan for approval by the Governing Body.</li> <li>2. Advise the Governing Body and Membership on the strategic aims and objectives of the CCG.</li> <li>3. Ensure continuous appraisal of the affairs of the CCG by means of the provision of information to the Governing Body as the Governing Body may require from chiefs, committees, and officers of the CCG as set out in management policy statements.</li> <li>4. The Chief Officer is accountable to the Chair, Non Officer Members and Locality Leads for ensuring that the</li> </ol>	Not delegated

<b>DELEGATIONS BY THE GOVERNING BODY TO THE CHIEF OFFICER</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<p>Governing Body's decisions are implemented, that the organisation works effectively and in accordance with government policy, for public service values and for the maintenance of proper stewardship. The Chief Officer should be allowed full scope, within clearly defined delegated powers, for action in fulfilling the decisions of the Governing Body.</p> <ol style="list-style-type: none"> <li>5. Follow through the implementation of any recommendations affecting good practice as set out in reports from such bodies as the National Audit Office (NAO) and other relevant bodies.</li> <li>6. Prepare, consider and endorse the CCG's draft Annual Report for approval by the Governing Body.</li> </ol>	
<b>CHIEF OFFICER</b>	<p><b>Finance and Procurement</b></p> <ol style="list-style-type: none"> <li>1. Sign a statement in the accounts outlining responsibilities as the Accountable Officer.</li> <li>2. Sign a statement in the accounts outlining responsibilities in respect of Internal Control.</li> <li>3. Approve decisions to procure for contracts up to or likely to reach a maximum of £9,999,999.99 over a period of 3 years (or the period of contract if longer).</li> <li>4. Approve award of Capital or Revenue Healthcare or Non Healthcare contracts up to or likely to reach a maximum of £9,999,999.99 over a period of 3 years (or the period of contract if longer).</li> <li>5. Approve Outline and Final Business Cases for Capital Investment if the case is within the annual plan. If the case is outside the plan, preparation of advice to the CCG.</li> <li>6. Advise on acquisition, disposal or change of use of land and/or buildings.</li> <li>7. Advise on approval of individual compensation payments.</li> <li>8. Advise on individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Officer and Chief Finance Officer (for losses and special payments) previously approved by the Governing Body.</li> <li>9. Achieve value for money from the resources available to the CCG and avoid waste and extravagance in the organisation's activities. Use to best effect the funds available for commissioning healthcare, developing services and promoting health to meet the needs of the local population. If the Clinical Commissioning Group is contemplating a course of action that raises an issue not of formal propriety or regularity but affects the Chief Officer's responsibility for value for money, the Chief Officer should draw the relevant factors to the attention of the Governing Body. If the outcome is an over-ruling it is normally sufficient to ensure that the advice and overruling of it are clearly apparent from the Minutes. Exceptionally, the Chief Officer should inform NHS England and ultimately the Department of Health. In such cases, and in those described in reference 24, the Chief Officer should as a member of the Governing Body vote against the course of action rather than merely abstain from voting.</li> </ol>	Not delegated

DELEGATIONS BY THE GOVERNING BODY TO THE CHIEF OFFICER		
BODY / INDIVIDUAL	DELEGATION	DELEGATED TO
CHIEF OFFICER	<p><b>Governance</b></p> <ol style="list-style-type: none"> <li>1. Ensure effective management systems that safeguard public funds and assist CCG Chair to implement requirements of integrated governance including ensuring managers: <ul style="list-style-type: none"> <li>• have a clear view of their objectives and the means to assess achievements in relation to those objectives;</li> <li>• be assigned well defined responsibilities for making best use of resources;</li> <li>• have the information, training and access to the expert advice they need to exercise their responsibilities effectively.</li> </ul> </li> <li>2. Implement requirements of corporate governance.</li> </ol>	<p>Chief Finance Officer in respect of Financial Governance</p> <p>Associate Director of Human Resources and Corporate Services in respect of Corporate (non-finance) Governance</p>

<b>DELEGATIONS BY THE GOVERNING BODY TO THE CHIEF FINANCE OFFICER</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
<b>CHIEF FINANCE OFFICER</b>	<p><b>Role of the Chief Finance Officer</b></p> <p>The role of the Chief Finance Officer is defined in the Constitution as:</p> <ol style="list-style-type: none"> <li>1. Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged.</li> <li>2. Making appropriate arrangements to support, monitor on the Group's finances;</li> <li>3. Overseeing robust audit and governance arrangements leading to propriety in the use of the Group's resources;</li> <li>4. Being able to advise the Governing Body on the effective, efficient and economic use of the Group's allocation to remain within that allocation and deliver required financial targets and duties;</li> <li>5. Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to the NHS Commissioning Board;</li> <li>6. Being the Governing Body lead officer for Business Information Intelligence.</li> </ol>	Not delegated
<b>CHIEF FINANCE OFFICER</b>	<p><b>Financial management</b></p> <ol style="list-style-type: none"> <li>1. Prepare and review annually, draft plans in respect of the application of available financial resources to support the agreed annual plans for approval by the Governing Body.</li> <li>2. Operational responsibility for effective and sound financial management and information.</li> <li>3. Ensure that expenditure by the CCG complies with Parliamentary requirements.</li> <li>4. Ensure the accounts of the CCG are prepared under principles and in a format directed by the Secretary of State for Health. Accounts must disclose a true and fair view of the CCG's income and expenditure and its state of affairs. Sign the accounts on behalf of the Governing Body.</li> </ol>	Not delegated

<b>DELEGATIONS BY THE GOVERNING BODY TO THE CHAIR</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
<b>CHAIR</b>	<p><b>Role of the Chair</b></p> <p>The Chair of the Governing Body is responsible for:</p> <ol style="list-style-type: none"> <li>1. Leading the Governing Body, ensuring it remains continuously able to discharge its duties and responsibilities as set out in this Constitution;</li> <li>2. Building and developing the Group's Governing Body and its individual Members;</li> <li>3. Ensuring that the Group has proper constitutional and governance arrangements in place;</li> <li>4. Ensuring that, through the appropriate support, information and evidence, the Governing Body is able to discharge its duties;</li> <li>5. Supporting the Accountable Officer in discharging the responsibilities of the organisation;</li> <li>6. Contributing to building a shared vision of the aims, values and culture of the organisation;</li> <li>7. Leading and influencing to achieve clinical and organisational change to enable the Group to deliver its commissioning responsibilities;</li> <li>8. Overseeing governance and particularly ensuring that the Governing Body and the wider Group behaves with the utmost transparency and responsiveness at all times;</li> <li>9. Ensuring that public and patients' views are heard and their expectations understood and, where appropriate as far as possible, met;</li> <li>10. Ensuring that the organisation is able to account to its local patients, stakeholders and the NHS Commissioning Board;</li> <li>11. Ensuring that the Group builds and maintains effective relationships, particularly with the individuals involved in overview and scrutiny from the relevant Local Authority(ies)</li> <li>12. Ensuring that effective succession planning processes are in place.</li> </ol> <p>Where the Chair of the Governing Body is also the senior clinical voice of the Group they will take the lead in interactions with stakeholders, including NHS England.</p>	Not delegated

<b>DELEGATIONS BY THE GOVERNING BODY TO THE DEPUTY CHAIR</b>		
<b>BODY / INDIVIDUAL</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
<b>DEPUTY CHAIR</b>	<p><b>Role of the Deputy Chair</b></p> <p>The Deputy Chair of the Governing Body deputises for the Chair of the Governing Body where he or she has a conflict of interest or is otherwise unable to act. The Deputy Chair shall automatically become the Chair of the Governing Body for the interim period where a Chair has been removed from office or during an extended period of sickness absence, maternity leave or equivalent and another Chair is not immediately appointed.</p>	Not delegated
<b>NON OFFICER MEMBERS</b>	<p><b>Role of Non Officer Members</b></p> <p>Each member of the Governing Body should share responsibility as part of a team to ensure that the Group exercises its functions effectively, efficiently and economically, with good governance and in accordance with the terms of this Constitution. Each brings their unique perspective, informed by their expertise and experience.</p>	Not delegated

**SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS**

<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
1.1.3	<b>CHIEF FINANCE OFFICER</b>	Approval of all financial procedures.	Not delegated
1.1.4	<b>CHIEF FINANCE OFFICER</b>	Advice on interpretation or application of SFIs.	Not delegated
1.1.6	<b>ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES</b>	Have a duty to disclose any non-compliance with these Standing Financial Instructions to the Director of Finance as soon as possible.	All Members of the Governing Body and Employees
1.2.4	<b>CHIEF OFFICER</b>	Responsible as the Accountable Officer to ensure financial targets and obligations are met and has overall responsibility for the System of Internal Control.	Not delegated
1.2.4	<b>CHIEF OFFICER &amp; CHIEF FINANCE OFFICER</b>	Accountable for financial control but will, as far as possible, delegate their detailed responsibilities.	Chief Finance Officer
1.2.5	<b>CHIEF FINANCE OFFICER</b>	To ensure all Governing Body members, officers and employees, present and future, are notified of and understand Standing Financial Instructions.	Not delegated
1.2.6	<b>CHIEF FINANCE OFFICER</b>	Responsible for: a) implementing the CCG's financial policies and co-coordinating corrective action; b) maintaining an effective system of financial control including ensuring detailed financial procedures and systems are prepared and documented; c) ensuring that sufficient records are maintained to explain CCG's transactions and financial position; d) providing financial advice to members of the Governing Body and staff.; e) maintaining such accounts, certificates etc as are required for the CCG to carry out its statutory duties; f) the design, implementation and supervision of systems of internal control.	Not delegated

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
1.2.7	<b>ALL MEMBERS OF THE GOVERNING BODY AND EMPLOYEES</b>	Responsible for security of the CCG's property, avoiding loss, exercising economy and efficiency in using resources and conforming to Standing Orders, Standing Financial Instructions and financial procedures.	All Members of the Governing Body and Employees
1.2.8	<b>CHIEF OFFICER</b>	Ensure that any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income are made aware of these instructions and their requirement to comply.	Chief Finance Officer
2.1.1	<b>AUDIT COMMITTEE</b>	Provide independent and objective view on internal control and probity.	Not delegated
2.1.3	<b>CHAIR</b>	Raise the matter at the Governing Body meeting where Chair of Audit Committee considers there is evidence of ultra vires transactions or improper acts.	Not delegated
2.2.1	<b>CHIEF FINANCE OFFICER</b>	a) Ensure an adequate internal audit service, for which he/she is accountable, is provided (and involve the Audit Committee in the selection process when/if an internal audit service provider is changed.) b) Ensure the annual audit report is prepared for consideration by the Audit Committee.	Not delegated
2.2.1	<b>CHIEF FINANCE OFFICER</b>	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.	Not delegated
2.3	<b>HEAD OF INTERNAL AUDIT</b>	Review, appraise and report in accordance with NHS Internal Audit Standards and best practice.	Not delegated
2.4	<b>AUDIT COMMITTEE</b>	Ensure cost-effective External Audit.	Not delegated
2.5	<b>CHIEF OFFICER &amp; CHIEF FINANCE OFFICER</b>	Monitor and ensure compliance with Secretary of State for Health's Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Not delegated
2.6	<b>CHIEF OFFICER</b>	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management including appointment of the Local Security Management Specialist.	Nominated Officer

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
3.1	CHIEF OFFICER	Has overall responsibility for the CCG's activities and ensuring the CCG stays within its Revenue Resource Allocation.	Not delegated
3.4	CHIEF FINANCE OFFICER	Will provide reports as required to the Secretary of State for Health, ensure draw down is for approved expenditure and timely and follows best practice in cash management.	Not delegated
3.4	CHIEF FINANCE OFFICER	Ensure monitoring systems are in place to enable the CCG not to exceed its allocations.	Not delegated
4.1.1	CHIEF FINANCE OFFICER	Periodically review assumptions, submit a report to the CCG annually showing total allocations received and their proposed distribution.	Not delegated
4.1.1	CHIEF FINANCE OFFICER	Regularly update the CCG on significant changes to the initial allocation and the uses of such funds.	Not delegated
4.2.1	CHIEF OFFICER	Compile and submit to the Governing Body a strategic plan which takes into account financial targets and forecast limits of available resources. The plan will contain: <ul style="list-style-type: none"> <li>• a statement of the significant assumptions on which the plan is based;</li> <li>• details of major changes in workload, delivery of services or resources required to achieve the plan.</li> </ul>	Chief Finance Officer
4.2.2	CHIEF FINANCE OFFICER	Submit budgets to the Governing Body for approval	Not delegated
4.2.3		Monitor performance against budget; submit to the Governing Body financial estimates and forecasts.	
4.2.5	CHIEF FINANCE OFFICER	Ensure adequate training is delivered on an ongoing basis to budget holders.	Not delegated
4.3.1	CHIEF OFFICER	Delegate budget to budget holders.	Not delegated
4.3.2	CHIEF OFFICER &	Must not exceed the budgetary total or virement limits set by the Governing Body.	Budget Holders

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<b>BUDGET HOLDERS</b>		
<b>4.4.1</b>	<b>CHIEF FINANCE OFFICER</b>	Devise and maintain systems of budgetary control.	Not delegated
<b>4.4.2</b>	<b>BUDGET HOLDERS</b>	Ensure that: a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of the Governing Body; b) Approved budget is not used for any other than specified purpose subject to rules of virement; c) No permanent employees are appointed without the approval of the CE other than those provided for within available resources and manpower establishment.	Not delegated
<b>4.4.3</b>	<b>CHIEF OFFICER</b>	Identify and implement cost improvements and income generation activities in line with the plan.	Chief Finance Officer & Budget Holders
<b>4.6.1</b>	<b>CHIEF OFFICER</b>	Submit monitoring returns.	Chief Finance Officer
<b>5.1</b>	<b>CHIEF FINANCE OFFICER</b>	Preparation of annual accounts and reports.	Not delegated
<b>6.1</b>	<b>CHIEF FINANCE OFFICER</b>	Managing banking arrangements, including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories. (Governing Body approves arrangements.)	Not delegated
<b>6.4</b>	<b>CHIEF FINANCE OFFICER</b>	Review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money.	Not delegated
<b>7</b>	<b>CHIEF FINANCE OFFICER</b>	Income systems, including system design, prompt banking, review and approval of fees and charges, debt recovery arrangements, design and control of receipts, provision of adequate facilities and systems for employees whose duties include collecting or holding cash.	Not delegated

**SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS**

<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
7.2.3	ALL EMPLOYEES	Duty to inform Chief Finance Officer of money due from transactions which they initiate/deal with.	All employees
8	CHIEF OFFICER	Tendering and contracting procedure.	Chief Finance Officer
8.5.3	CHIEF OFFICER	In-house services: Decision to tender for services.	Chief Finance Officer
8.5.4	CHIEF OFFICER	Exceptions and instances where formal tendering procedures need not be applied or may be waived.	Not delegated
8.5.5b	CHIEF OFFICER	Report waivers of tendering procedures to the Audit Committee.	Nominated Officer
8.7.6 (a) & (b)	CHIEF OFFICER	Responsible for the receipt, endorsement and safe custody of tenders received.	Chief Finance Officer
8.7.7 (a) -(e)	CHIEF OFFICER	Designation of senior officers/managers authorised to open tenders.	Not delegated
8.7.7(d)	ALL EXECUTIVE DIRECTORS & MEMBERS	Opening tenders.	Not delegated
8.7.7(e)	ASSOCIATE DIRECTOR OF HR & CORPORATE SERVICES	Opening tenders.	Not delegated
8.7.7(g)	CHIEF OFFICER	Shall maintain a register to show each set of competitive tender invitations dispatched.	Chief Finance

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
			Officer
<b>8.7.8(i)</b>	<b>CHIEF OFFICER</b>	Admissibility of tenders.	Chief Finance Officer
<b>8.7.8(ii)</b>	<b>CHIEF OFFICER &amp; CHIEF FINANCE OFFICER</b>	Where one tender is received will assess for value for money and fair price.	Not delegated
<b>8.7.9</b>	<b>CHIEF OFFICER</b>	Responsible for treatment of 'late tenders'.	Chief Finance Officer
<b>8.7.10</b>	<b>CHIEF OFFICER OR CHIEF FINANCE OFFICER</b>	Electronic Auctions and Dynamic Purchasing Systems.	Not delegated
<b>8.7.11(a)</b>	<b>CHIEF OFFICER &amp; SPECIFICATION GROUP</b>	Draft specification.	Not delegated
<b>8.7.11(a)</b>	<b>CHIEF OFFICER &amp; IN HOUSE TENDER GROUP</b>	Draft and submit in-house tender submission.	Not delegated
<b>8.7.11(a)</b>	<b>CHIEF FINANCE OFFICER &amp; THE EVALUATION GROUP</b>	Shortlist expressions of interest and evaluate tenders received.	Not delegated
<b>8.7.11(d)</b>	<b>CHIEF OFFICER</b>	Nomination of officer to oversee and manage the contract awarded on behalf of the CCG.	Not delegated
<b>8.8</b>	<b>CHIEF OFFICER</b>	Quotations: Competitive and Non-Competitive (including 8.8.2 (ii) decision re requirement to obtain quotation in writing, 8.8.2 (iv) evaluation of quotations and 8.8.3 (b) source of goods from	Executive Director

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
		alternative sources).	
<b>8.8.4</b>	<b>CHIEF OFFICER OR CHIEF FINANCE OFFICER</b>	No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and/or which is not in accordance with these Standing Financial Instructions except with the <b>express</b> authorisation of the Chief Officer.	Not delegated
<b>8.9.1</b>	<b>CHIEF OFFICER</b>	Overriding duty to achieve best value for money.	Chief Finance Officer
<b>8.9.2</b>	<b>CHIEF OFFICER</b>	Shall ensure that appropriate evaluation criteria are adopted to assess the technical and financial capability of those firms that are invited to tender or quote.	Chief Finance Officer
<b>8.10.1(d)</b>	<b>CHIEF FINANCE OFFICER</b>	No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and/or which is not in accordance with these Instructions except with the express authorisation of the Chief Officer	Not delegated
<b>8.10.1(e)</b>	<b>CHIEF OFFICER OR CHIEF FINANCE OFFICER</b>	Acceptability of tenders.	Not delegated
<b>8.10.2</b>	<b>DESIGNATED BUDGET HOLDER</b>	Award of contracts up to the amount specified in the budgetary scheme of delegation	Not delegated
<b>8.10.2</b>	<b>CHIEF OFFICER &amp; CHIEFS</b>	Award of contracts up to the amount specified in the budgetary scheme of delegation.	Not delegated
<b>8.10.2</b>	<b>CHIEF OFFICER</b>	Award of contracts up to the amount specified in the budgetary scheme of delegation.	Not delegated
<b>8.10.2</b>	<b>CCG GOVERNING BODY</b>	Award of contracts over the amount specified in the budgetary scheme of delegation.	Not delegated
<b>8.11</b>	<b>CHIEF FINANCE</b>	Use of correct form of contract as required by Instruction 8.11.	Not delegated

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<b>OFFICER</b>		
<b>8.11.5</b>	<b>CHIEF OFFICER</b>	The Chief Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.	Not delegated
<b>8.11.6(f)</b>	<b>CHIEF OFFICER</b>	The Chief Officer shall nominate an officer who shall oversee and manage each contract on behalf of the CCG.	Chief Officer
<b>8.12.1(a)</b>	<b>CHIEF OFFICER</b>	Use of competitive tendering or quotation procedures.	Chief Officer
<b>9.1.1</b>	<b>CHIEF OFFICER</b>	Must ensure the CCG enters into suitable contracts with service providers for the provision of NHS services and consider the extent to which any NHS standard contract conditions are mandatory.	Chief Finance Officer
<b>9.2</b>	<b>CHIEF OFFICER</b>	Ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the contract.	Chief Finance Officer
<b>10.2.1</b>	<b>CHIEF OFFICER</b>	As the Accountable Officer, ensure services are commissioned in line with the Plan and reach the required standards.	Chief Officer
<b>10.2.2</b>	<b>CHIEF OFFICER</b>	Ensure regular reports are provided to the Governing Body detailing actual and forecast expenditure for each contract.	Not delegated
<b>10.2.3</b>	<b>CHIEF OFFICER</b>	Ensure that all agreements for provision of services with non-NHS providers achieve quality and are cost effective	Chief Finance Officer
<b>10.3.1</b>	<b>CHIEF FINANCE OFFICER</b>	Will maintain a system of control to ensure effective accounting of expenditure against each contract.	Chief Finance Officer
<b>10.3.2</b>	<b>CHIEF FINANCE OFFICER</b>	Must account for Out of Area Treatments/Non Contract Activity in accordance with national guidelines.	Chief Finance Officer

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
11.1.1	<b>GOVERNING BODY</b>	Establish a Remuneration, Appointments & Terms of Reference Committee.	Not delegated
11.1.2	<b>REMUNERATION COMMITTEE</b>	Advise the Governing Body on and make recommendations on the remuneration and terms of service of the Chief Officer, other officer members and senior employees to ensure they are fairly rewarded having proper regard to the CCG's circumstances and any national agreements. Monitor and evaluate the performance of individual senior employees. Advise on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.	Not delegated
11.1.3	<b>REMUNERATION COMMITTEE</b>	Report in writing to the Governing Body its advice and its bases about remuneration and terms of service of directors and senior employees.	Not delegated
11.1.4	<b>GOVERNING BODY</b>	Approve proposals presented by the Chief Officer for setting of remuneration and conditions of service for those employees and officers not covered by the Remuneration Committee.	Not delegated
11.2.2	<b>CHIEF OFFICER</b>	Approval of variation to funded establishment of any department.	Chief Officer or Nominated Officer
11.3	<b>CHIEF OFFICER</b>	Approval of appointment of staff, including agency staff, appointments and re-grading within approved budget and funded establishment.	Chief Officer
11.4.1 and 11.4.2	<b>CHIEF FINANCE OFFICER</b>	Payroll: The Chief Finance Officer is responsible for: a) Specifying timetables for submission of properly authorised time records and other notifications; b) Final determination of pay and allowances; c) Making payments on agreed dates; d) Agreeing method of payment; e) Issuing instructions (as listed in SF1.11.4.2).	Not delegated
11.4.3	<b>CHIEF OFFICER</b>	Submit time records in line with timetable. Complete time records and other notifications in required form.	Chief Officer

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
		Submitting termination forms in prescribed form and on time.	
<b>11.4.4</b>	<b>CHIEF FINANCE OFFICER</b>	Ensure that the chosen method for payroll processing is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.	Not delegated
<b>11.5</b>	<b>CHIEF OFFICER</b>	Ensure that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; Deal with variations to, or termination of, contracts of employment.	Not delegated
<b>12.1.1</b>	<b>GOVERNING BODY</b>	The Governing Body will approve the level of non-pay expenditure on an annual basis.	Not delegated
<b>12.1.2</b>	<b>CHIEF OFFICER</b>	Determine, and set out, level of delegation of non-pay expenditure to budget managers, including a list of managers authorised to place requisitions, the maximum level of each requisition and the system for authorisation above that level.	Budgetary Scheme of Delegation
<b>12.1.3</b>	<b>CHIEF OFFICER</b>	Set out procedures on the seeking of professional advice regarding the supply of goods and services.	Chief Finance Officer
<b>12.2.1</b>	<b>REQUISITIONER</b>	In choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG's adviser on supply shall be sought.	Not delegated
<b>12.2.2</b>	<b>CHIEF FINANCE OFFICER</b>	Shall be responsible for the prompt payment of accounts and claims.	Not delegated
<b>12.2.3</b>	<b>CHIEF FINANCE OFFICER</b>	<ul style="list-style-type: none"> <li>a) Advise the Governing Body regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in standing orders and regularly reviewed;</li> <li>b) Prepare procedural instructions on the obtaining of goods, works and services incorporating the thresholds;</li> <li>c) Be responsible for the prompt payment of all properly authorised accounts and claims;</li> <li>d) Be responsible for designing and maintaining a system of verification, recording and payment</li> </ul>	Not delegated

**SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS**

<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
		of all amounts payable; e) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received.	
12.2.4	<b>APPROPRIATE EXECUTIVE DIRECTOR</b>	Make a written case to support the need for a pre-payment.	Not delegated
12.2.4	<b>CHIEF FINANCE OFFICER</b>	Approve proposed pre-payment arrangements.	Not delegated
12.2.4	<b>BUDGET HOLDER</b>	Ensure that all items due under a prepayment contract are received (and immediately inform CFO if problems are encountered).	Not delegated
12.2.5	<b>CHIEF OFFICER</b>	Authorise who may use and be issued with official orders.	Delegation via the budgetary scheme of delegation
12.2.6	<b>MANAGERS AND OFFICERS</b>	Ensure that they comply fully with the guidance and limits specified by the Chief Finance Officer	Managers and officers via the budgetary scheme of delegation
12.2.7	<b>CHIEF OFFICER &amp; CHIEF FINANCE OFFICER</b>	Ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the relevant guidance.	Not delegated
12.3	<b>CHIEF FINANCE OFFICER</b>	Lay down procedures for payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act 2006.	Not delegated
13	<b>CHIEF FINANCE OFFICER</b>	Ensure that Governing Body members are aware of the Financial Framework and ensure compliance.	Not delegated

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
14.1.1 & 2	CHIEF OFFICER	Capital investment programme: a) Ensure that there is adequate appraisal and approval process for determining capital expenditure priorities and the effect that each has on plans; b) Responsible for the management of capital schemes and for ensuring that they are delivered on time and within cost; c) Ensure that capital investment is not undertaken without availability of resources to finance all revenue consequences; d) Ensure that a business case is produced for each proposal.	Chief Finance Officer
14.1.2	CHIEF FINANCE OFFICER	Certify professionally the costs and revenue consequences detailed in the business case for capital investment.	Not delegated
14.1.3	CHIEF OFFICER	Issue procedures for management of contracts involving stage payments.	Chief Finance Officer
14.1.3	CHIEF FINANCE OFFICER	Issue procedures for the regular reporting of expenditure and commitment against authorised capital expenditure.	Not delegated
14.1.4	CHIEF OFFICER	Shall issue to the manager responsible for any scheme specific authority to commit expenditure, proceed to tender and accept a successful tender.	Chief Finance Officer
14.1.4	CHIEF OFFICER	Issue a scheme of delegation for capital investment management in accordance with Estate code and Standing Orders.	Chief Finance Officer
14.1.5	CHIEF FINANCE OFFICER	Issue procedures governing financial management, including variation to contract, of capital investment projects and valuation for accounting purposes.	Not delegated
14.3.1	CHIEF OFFICER	Maintenance of asset registers (on advice from Chief Finance Officer).	Chief Finance Officer
14.3.5	CHIEF FINANCE	Approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.	Chief Finance Officer

**SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS**

<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<b>OFFICER</b>		
<b>14.3.8</b>	<b>CHIEF FINANCE OFFICER</b>	Calculate and pay capital charges in accordance with Department of Health requirements.	Chief Finance Officer
<b>14.4.1</b>	<b>CHIEF OFFICER</b>	Overall responsibility for fixed assets.	Not delegated
<b>14.4.2</b>	<b>CHIEF FINANCE OFFICER</b>	Approval of fixed asset control procedures.	Not delegated
<b>14.4.5</b>	<b>GOVERNING BODY, EXECUTIVE MEMBERS AND ALL SENIOR STAFF</b>	Responsibility for security of CCG assets including notifying discrepancies to Chief Finance Officer, and reporting losses in accordance with CCG procedure.	Not delegated
<b>15.2</b>	<b>CHIEF OFFICER</b>	Delegate overall responsibility for control of stores (subject to Chief Finance Officer responsibility for systems of control). Further delegation for day-to-day responsibility subject to such delegation being recorded.	Chief Finance Officer
<b>15.2</b>	<b>CHIEF FINANCE OFFICER</b>	Responsible for systems of control over stores and receipt of goods.	Not delegated
<b>15.2.2</b>	<b>CHIEF FINANCE OFFICER</b>	<b><i>Security arrangements and custody of keys.</i></b>	Local Security manager
<b>15.2.3</b>	<b>CHIEF FINANCE OFFICER</b>	Set out procedures and systems to regulate the stores.	Not delegated
<b>15.2.4</b>	<b>CHIEF FINANCE OFFICER</b>	Agree stocktaking arrangements.	Not delegated

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
15.2.5	CHIEF FINANCE OFFICER	Approve alternative arrangements where a complete system of stores control is not justified.	Not delegated
15.2.6	CHIEF FINANCE OFFICER	Approve system for review of slow moving and obsolete items and for condemnation, disposal and replacement of all unserviceable items.	Not delegated
15.2.6	CHIEF FINANCE OFFICER	Operate system for slow moving and obsolete stock, and report evidence of significant overstocking.	Not delegated
15.3.1	CHIEF OFFICER	Identify persons authorised to requisition and accept goods from NHS Supplies stores.	Budgetary Scheme of Delegation
16.1.1	CHIEF FINANCE OFFICER	Prepare detailed procedures for disposal of assets including condemnations and ensure that these are notified to managers.	Not delegated
16.2.1	CHIEF FINANCE OFFICER	Prepare procedures for recording and accounting for losses, special payments.	Not delegated
16.2.2	ALL STAFF	Discovery or suspicion of loss of any kind must be reported immediately to either head of department or nominated officer. The head of department / nominated officer should then inform the Chief Officer and/ or Chief Finance Officer.	All staff
16.2.2	CHIEF FINANCE OFFICER	Where a criminal offence is suspected the police must be informed if theft or arson is involved. In cases of fraud and corruption the relevant Local Counter Fraud Specialist (LCFS) and NHS Protect Operational Fraud Team must be informed in line with Secretary of State for Health Directions.	Not delegated
16.2.3	CHIEF FINANCE OFFICER	Notify NHS Protect, Local Counter Fraud Specialist and External Audit of all frauds.	Not delegated
16.2.4	CHIEF FINANCE OFFICER	Notify Governing Body and External Auditor of losses caused by theft, arson, neglect of duty or gross carelessness (unless trivial).	Not delegated

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
16.2.5	<b>GOVERNING BODY</b>	Approve write off of losses in excess of £10,000.	Not delegated
16.2.10	<b>AUDIT COMMITTEE</b>	Approve write off of losses up to £10,000.	Not delegated
16.2.7	<b>CHIEF FINANCE OFFICER</b>	Consider whether any insurance claim can be made.	Not delegated
16.2.8	<b>CHIEF FINANCE OFFICER</b>	Maintain losses and special payments register.	Not delegated
17.1	<b>CHIEF FINANCE OFFICER</b>	Responsible for accuracy and security of computerised financial data.	Not delegated
17.1.2	<b>CHIEF FINANCE OFFICER</b>	Satisfy him/her self that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.	Not delegated
17.1.3	<b>CHIEF OFFICER</b>	Shall publish and maintain a Freedom of Information Scheme.	Associate Director of HR and Corporate Services
17.2.1	<b>RELEVANT OFFICERS</b>	Send proposals for general computer systems to Chief Finance Officer	Not delegated
17.3	<b>CHIEF FINANCE OFFICER</b>	Ensure that contracts with other bodies for the provision of computer services for financial applications clearly define responsibility of all parties for security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage, and allow for audit review. Seek periodic assurances from the provider that adequate controls are in operation.	Not delegated
19	<b>CHIEF FINANCE</b>	Ensure all staff are made aware of the CCG policy on the acceptance of gifts and other benefits in kind by staff.	Associate Director

<b>SCHEME OF DELEGATION FROM STANDING FINANCIAL INSTRUCTIONS</b>			
<b>SFI REF</b>	<b>RESPONSIBILITY OF</b>	<b>DELEGATION</b>	<b>DELEGATED TO</b>
	<b>OFFICER</b>		of HR and Corporate Services
<b>20.1</b>	<b>CHIEF FINANCE OFFICER</b>	Ensure only contractors included on the CCG lists receive payments; maintain a system of control to ensure prompt and accurate payments and validation of same.	Chief Finance Officer
<b>21</b>	<b>CHIEF OFFICER</b>	Retention of document procedures in accordance with Department of Health guidance.	Associate Director of HR and Corporate Services
<b>22.1</b>	<b>CHIEF OFFICER</b>	Establishment of a risk management programme.	Associate Director of HR and Corporate Services
<b>22.1</b>	<b>GOVERNING BODY</b>	Approve and monitor risk management programme.	Not delegated
<b>22.2</b>	<b>GOVERNING BODY</b>	Decide whether the CCG will use the risk pooling schemes administered by the NHS Litigation Authority or self-insure for some or all of the risks (where discretion is allowed). Decisions to self-insure should be reviewed annually.	Not delegated
<b>22.4</b>	<b>CHIEF FINANCE OFFICER</b>	<p>Where the Governing Body decides to use the risk pooling schemes administered by the NHS Litigation Authority the Director of Finance shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The Chief Finance Officer shall ensure that documented procedures cover these arrangements.</p> <p>Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Litigation Authority for any one or other of the risks covered by the schemes, the &amp; Chief Finance Officer shall ensure that the Governing Body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The Chief Finance Officer will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses that will not be reimbursed.</p>	Not delegated

## APPENDIX 2 – STANDING FINANCIAL INSTRUCTIONS

### 1. INTRODUCTION

#### 1.1 General

1.1.1 These Standing Financial Instructions (SFIs) are issued for the Regulation of the conduct of the Clinical Commissioning Group's (CCG) members and officers in relation to all financial matters with which they are concerned. They shall have effect as if incorporated in the Standing Orders (SOs).

1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by the CCG. They are designed to ensure that the CCG's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Governing Body and the Scheme of Delegation adopted by the CCG.

1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the CCG and its constituent organisations including Trading Units. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Finance Officer (CFO).

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the CFO must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the CCG's SOs.

1.1.5 The failure to comply with SFIs and SOs can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.1.6 **Overriding SFIs** – If for any reason these SFIs are not complied with, full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit Committee for referring action or ratification. All members of the Governing Body and staff have a duty to disclose any non-compliance with these SFIs to the CFO as soon as possible.

#### 1.2 Responsibilities and delegation

##### 1.2.1 The CCG

The Governing Body exercises financial supervision and control by:

- (a) Formulating the financial strategy;
- (b) Requiring the submission and approval of budgets within approved allocations / overall income;
- (c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- (d) Defining specific responsibilities placed on members of the CCG and employees as indicated in the Scheme of Delegation document.

**1.2.2** The Governing Body has resolved that certain powers and decisions may only be exercised by the Governing Body in formal session. These are set out in the 'Schedule of Matters Reserved to the Governing Body' document. All other powers have been delegated to such other committees as the CCG has established or to individual roles.

**1.2.3** The CCG will delegate responsibility for the performance of its functions in accordance with the Scheme of Delegation document adopted by the CCG.

**1.2.4 The Chief Officer (CO) and CFO**

The CO and CFO will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

Within the SFIs, it is acknowledged that the CO is ultimately accountable to the Governing Body, and as Accountable Officer, to the Secretary of State, for ensuring that the Governing Body meets its obligation to perform its functions within the available financial resources. The CO has overall executive responsibility for the CCG's activities; is responsible to the Chair and the Governing Body for ensuring that its financial obligations and targets are met and has overall responsibility for the CCG's system of internal control.

**1.2.5** It is a duty of the CO to ensure that Members of the Governing Body employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Instructions.

**1.2.6 The CFO**

The CFO is responsible for:

- (a) implementing the CCG's financial policies and for co-ordinating any corrective action necessary to further these policies;

- (b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- (c) ensuring that sufficient records are maintained to show and explain the CCG's transactions, in order to disclose, with reasonable accuracy, the financial position of the CCG at any time;

and, without prejudice to any other functions of the CCG, and employees of the CCG, the duties of the CFO include:

- (d) the provision of financial advice to other members of the Governing Body and employees;
- (e) the design, implementation and supervision of systems of internal financial control; and
- (f) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the CCG may require for the purpose of carrying out its statutory duties.

### **1.2.7 Governing Body Members and Employees**

All members of the Governing Body and employees, severally and collectively, are responsible for:

- (a) The security of the property of the CCG;
- (b) Avoiding loss;
- (c) Exercising economy and efficiency in the use of resources; and
- (d) Conforming with the requirements of Standing Orders, Standing Financial Instructions, Financial Procedures and the Scheme of Delegation.

### **1.2.8 Contractors and their employees**

Any contractor or employee of a contractor who is empowered by the CCG to commit the CCG to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the CO to ensure that such persons are made aware of this.

- 1.2.9** For all members of the Governing Body and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Governing Body and

employees discharge their duties must be to the satisfaction of the CFO.

## **2. AUDIT**

### **2.1 Audit Committee**

**2.1.1** An independent Audit Committee is a central means by which a Governing Body ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Governing Body. In accordance with SOs the Governing Body shall formally establish an Audit Committee, with clearly defined terms of reference and following guidance from the NHS Audit Committee Handbook (2005) to perform the following tasks:

- (a) Ensuring there is an effective internal audit function established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, CO and Governing Body;
- (b) Reviewing the work and findings of the external auditor appointed by the CCG and considering the implications of and management's responses to their work;
- (c) Reviewing the findings of other significant assurance functions, both internal and external to the organisation, and considering the implications for the governance of the organisation;
- (d) Ensuring that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body;
- (e) Reviewing financial and information systems and monitoring the integrity of the financial statements and reviewing significant financial reporting judgements;
- (f) Reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (g) Monitoring compliance with SOs and SFIs;
- (h) Reviewing schedules of losses and compensations and making recommendations to the Governing Body;

- (i) Reviewing schedules of debtors / creditors balances £5,000 and over six months old and explanations / action plans;
- (j) Review the annual report and financial statements prior to submission to the Governing Body focusing particularly on;
  - (i) the wording in the Statement of Internal Control and other disclosures relevant to the Terms of Reference of the Committee;
  - (ii) changes in, and compliance with, accounting policies and practices;
  - (iii) unadjusted mis-statements in the financial statements;
  - (iv) major judgmental areas;
  - (v) significant adjustments resulting from audit.
- (k) Reviewing the annual financial statements and recommend their approval to the Governing Body;
- (l) Reviewing the external auditors report on the financial statements and the annual management letter;
- (m) Conducting a review of the CCG's major accounting policies;
- (n) Reviewing any incident of fraud or corruption or possible breach of ethical standards or legal or statutory requirements that could have a significant impact on the CCG's published financial accounts or reputation;
- (o) Reviewing any objectives and effectiveness of the internal audit services including its working relationship with external auditors;
- (p) Reviewing major findings from internal and external audit reports and ensure appropriate action is taken;
- (q) Reviewing 'value for money' audits reporting on the effectiveness and efficiency of the selected departments or activities;
- (r) Reviewing the mechanisms and levels of authority (e.g. SOs, SFIs, Delegated limits) and make recommendations to the CCG;
- (s) Reviewing the scope of both internal and external audit including the agreement on the number of audits per year for approval by the CCG Governing Body;
- (t) Investigating any matter within its terms of reference, having the right of access to any information relating to the particular matter under investigation;

- (u) Reviewing waivers to SOs;
- (v) Reviewing hospitality and sponsorship registers;
- (w) Reviewing the information prepared to support the controls assurance statements prepared on behalf of the Governing Body and advising the Governing Body accordingly.

**2.1.2** The minutes of the Audit Committee meetings shall be formally recorded and submitted to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the full Governing Body, or require executive action. The Committee will report to the Governing Body annually on its work in support of the Statement of Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements.

**2.1.3** Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Governing Body. Exceptionally, the matter may need to be referred to the Department of Health.

## **2.2 CFO**

**2.2.1** The CFO is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit function meets the NHS mandatory audit standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption.
- (d) ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee. The report must cover:
  - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health including for example compliance with control criteria and standards;

- (ii) major internal financial control weaknesses discovered;
- (iii) progress on the implementation of Internal Audit recommendations;
- (iv) progress against plan over the previous year;
- (iv) a strategic audit plan covering the coming three years;
- (vi) a detailed plan for the coming year.

**2.2.2** The CFO or designated internal or external auditor is entitled without necessarily giving prior notice to require and receive:

- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) access at all reasonable times to any land, premises or members of the Governing Body and CCG or employees of the CCG;
- (c) the production of any cash, stores or other property of the CCG under a member of the Governing Body's or an employee's control; and
- (d) explanations concerning any matter under investigation.

## **2.3 Role of Internal Audit**

**2.3.1** Internal Audit is an independent and objective appraisal service within an organisation which provides:

- (a) an independent and objective opinion to the Accountable Officer, the Governing Body, and the Audit Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives;
- (b) an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.

**2.3.2** Internal Audit will review, appraise and report upon policies, procedures and operations in place to;

- (a) establish and monitor the achievement of the organisation's objectives;

- (b) identify, assess and manage the risks to achieving the organisation's objectives;
- (c) ensure the economical, effective and efficient use of resources;
- (d) ensure compliance with established policies (including behavioral and ethical expectations), procedures, laws and Regulations;
- (e) safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
- (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

**2.3.3** The Head of Internal Audit will provide to the Audit Committee;

- (a) A risk-based plan of internal audit work, agreed with management and approved by the Audit Committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation;
- (b) Regular updates on the progress against plan;
- (c) Reports of management's progress on the implementation of action agreed as a result of internal audit findings;
- (d) An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the SIC and by NHS England as part of its performance management role;
- (e) Additional reports as requested by the Audit Committee.

**2.3.4** Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the CFO must be notified immediately.

**2.3.5** The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and CO of the CCG.

- 2.3.6** The Head of Internal Audit reports to the Audit Committee and is managed by the CFO. The reporting system for Internal Audit shall be agreed between the CFO, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the NHS Internal Audit Standards. The reporting system shall be reviewed at least every three years.
- 2.3.7** The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit Committee.

## **2.4 External Audit**

- 2.4.1** The External Auditor is both appointed and paid for by the CCG. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised with the External Auditor and referred on to the recognised supervisory body if the issue cannot be resolved.

## **2.5 Fraud and Corruption**

- 2.5.1** In line with their responsibilities, the CO and CFO shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption.
- 2.5.2** The CCG shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud and Corruption Manual, and guidance.
- 2.5.3** The LCFS shall report to the CFO and shall work with staff in the NHS Protect and the Regional NHS Protect team in accordance with the NHS Counter Fraud and Corruption Manual, or with any successor body with which the LCFS or equivalent is required to report to pursuant to any subsequent guidance in future.
- 2.5.4** The LCFS will provide a written report, at least annually, on counter fraud work within the CCG.

## **2.6 Security Management**

- 2.6.1** In line with their responsibilities, the CO will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.
- 2.6.2** The CCG shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) or equivalent as specified by the Secretary of State for Health guidance on NHS Counter Fraud Authority.

- 2.6.3** The CCG shall nominate an Officer to be responsible to the Governing Body for NHS security management.
- 2.6.4** The CO has overall responsibility for controlling and coordinating security. However, key tasks are delegated to a named Officer (and the appointed LSMS).

### **3. REVENUE RESOURCE ALLOCATION CONTROL**

- 3.1** The CCG is required by statutory provisions not to exceed its Revenue Resource Allocation. The CO has overall executive responsibility for the CCG's activities and is responsible to the CCG for ensuring that it stays within its Revenue Resource Allocation.
- 3.2** The definition of use of resources is set out in RAB Directions on use of resources (available on the Departmental Finance Manual website).
- 3.3** Any sums received on behalf of the Secretary of State excluding charges arising under Parts 4, 5, 6 and 7 of the NHS Act 2006 is treated as sums received by the CCG.
- 3.4** The CFO will:
- (a) provide reports as required in the form required by the Secretary of State;
  - (b) ensure money drawn from the Department of Health against the financing requirement arising from the Revenue Resource Allocation is required for approved expenditure only, and is drawn down only at the time of need, follows best practice as set out in 'Cash Management in the NHS';
  - (c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the CCG to fulfill its statutory responsibility not to exceed its Annual Revenue Resource and Capital Resource Allocations.

### **4. ALLOCATIONS, ANNUAL PLAN, BUDGETS, BUDGETARY CONTROL AND MONITORING**

#### **4.1 Allocations**

- 4.1.1** The CFO of the CCG will:
- (a) periodically review the basis and assumptions used by the Area Team for distributing allocations and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;

- (b) prior to the start of each financial year submit to the CCG for approval a report showing the total allocations received and their proposed distribution including any sums to be held in reserve; and
- (c) regularly update the CCG Governing Body on significant changes to the initial allocation and the uses of such funds.

## **4.2 Preparation and Approval of Annual Plan and Budgets**

**4.2.1** The CO will compile and submit to the Governing Body an Annual Plan which takes into account financial targets and forecast limits of available resources. The plan will contain:

- (a) a statement of the significant assumptions on which the plan is based;
- (b) details of major changes in workload, delivery of services or resources required to achieve the plan.

**4.2.2** Prior to the start of the financial year the CFO will, on behalf of the CO, prepare and submit budgets for approval by the Governing Body. Such budgets will:

- (a) be in accordance with the aims and objectives set out in the plan;
- (b) accord with workload and manpower plans;
- (c) be produced following discussion with appropriate budget holders;
- (d) be prepared within the limits of available funds;
- (e) identify potential risks.

**4.2.3** The CFO shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body.

**4.2.4** All budget holders must provide information as required by the CFO to enable budgets to be compiled.

**4.2.5** The CFO has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

## **4.3 Budgetary Delegation**

**4.3.1** The CO may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- (a) the amount of the budget;
- (b) the purpose(s) of each budget heading;
- (c) individual and group responsibilities;
- (d) authority to exercise virement;
- (e) achievement of planned levels of service;
- (f) the provision of regular reports.

**4.3.2** The CO and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.

**4.3.3** Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the CO, subject to any authorised use of virement.

**4.3.4** Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the CO, as advised by the CFO.

#### **4.4 Budgetary Control and Reporting**

**4.4.1** The CFO will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Governing Body in a form approved by the Governing Body containing:
  - (i) income and expenditure to date showing trends and forecast year-end position;
  - (ii) movements in working capital;
  - (iii) movements in cash and capital;
  - (iv) capital project spend and projected outturn against plan;
  - (v) explanations of any material variances from plan;
  - (vi) details of any corrective action where necessary and the CO's and / or CFO's view of whether such actions are sufficient to correct the situation;

- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances;
- (e) arrangements for the authorisation of budget transfers.

**4.4.2** Each Budget Holder is responsible for ensuring that:

- (a) any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Governing Body;
- (b) the amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- (c) no permanent employees are appointed without the approval of the CO other than those provided for within the available resources and manpower establishment as approved by the Governing Body .

**4.4.3** The CO is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Annual Plan and a balanced budget.

**4.5 Capital Expenditure**

**4.5.1** The general rules applying to delegation and reporting shall also apply to capital expenditure. (The particular applications relating to capital are contained in SFI 14).

**4.6 Monitoring Returns**

**4.6.1** The CO is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation in accordance with the published timetable.

**5. ANNUAL ACCOUNTS AND REPORTS**

**5.1** The CFO, on behalf of the CCG, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and the Treasury, the CCG's accounting policies, and generally accepted accounting practice;

- (b) prepare and submit annual financial reports to the Department of Health certified in accordance with current guidelines;
- (c) submit financial returns to the Department of Health for each financial year in accordance with the timetable prescribed by the Department of Health.

**5.2** The CCG's annual accounts must be audited by an auditor appointed by the CCG. The CCG's audited annual accounts must be presented to a public meeting and made available to the public.

**5.3** The CCG will publish an annual report, in accordance with guidelines on local accountability, and present it at a public meeting. The document will comply with the Department of Health's and Social Care Manual for Accounts.

## **6. BANK ACCOUNTS**

### **6.1 General**

**6.1.1** The CFO is responsible for managing the CCG's banking arrangements and for advising the CCG Governing Body on the provision of banking services and operation of accounts. This advice will take into account guidance / Directions issued from time to time by the Department of Health. In line with 'Cash Management in the NHS' the CCG should minimise the use of commercial bank accounts and use Government Banking Service (GBS) accounts for all banking services.

**6.1.2** The Governing Body shall approve the banking arrangements.

### **6.2 Bank and GBS Accounts**

**6.2.1** The CFO is responsible for:

- (a) bank accounts and Government Banking Service (GBS) accounts;
- (b) establishing separate bank accounts for the CCG's non-exchequer funds (if any);
- (c) ensuring payments made from bank or GBS accounts do not exceed the amount credited to the account except where arrangements have been made;
- (d) reporting to the Governing Body all arrangements made with the CCG's bankers for accounts to be overdrawn;

- (e) monitoring compliance with DH guidance on the level of cleared funds.

### **6.3 Banking Procedures**

- 6.3.1** The CFO will prepare detailed instructions on the operation of bank and GBS accounts which must include:
  - (a) the conditions under which each bank and GBS account is to be operated;
  - (b) those authorised to sign cheques or other orders drawn on the CCG's accounts.
- 6.3.2** The CFO must advise the CCG's bankers in writing of the conditions under which each account will be operated.

### **6.4 Tendering and Review**

- 6.4.1** The CFO will review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice

## **7. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS**

### **7.1 Income Systems**

- 7.1.1** The CFO is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
- 7.1.2** The CFO is also responsible for the prompt banking of all monies received.

### **7.2 Fees and Charges**

- 7.2.1** The CCG shall follow the Department of Health's guidance in setting prices for NHS service agreements.
- 7.2.2** The CFO is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.
- 7.2.3** All employees must inform the CFO promptly of money due arising from transactions which they initiate / deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

### **7.3 Debt Recovery**

- 7.3.1 The CFO is responsible for the appropriate recovery action on all outstanding debts.
- 7.3.2 Income not received should be dealt with in accordance with losses procedures.
- 7.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

#### **7.4 Security of Cash, Cheques and other Negotiable Instruments**

- 7.4.1 The CFO is responsible for:
  - (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
  - (b) ordering and securely controlling any such stationery;
  - (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
  - (d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the CCG.
- 7.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.
- 7.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the CFO.
- 7.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

### **8. TENDERING AND CONTRACTING PROCEDURE**

#### **8.1 Duty to comply with SOs and SFIs**

The procedures to be followed by the CCG in relation to all contract opportunities with the CCG and for awarding all contracts with the CCG shall comply with the SOs and SFIs (except where SO No. 5.9 Suspension of SOs is applied).

This section of SFIs is structured in the following sections:

- This section: Legislation and Policy Framework, referring to the main requirements of law and policy. This section is not definitive and other guidance may also be applicable to any decision or procurement (SFIs 8.1 to 8.4 inclusive).
- The decision to tender and exceptions to the requirements to tender (SFI 8.5 to 8.6).
- Tendering Procedure, where a decision is made to tender pursuant to SFI 8.5 and SFI 8.6 (SFI 8.7).
- Evaluation of tenders and quotations (SFI 8.8).
- Award of contracts (SFI 8.9).
- Form of Contract (SFI 8.10).
- Specific Requirements (SFI 8.11)

## **8.2 Legislation Governing Public Procurement**

- (a) The CCG shall comply with the Public Contracts Regulations 2015 (the “Regulations”) and any EU Directives relating to EU procurement law having direct effect in England (the “Directives”) and any other duties derived from the EU Treaty (“Treaty Obligations”) and any duties derived from the UK common law (“Common Law Duties”) (the Regulations, Directives, Treaty Obligations and Common Law Duties together are referred to elsewhere in these SFIs as “Procurement Legislation”). The Procurement Legislation as from time to time amended shall have effect as if incorporated in these SOs and SFIs.
- (b) The CCG shall also comply with the National Health Service (Procurement Patient Choice and Competition) (No 2) Regulations 2013. When procuring health care services<sup>(1)</sup> for the purposes of the NHS (including taking a decision referred to in regulation 7(2)), a relevant body must act with a view to:
  - (i) securing the needs of the people who use the services,
  - (ii) improving the quality of the services, and
  - (iii) improving efficiency in the provision of the services,including through the services being provided in an integrated way (including with other health care services, health-related services, or social care services).
- (c) The CCG should consider obtaining support from any suitably qualified professional advisor (including where appropriate legal advisors to ensure compliance with Procurement Legislation when engaging in tendering procedures.

- (d) The CCG shall consider the application of any applicable duty to consult or engage the public or any relevant Overview and Scrutiny Committee of a Local Authority prior to commencing any procurement process for a contract opportunity.

### **8.3 Guidance on Public Procurement and Commissioning**

The CCG should have regard to all relevant guidance and legislation in relation to the conduct of procurement practice and the commissioning of health care services, including but not limited to:

- (a) Strengthening Financial Performance and Accountability
- (b) in the case of management consultancy contracts the Department of Health guidance "The Procurement and Management of Consultants within the NHS";

any successor to such guidance issued from time to time.

### **8.4 Principles of Gateway Reviews and Best Practice Guidance**

- (a) The CCG should consider applying the principles of the Integrated Support and Assurance Process (ISAP): an introduction to assuring novel and complex contracts to provide assurance that the procurement is conducted in accordance with best practice.

### **8.5 Decision to Seek Tenders, and Exceptions**

#### **8.5.1 Presumption to Tender**

Where:

- (a) a contract opportunity that is required to be advertised under the Regulations (i.e. the contract opportunity is governed by the Regulations and the value of the contract opportunity as calculated pursuant to the Regulations exceeds the relevant financial threshold for the requirement to run a formal tender process); or
- (b) the contract opportunity would pass the Cross Border Test. The Cross Border Test is passed (subject to any subsequent judicial precedent in the UK Courts or the European Court of Justice) if the contract opportunity under consideration would be of certain interest to anybody located in a member state of a European Union other than the United Kingdom;

then subject to SFI 8.5.5 the CCG shall ensure that contract opportunities with the CCG are advertised in accordance with

SFI 8.7.3 and where more than one response is received that competitive tenders are invited in accordance with SFI 8.7.4 for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services;
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and
- subject to SFI 8.11.1 for disposals.

The CCG must adhere to the current Procurement Strategy and ensure that all contract opportunities follow the provisions contained therein. In authorising contracts, the thresholds contained in the current budgetary Scheme of Delegation must be applied.

### **8.5.2 Commissioning Health Care Services: Decision to Advertise**

Health care services are classed as 'Light Touch' under the Public Contracts Regulations 2015. As such, a requirement to advertise arises by virtue of SFI 8.5.1(a) above.

### **8.5.3 In-House Services: Decision to Procure Services**

The CO shall be responsible for ensuring that best value for money can be demonstrated for all services provided on an in-house basis. The CCG may also determine from time to time that in-house services should be market tested by competitive tendering.

### **8.5.4 Exceptions and instances where formal quotation and tendering procedures need not be applied**

Where a contract opportunity is required to have competition under SFI 8.5.1, procedures **need not be** applied where:

- (a) the estimated expenditure or income:
  - (i) for a contract opportunity (for goods and non healthcare services) does not, or is not reasonably expected to, exceed **£5,000**; or
  - (ii) for any contract opportunity (for healthcare services) does not, or is not reasonably expected to, OJEU limits.
- (b) any disposal falls within SFI 8.11.1 and/or within SFI 16.1.3;
- (c) the requirement can be met under an existing contract without infringing Procurement Legislation;

- (d) the CCG is entitled to call off from a Framework Agreement and the requirements of SFI 8.6 (Use of Framework Agreements) have been followed;
- (e) a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the CCG; or
- (f) an exception permitting the use of the negotiated procedure without notice validly applies under Article 32 of the Regulations.

Formal quotation and tendering procedures **may be waived** in the following circumstances:

- (g) in very exceptional circumstances where the CO decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;
- (h) where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events unforeseeable by the CCG and not attributable to the CCG. Failure to plan work properly is not a justification for waiving the requirement to tender. This does not apply above EU thresholds;
- (i) where the works, services or supply required are available from only one source for technical or artistic reasons or for reasons connected with the protection of exclusive rights;
- (j) when the goods required by the CCG are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the CCG to acquire goods with different technical characteristics and this would result in:
  - incompatibility with the existing goods; or
  - disproportionate technical difficulty in the operation and maintenance of the existing goods;but no such contract may be entered in for a duration of more than three years;
- (k) when works or services required by the CCG are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services:

- cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the CCG; or
- can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract.

- (l) for the provision of legal advice and/or services provided that any provider of legal advice and/or services commissioned by the CCG is regulated by the Solicitors Regulation Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The CFO will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.

- (m) when the services required by the CCG are to be commissioned to support the local health economy in line with national policy and guidance e.g. ICS and Place Plan.

DCCG must evidence that this complies with the NHS Procurement, Patient Choice and Competition Regulations which includes the need to:

- ensure that commissioners secure high-quality, efficient NHS healthcare services that meet the needs of people who use those services;
- protect the rights of patients to choose who provides their healthcare in certain circumstances; and
- prevent anti-competitive behaviour by commissioners unless this is in the interests of patients.

The NHS Procurement, Patient Choice and Competition Regulations are intended to enable commissioners to decide for individual services what is best for patients. They adopt a principles-based approach and do not generally include prescriptive rules on how commissioners must carry out their procurement activities. It is for commissioners to decide what services to procure and how best to secure them in the interests of patients, within the framework of the regulations.

### **8.5.5 Monitoring and Audit of Decision not to seek Quotes and Tenders**

- (a) The waiving of competitive procedures should not be used with the object of avoiding competition or solely for administrative convenience or subject to SFIs 8.5.4 (j) to (k) to award further

work to a provider originally appointed through a competitive procedure.

- (b) Where a budget holder feels that a competitive process need not be applied or should be waived, the Single Quote / Tender Waiver Request form (Appendix B) should be completed and submitted to the Head of Procurement for comments BEFORE any contract is agreed and signed. If the Head of procurement is happy that the reason for waiver is in line with SFI's and regulations then they will pass the request to the CFO (and CO if the request is above £50k) for formal approval.
- (c) Once the request is approved contracts can be progressed and the waiver will be reported to the next Audit Committee.
- (d) Where the CCG proposes not to conduct a procurement process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the CCG shall consider such proposals in line with the Procurement Regulations, the Scheme of Delegation and Procurement Strategy.

#### **8.5.6 Contracts which subsequently breach thresholds after original approval not to seek tenders**

Contract opportunities estimated to be below the financial limits set in this SFI 8 or below the threshold for the application of the requirement to tender under the Regulations, for which formal tendering procedures are not used, but which subsequently prove to have a value above such limits, shall be reported to the CO, and be recorded in an appropriate CCG record.

#### **8.5.7 Building and Engineering Construction Works**

Not Applicable.

#### **8.6 Use of Framework Agreements**

The CCG may utilise any available framework agreement to satisfy its requirements for works, services or goods but only if it complies with the requirements of Procurement Legislation in doing so, which include (but are not limited to) ensuring that:

- (a) the framework agreement was procured on its behalf. The CCG should satisfy itself that the original procurement process included the CCG within its scope;
- (b) the framework agreement includes the CCG's requirement within its scope. The CCG should satisfy itself that this is the case;

- (c) where the framework agreement is a multi-operator framework agreement, the process for the selection of providers to be awarded call-off contracts under the framework agreement is followed; and
- (d) the call-off contract entered into with the provider contains the contractual terms set out by the framework agreement.

## **8.7 Procurement Procedure**

### **8.7.1 Equality of Treatment**

The CCG shall ensure that no sector of any market (public, private, third sector/social enterprise) is given an unfair advantage in the design or conduct of any tender process.

### **8.7.2 Non-Discrimination**

- (a) The subject matter and the scope of the contract opportunity should be described in a non-discriminatory manner. The CCG should utilise generic and/or descriptive terms, rather than the trade names of particular products or processes or their manufacturers or their suppliers;
- (b) All participants in a tender process should be treated equally and all rules governing a tender process must apply equally to all participants.

### **8.7.3 Advertisement of Contract Opportunities**

Where a formal tender process is required under SFI 8.5.1 then:

- (a) where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required, an OJEU Notice should be utilised; or
- (b) without prejudice to SFI 8.7.3(c) below where a contract opportunity does not fall within the Regulations the CCG shall utilise a form of advertising for such contract opportunity that is sufficient to enable potential providers (including providers in member states of the EU other than the UK) to access appropriate information about the contract opportunity so as to be in a position to express an interest; and
- (c) in relation to any contract opportunity for health care services that falls below the threshold for light touch but is above the tender threshold of the CCG shall as a minimum advertise on [www.gov.uk/contracts-finder](http://www.gov.uk/contracts-finder).

### **8.7.4 Choice of Procedure**

- (a) Where a contract opportunity falls within the Regulations and a process compliant with the Regulations is required then the CCG shall utilise an available tendering procedure under the Regulations;
- (d) In all other cases the CCG shall utilise a procurement procedure proportionate to the value, complexity and risk of the contract opportunity and shall ensure that invitations to tender are sent to a sufficient number of providers to provide fair and adequate competition (in any event no less than two).

#### **8.7.5 Contracts for goods and services below £5,000**

- (a) Where the estimated value or amount of a proposed Contract does not exceed £5,000 the appropriate Budget Holder shall ensure that value for money is achieved
- (b) Where the estimated value or amount of a proposed Contract does not exceed £5,000 then the Budget Holder should obtain at least one verbal quotation from suitable suppliers followed up by written confirmation (including email). Wherever possible the quotation should be sought from a Doncaster based business.
- (c) Whilst there is only a requirement for one quotation the Budget Holder must consider whether additional quotations are in the CCGs best interest.
- (d) For all contracts valued below £5,000 the Budget Holder must ensure it demonstrates Value for Money.

#### **8.7.6 Contracts for goods and services between £5,000 and £25,000**

- (a) Where there is an estimated contract value of between £5,000 and £25,000 the Budget Holder should seek three verbal quotations followed up by written confirmation. Where possible at least one quotation should be from a Doncaster business.
- (b) Once a contractor is selected a purchase order shall be issued specifying services and price.
- (c) Written confirmation of any verbal quotation must be obtained prior to placing a purchase order. This should include:
  - Details of the contract
  - Full name and address of the contractor
  - The person who verbally supplied the quotation
  - The submitted price.

### **8.7.7 Contracts for goods and services between £25,000 and the EU Threshold (Currently £181,302 (incl.of VAT))**

- (a) Where there is an estimated contract value of between £25,000 and £181,302 (incl. of VAT) the Budget Holder must seek three written quotations. Where possible at least one quotation should be from a Doncaster business.
- (b) The procurement must be procured using the procurement portal using a unique reference number which will be applied to all stages of the process including on the purchase order;
- (c) Procurements need not be advertised using the procurement portal where alternative arrangements are in place e.g. Crown Commercial Services Framework, LLP Frameworks, SBS Frameworks;
- (d) The CFO shall ensure that where proposed procurements, irrespective of their total value, might be of interest to potential Contractors located in other member states of the EU, a sufficiently accessible advertisement is published on the procurement portal can Contracts Finder. Generally the greater the potential interest the wider the coverage of the advert should be.

### **8.7.8 Healthcare Contracts over the EU Threshold for goods and services (Currently £181,302 (incl. VAT)), but less than the Light Touch Threshold (Currently £615,278 (incl.VAT))**

- (a) Where there is an estimated contract value of between £181,302 and £615,278 for healthcare services the CCG shall seek **tenders** through advertising in Contracts Finder and utilise the procedure proportionate to the value, complexity and a risk of the contract opportunity;
- (b) The procurement must be run using the procurement portal using a unique reference number which will be applied to all stages of the process.

### **8.7.9 Contracts for Goods and Services over EU Thresholds**

- (a) Where the estimated value of the proposed contracts exceeds the EU thresholds for goods and services including Light Touch services, the contract shall be tendered in accordance with the Public Contracts Regulations 2015 and these SFIs.

### **8.7.10 Invitation to tender**

- (a) All invitations to tender shall state the date and time that is the latest time for the receipt of tenders.

- (b) All invitations to tender shall state that no tender will be accepted unless: submitted electronically through the appropriate process using the Bravosolution e-tendering service, as instructed within the tender documentation;
- (c) Every invitation to tender must require each bidder to give a written undertaking not to engage in collusive tendering or other restrictive practice and not to engage in canvassing the CCG, its employees or officers concerning the contract opportunity tendered.

#### **8.7.11 Receipt of written quotations and tenders**

- (a) Electronic quotations will provide an auditable date/time stamp of all actions is automatically created through the Bravosolution e-tendering service. This audit trail is available for review in real time by all officers with appropriate access rights and cannot be edited.

#### **8.7.12 Opening tenders and Register of written quotations and tenders**

- (a) The nominated registered electronic tendering user will be able to access the electronic tenders and release them once the time and date for opening has passed.
- (b) An electronic register is maintained within Bravo.

#### **8.7.13 Admissibility of Tenders**

- (a) If for any reason the designated officers are of the opinion that the tenders received are not sufficient to demonstrate competition (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the CO;
- (b) Where only one tender is sought and/or received, the CO and CFO shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure best value for the CCG.

#### **8.7.14 Late tenders**

- (a) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the CO or his/her nominated officer decides that there are exceptional circumstances ie. despatched in good time but delayed through no fault of the tenderer;
- (b) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened

have not left the custody of the CO or his/her nominated officer or if the process of evaluation and adjudication has not started;

- (c) Accepted late tenders will be reported to the appropriate Body in line with the Scheme of Delegation.

#### **8.7.15 Electronic Auctions and Dynamic Purchasing Systems**

- (a) The CCG shall have policies and procedures in place for the control of all tendering activity carried out through dynamic purchasing systems and electronic auctions if such mechanisms are to be utilised by the CCG for tendering any contract opportunity. For further guidance on dynamic purchasing systems or electronic auctions refer to:  
<https://www.gov.uk/government/organisations/cabinet-office>

#### **8.7.16 Accountability where in-house bid**

- (a) In all cases where the Governing Body or the CO determine that in-house services (should be subject to competitive tendering the following groups shall be set up:
- Specification group, comprising the CO or nominated officer/s and specialist officer whose function shall be to draw up the specification of the service to be tendered;
  - In-house tender group, comprising a nominee of the CO and technical support to draw up and submit the in-house tender submission;
  - Evaluation group, comprising normally a specialist officer, a supplies or commissioning officer and a CFO representative whose function is to shortlist expressions of interest received and evaluate tenders received. For services having a likely annual expenditure exceeding £100,000, a non-officer member should be a member of the evaluation team.
- (b) No officer or employee of the CCG directly engaged or responsible for the provision of the in-house service subject to competitive tendering may be a member of any of the specification or evaluation group established under SFI 8.7.11 but the specification group may consult with and take into account information received from such officers or employees in drawing up the CCG's specification subject at all times to observing the duty of non-discrimination at SFI 8.7.2. No member of the in-house tender group may participate in the evaluation of tenders.
- (c) The evaluation group shall make recommendations to the appropriate body in line with the Scheme of Delegation and the Procurement Strategy.

- (d) The CO shall nominate an officer to oversee and manage the contract awarded on behalf of the CCG.

## **8.8 Evaluation of Tenders and Quotations**

### **8.8.1 Overriding duty to achieve best value**

The CCG shall ensure that it seeks to obtain best value for each contract opportunity.

### **8.8.2 Choice of Evaluation Methodology**

The CCG must for each contract opportunity which is subject to a tender or a competitive quotation choose to adopt evaluation criteria based on either:

- (a) the lowest price; or
- (b) the most economically advantageous tender, based on criteria linked to the subject matter of the contract opportunity including but not limited to some or all of:
- quality;
  - price;
  - technical merit;
  - aesthetic and functional characteristics;
  - environmental characteristics;
  - running costs;
  - cost effectiveness;
  - after sales service;
  - technical assistance;
  - delivery date;
  - delivery period; and/or
  - period of completion.

- 8.8.3** Each invitation to tender or invitation to supply a competitive quotation must state the evaluation criteria to be used to evaluate the tender or quotation and the relative weightings of each such criterion.

## **8.9 Award of Contracts and Formal Authorisation**

### **8.9.1 Acceptance of formal tenders**

- (a) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his/her tender before the award of a contract will not disqualify the tender;

- (b) Incomplete tenders (i.e. those from which information necessary for the adjudication of the tender is missing) and amended tenders (i.e. those amended by the tenderer upon his own initiative either orally or in writing after the due time for receipt) should be dealt with in the same way as late tenders (see SFI 8.7.14 above);
- (c) Where examination of tenders reveals errors which would affect the tender figure, the tenderer may be given details of such errors and afforded the opportunity of confirming or withdrawing his offer;
- (d) No tender shall be accepted by the CCG which will commit expenditure in excess of that which has been allocated by the CCG except with the **express** authorisation of the CO;
- (e) No tender shall be accepted by the CCG which is obtained contrary to these SFIs except with the **express** authorisation of the CO or CFO;
- (f) All tenders should, subject to compliance with the provisions of the Freedom of Information Act 2000, be kept confidential and should be retained for 12 months from the date set for the receipt of tenders for inspection.

### **8.9.2 Authorisation of Tenders and Competitive Quotations**

- (a) Providing all the requirements set out in these SFIs and the Procurement Strategy have been fully complied with, formal authorisation and awarding of a contract may be decided by appropriate staff in line with the thresholds contained in the current budgetary Scheme of Delegation;
- (b) These levels of authorisation may be varied or changed by the CCG and need to be read in conjunction with the CCG's Scheme of Delegation;
- (c) Formal authorisation must be put in writing. In the case of authorisation by the CCG Governing Body this shall be recorded in their minutes.

### **8.9.3 Tender reports to the CCG Governing Body**

Reports to the CCG Governing Body will be made on an exceptional basis only and will relate to high risk/high value contracts in line with the Scheme of Delegation and the Procurement Strategy.

## **8.10 Form of Contract**

### **8.10.1 Form of contract: General**

Subject to the remainder of SFI 8.10 below the CCG shall consider the most applicable form of contract for each contract opportunity (including to the extent appropriate any NHS Standard Contract Conditions available) and should consider obtaining support from a suitably qualified professional advisor (including where appropriate legal advisors).

#### **8.10.2 Statutory Requirements**

The CCG must ensure that all contracts that are governed by mandatory statutory requirements (whether contained in Statute, Regulations or directions) comply with such requirements.

#### **8.10.3 Contracts for Building or Engineering Works**

Not Applicable.

#### **8.10.4 Employment, Agency and Consultants Contracts**

The CO shall nominate officers with delegated authority to enter into permanent and temporary contracts of employment and other contracts for agency staff or persons engaged on a consultancy basis.

#### **8.10.5 Compliance Requirements for all Contracts**

The CCG may only enter into contracts within the statutory powers delegated to it by the Secretary of State or otherwise derived from Statute and each such contract shall:

- (a) comply with the CCG's SOs and SFIs;
- (b) comply with the requirements of all EU Directives directly enforceable in the UK and all other statutory provisions;
- (c) embody substantially the same terms and conditions of contract as were the basis on which tenders or quotations were invited;
- (d) be entered into and managed to obtain best value;
- (e) have an officer nominated by the CO to oversee and manage each contract on behalf of the CCG.

#### **8.11 Specific Requirements**

##### **8.11.1 Disposals (See overlap with SFI No.16)**

Competitive Tendering or Quotation procedures shall not apply to the disposal of:

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the CO or his/her nominated officer;
- (b) obsolete or condemned articles and stores, which may be disposed of in accordance with the supplies policy of the CCG;
- (c) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract; and/or
- (d) land or buildings concerning, subject to compliance with all applicable Department of Health guidance.

**8.11.2 Applicability of SFIs on Tendering and Contracting to funds held in trust (see overlap with SFI No. 18.3).**

Not Applicable.

**9. CONTRACTS FOR PROVISION OF SERVICES (see overlap with SFI No. 8)**

**9.1 Contracts**

**9.1.1** The CO, as the Accountable Officer, is responsible for ensuring the CCG enters into suitable contracts and for considering the extent to which any NHS Standard Contract Conditions are mandatory for contracts for the commissioning of NHS services.

All contracts will be entered into pursuant to the guidance, templates and tools issued by NHS England and the Department of Health.

All contracts should aim to implement the agreed priorities contained within the Commissioning Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the CO should take into account:

- the standards of service quality expected;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of services;
- the NHS National Performance Assessment Framework;
- that contracts build where appropriate on existing Joint Investment Plans;
- that contracts are based on integrated care pathways.

**9.2 Reports to Governing Body on contracts**

The CO, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the contract.

## **10. COMMISSIONING**

### **10.1 Role of the CCG in Commissioning Services**

**10.1.1** The CCG has responsibilities for commissioning services on behalf of the resident population. This will require the CCG to work in partnership with NHS England, local NHS Trusts, CCGs, and FTs, local authority, users, carers, the voluntary sector and social enterprise to develop an Annual Plan.

### **10.2 Role of the CO**

**10.2.1** The CO as the Accountable Officer has responsibility for ensuring services are commissioned in accordance with the priorities agreed in the Annual Plan. This will involve ensuring contracts are put in place with the relevant providers, based upon integrated care pathways.

**10.2.2** The CO, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

**10.2.3** Where the CCG makes arrangements for the provision of services by non-NHS providers it is the CO, as the Accountable Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided.

### **10.3 Role of CFO**

**10.3.1** A system of financial monitoring must be maintained by the CFO to ensure the effective accounting of expenditure under the contract. This should provide a suitable audit trail for all payments made under the agreements, but maintains patient confidentiality.

**10.3.2** The CFO must account for Out of Area Treatments / Non Contract Activity financial adjustments in accordance with national guidelines.

## **11. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE CCG GOVERNING BODY AND CLINICAL COMMISSIONING GROUP(S) AND EMPLOYEES**

### **11.1 Remuneration and Terms of Service (see overlap with SO No. 4)**

**11.1.1** In accordance with SOs the Governing Body shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its

composition, and the arrangements for reporting. (See NHS guidance contained in the Higgs report).

**11.1.2** The Committee will:

- (a) advise the Governing Body about appropriate remuneration and terms of service for officer members employed by the CCG and other senior employees, covering:
  - (i) all aspects of salary (including any performance-related elements / bonuses);
  - (ii) provisions for other benefits, including pensions and cars;
  - (iii) arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Governing Body on the remuneration and terms of service of officer members of the Governing Body and CCG members (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the CCG - having proper regard to the CCG's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;
- (c) monitor and evaluate the performance of individual officer members of the CCG (and other senior employees);
- (d) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

**11.1.3** The Committee shall report in writing to the Governing Body the basis for its recommendations. The Governing Body shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Clinical Commissioning Group members. Minutes of the Governing Body's meetings should record such decisions.

**11.1.4** The Governing Body will consider and need to approve proposals presented by the CO for the setting of remuneration and conditions of service for those employees and officers not covered by the Committee.

**11.1.5** The CCG will pay allowances to the Chair and non-officer members of the Governing Body in accordance with instructions issued by the Secretary of State for Health.

## **11.2 Funded Establishment**

**11.2.1** The manpower plans incorporated within the annual budget will form the funded establishment.

**11.2.2** The funded establishment of any department may not be varied without the approval of the CO or the nominated officer in charge of the department.

## **11.3 Staff Appointments**

**11.3.1** No officer or Member of the CCG or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) unless authorised to do so by the CO; and
- (b) within the limit of their approved budget and funded establishment.

**11.3.2** The Governing Body will approve procedures presented by the CO for the determination of commencing pay rates, condition of service, etc, for employees.

## **11.4 Processing Payroll**

**11.4.1** The CFO is responsible for:

- (a) specifying timetables for submission of properly authorised time records and other notifications;
- (b) the final determination of pay and allowances;
- (c) making payment on agreed dates;
- (d) agreeing method of payment.

**11.4.2** The CFO will issue instructions regarding:

- (a) verification and documentation of data;
- (b) the timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- (c) maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) security and confidentiality of payroll information;

- (e) checks to be applied to completed payroll before and after payment;
- (f) authority to release payroll data under the provisions of the Data Protection Act;
- (g) methods of payment available to various categories of employee and officers;
- (h) procedures for payment by cheque, bank credit, or cash to employees and officers;
- (i) procedures for the recall of cheques and bank credits;
- (j) pay advances and their recovery;
- (k) maintenance of regular and independent reconciliation of pay control accounts;
- (l) separation of duties of preparing records and handling cash;
- (m) a system to ensure the recovery from those leaving the employment of the CCG of sums of money and property due by them to the CCG.

**11.4.3** Appropriately nominated managers and Clinical Commissioning Group members have delegated responsibility for:

- (a) submitting time records, and other notifications in accordance with agreed timetables;
- (b) completing time records and other notifications in accordance with the CFO's instructions and in the form prescribed by the CFO;
- (c) submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil CCG obligations in circumstances that suggest they have left without notice, the CFO must be informed immediately.

**11.4.4** Regardless of the arrangements for providing the payroll service, the CFO shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

## **11.5 Contracts of Employment**

**11.5.1** The Governing Body shall delegate responsibility to an officer for:

- (a) ensuring that all employees are issued with a Contract of Employment in a form approved by the Governing Body and which complies with employment legislation; and
- (b) dealing with variations to, or termination of, contracts of employment.

## **12. NON-PAY EXPENDITURE**

### **12.1 Delegation of Authority**

**12.1.1** The Governing Body will approve the level of non-pay expenditure on an annual basis and the CO will determine the level of delegation to budget managers.

**12.1.2** The CO will set out:

- (a) the list of managers who are authorised to place requisitions for the supply of goods and services;
- (b) the maximum level of each requisition and the system for authorisation above that level (see the CCG Constitution).

**12.1.3** The CO shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

### **12.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with SFI No. 8)**

#### **12.2.1 Requisitioning**

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the CCG. In so doing, the advice of the CCG's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the CFO (and/or the CO) shall be consulted.

#### **12.2.2 System of Payment and Payment Verification**

The CFO shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

#### **12.2.3 The CFO will:**

- (a) advise the Governing Body regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
  - (i) A list of Governing Body and CCG members / employees (including specimens of their signatures) authorised to certify invoices.
  - (ii) Certification that:
    - goods have been duly received, examined and are in accordance with specification and the prices are correct;
    - work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
    - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
    - where appropriate, the expenditure is in accordance with Regulations and all necessary authorisations have been obtained;
    - the account is arithmetically correct;
    - the account is in order for payment.
  - (iii) A timetable and system for submission to the CFO of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 12.2.4 below.

#### **12.2.4 Prepayments**

Prepayments are only permitted where exceptional circumstances apply. In such instances:

- (a) Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%);
- (b) The appropriate officer member of the CCG must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the CCG if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments;
- (c) The CFO will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold);
- (d) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or CO if problems are encountered.

#### **12.2.5 Official orders**

Official Orders must:

- (a) be consecutively numbered;
- (b) be in a form approved by the CFO;
- (c) state the CCG's terms and conditions of trade;
- (d) only be issued to, and used by, those duly authorised by the CO.

#### **12.2.6 Duties of Managers and Officers**

Managers and officers must ensure that they comply fully with the guidance and limits specified by the CFO and that:

- (a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the CFO in advance of any commitment being made;
- (b) contracts are advertised where required by these SFIs;
- (c) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- (d) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
  - (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;
  - (ii) conventional hospitality, such as lunches in the course of working visits;

(This provision needs to be read in conjunction with Standing Order No. 8 and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff"; the Code of Conduct for NHS Managers (2004); and the ABPI Code of Professional Conduct relating to hospitality / gifts from pharmaceutical/external industry).

- (e) no requisition / order is placed for any item or items for which there is no budget provision unless authorised by the CFO on behalf of the CO;
- (f) all goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash;
- (g) verbal orders must only be issued very exceptionally - by an employee designated by the CO and only in cases of emergency or urgent necessity. These must be confirmed by an official order and clearly marked "Confirmation Order";
- (h) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- (i) goods are not taken on trial or loan in circumstances that could commit the CCG to a future uncompetitive purchase;
- (j) changes to the list of members/employees and officers authorised to certify invoices are notified to the CFO;

- (k) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the CFO;
- (l) petty cash records are maintained in a form as determined by the CFO.

**12.2.7** The CO and CFO shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Concode and Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.

### **12.3 Joint Finance Arrangements with Local Authorities and Voluntary Bodies (see overlap with SO No. 10.1)**

**12.3.1** Payments to local authorities and voluntary organisations made under the powers of section 256 of the NHS Act 2006 shall comply with procedures laid down by the CFO which shall be in accordance with that Act. (See overlap with SO No. 10.1)

## **13. FINANCIAL FRAMEWORK**

**13.1** The CFO should ensure that members of the Governing Body are aware of the Financial Framework. This document contains directions which the CCG must follow. It also contains directions to the Area Team regarding revenue and capital resource allocation and funding to the CCG. The CFO should also ensure that the direction and guidance in the framework is followed by the CCG.

## **14. CAPITAL INVESTMENT, PRIVATE FINANCING, FIXED ASSET REGISTERS AND SECURITY OF ASSETS**

### **14.1 Capital Investment**

**14.1.1** The CO:

- (a) shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- (b) is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) shall ensure that the capital investment is not undertaken without confirmation of purchaser(s) support and the availability of resources to finance all revenue consequences, including capital charges.

**14.1.2** For every capital expenditure proposal the CO shall ensure:

- (a) that a business case (in line with the guidance contained within the Capital Investment Manual is produced setting out:
  - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
  - (ii) appropriate project management and control arrangements;
- (b) that the CFO has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate CCG personnel and external agencies in the process.

**14.1.3** The CFO shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

**14.1.4** The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The CO shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender (see overlap with SFI No. 8.5);
- (c) approval to accept a successful tender (see overlap with SFI No. 8.5).

The CO will issue a scheme of delegation for capital investment management in accordance with Estate code guidance and the CCG's SOs.

**14.1.5** The CFO shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall fully take into account the delegated limits for capital schemes as most recently issued by DoH.

**14.2 Private Finance (see overlap with SFI No. 8.10)**

**14.2.1** Not Applicable

**14.2.2 LIFT Exclusivity (see Appendix C)**

Not Applicable

### **14.3 Asset Registers**

- 14.3.1** The CO is responsible for the maintenance of registers of assets, taking account of the advice of the CFO concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.
- 14.3.2** Each CCG shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the Manual for Accounts as issued by the DoH.
- 14.3.3** Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:
- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
  - (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;
  - (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 14.3.4** Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 14.3.5** The CFO shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 14.3.6** The value of each asset shall be indexed to current values in accordance with methods specified in the *Manual for Accounts* issued by the DoH.
- 14.3.7** The value of each asset shall be depreciated using methods as specified in the *Manual for Accounts* issued by the DoH.
- 14.3.8** The CFO shall calculate and pay capital charges as specified in the Manual for Accounts issued by the DoH.

### **14.4 Security of Assets**

- 14.4.1** The overall control of fixed assets is the responsibility of the CO.
- 14.4.2** Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the CFO. This procedure shall make provision for:

- (a) recording managerial responsibility for each asset;
- (b) identification of additions and disposals;
- (c) identification of all repairs and maintenance expenses;
- (d) physical security of assets;
- (e) periodic verification of the existence of, condition of, and title to, assets recorded;
- (f) identification and reporting of all costs associated with the retention of an asset;
- (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

**14.4.3** All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the CFO.

**14.4.4** Whilst each employee and officer has a responsibility for the security of property of the CCG, it is the responsibility of Governing Body members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Governing Body. Any breach of agreed security practices must be reported in accordance with agreed procedures.

**14.4.5** Any damage to the CCG's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Governing Body members and employees in accordance with the procedure for reporting losses.

**14.4.6** Where practical, assets should be marked as CCG property.

## **14.5 NHS LIFT**

Not Applicable.

## **15. STORES AND RECEIPT OF GOODS**

### **15.1 General position**

**15.1.1** Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- (a) kept to a minimum;
- (b) subjected to annual stock take;

(c) valued at the lower of cost and net realisable value.

## **15.2 Control of Stores, Stocktaking, condemnations and disposal**

**15.2.1** Subject to the responsibility of the CFO for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the CO. The day-to-day responsibility may be delegated by him / her to departmental employees and stores managers / keepers, subject to such delegation being entered in a record available to the CFO.

**15.2.2** The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

**15.2.3** The CFO shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.

**15.2.4** Stocktaking arrangements shall be agreed with the CFO and there shall be a physical check covering all items in store at least once a year.

**15.2.5** Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the CFO.

**15.2.6** The designated Manager shall be responsible for a system approved by the CFO for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the CFO any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No 16 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

## **15.3 Goods supplied by NHS Logistics**

**15.3.1** For goods supplied via the NHS Logistics central warehouses, the CO shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the CFO who shall satisfy himself that the goods have been received before accepting the recharge.

## **16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS**

## **16.1 Disposals and Condemnations**

### **16.1.1 Procedures**

The CFO must prepare detailed procedures for the disposal of assets including condemnations, and ensure that these are notified to managers.

**16.1.2** When it is decided to dispose of a CCG asset, the Head of Department or authorised deputy will determine and advise the CFO of the estimated market value of the item, taking account of professional advice where appropriate.

**16.1.3** All unserviceable articles shall be:

- (a) condemned or otherwise disposed of by an employee authorised for that purpose by the CFO;
- (b) recorded by the Condemning Officer in a form approved by the CFO which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the CFO.

**16.1.4** The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the CFO who will take the appropriate action.

## **16.2 Losses and Special Payments**

### **16.2.1 Procedures**

The CFO must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

**16.2.2** Any employee or officer discovering or suspecting a loss of any kind must either immediately inform their Head of Department, who must immediately inform the CO and / or CFO or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the CFO and / or CO. Where a criminal offence is suspected, the CO and / or CFO must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the CFO must inform the relevant LCFS and Operational Fraud Team (OFT) in accordance with Secretary of State for Health's Directions.

### **16.2.3 Suspected fraud**

The CFO must notify NHS Counter Fraud Authority and the External Auditor of all frauds.

- 16.2.4** For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the CFO must immediately notify:
- (a) the Governing Body, and
  - (b) the External Auditor.
- 16.2.5** Within limits delegated to it by the DoH, the Governing Body shall approve the writing-off of losses.
- 16.2.6** The CFO shall be authorised to take any necessary steps to safeguard the CCG's interests in bankruptcies and company liquidations.
- 16.2.7** For any loss, the CFO should consider whether any insurance claim can be made.
- 16.2.8** The CFO shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 16.2.9** No special payments exceeding delegated limits shall be made without the prior approval of the DoH.
- 16.2.10** All losses and special payments must be reported to the Audit Committee at every meeting. The Audit Committee may approve single items of expenditure up to £10,000. For items in excess of £10,000, the Audit Committee may make a recommendation to the Governing Body. For urgent payments, the CO must obtain the approval of the Governing Body Chair or the Audit Committee Chair and the payment must be approved at the next Governing Body meeting.

## **17. INFORMATION TECHNOLOGY**

### **17.1 Responsibilities and duties of the CFO**

- 17.1.1** The CFO, who is responsible for the accuracy and security of the computerised financial data of the CCG, shall:
- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 2018;
  - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the

data, as well as the efficient and effective operation of the system;

- (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.

**17.1.2** The CFO shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.

**17.1.3** A named Director shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the CCG that is made publicly available.

## **17.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application**

**17.2.1** In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of CCGs in the Region wish to sponsor jointly) all responsible directors and employees will send to the CFO:

- (a) details of the outline design of the system;
- (b) in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

## **17.3 Contracts for computer services with other health bodies or outside agencies**

The CFO shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the CFO shall periodically seek assurances that adequate controls are in operation.

#### **17.4 Requirements for computer systems which have an impact on corporate financial systems**

Where computer systems have an impact on corporate financial systems the CFO shall need to be satisfied that:

- (a) systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) CFO staff have access to such data;
- (d) such computer audit reviews as are considered necessary are being carried out.

#### **18. FUNDS HELD ON TRUST**

**Not Applicable**

#### **19. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 8 and SFI No. 12.2.6 (d))**

The CFO shall ensure that all staff are made aware of the CCG policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health circular HSG (93) 5 'Standards of Business Conduct for NHS Staff'; the Code of Conduct for NHS Managers 2004; and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical / external industry and is also deemed to be an integral part of these SOs and SFIs (see overlap with SO No. 8).

#### **20. PAYMENTS TO INDEPENDENT CONTRACTORS**

##### **20.1 Duties of the CFO**

The CFO shall:

- (a) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;

- (b) ensure that regular independent verification of claims is undertaken, to confirm that:
  - (i) rules have been correctly and consistently applied;
  - (ii) overpayments are detected (or preferably prevented) and recovery initiated;
  - (iii) suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health's Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and
- (e) ensure that a prompt response is made to any query raised by the Prescription Pricing Division of the NHS Business Services Authority, regarding claims from contractors submitted directly to them.

## **21. RETENTION OF RECORDS**

- 21.1** The CO shall be responsible for maintaining archives for all records required to be retained in accordance with Records Management Code of Practice for Health and Social Care 2016.
- 21.2** The records held in archives shall be capable of retrieval by authorised persons.
- 21.3** Records held in accordance with Records Management Code of Practice for Health and Social Care 2016, shall only be destroyed at the express instigation of the CO. Detail shall be maintained of records so destroyed.

## **22. RISK MANAGEMENT AND INSURANCE**

### **22.1 Programme of Risk Management**

The CO shall ensure that the CCG has a programme of risk management, in accordance with current DoH assurance framework requirements, which must be approved and monitored by the Governing Body.

The programme of risk management shall include:

- (a) a process for identifying and quantifying risks and potential liabilities;

- (b) engendering among all levels of staff a positive attitude towards the control of risk;
- (c) management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- (d) contingency plans to offset the impact of adverse events;
- (e) audit arrangements including; internal audit, clinical audit, health and safety review;
- (f) a clear indication of which risks shall be insured;
- (g) arrangements to review the risk management programme.

The existence, integration and evaluation of the above elements will assist in providing a basis to make a statement on the effectiveness of internal control within the Annual Report and Accounts as required by current DoH guidance.

## **22.2 Insurance: Risk Pooling Schemes administered by NHS Resolution**

The Governing Body shall decide if the CCG will insure through the risk pooling schemes administered by the NHS Resolution or self-insure for some or all of the risks covered by the risk pooling schemes. If the Governing Body decides not to use the risk pooling schemes for any of the risk areas (clinical, property and employers/third party liability) covered by the scheme this decision shall be reviewed annually.

## **22.3 Insurance arrangements with commercial insurers**

**22.3.1** There is a general prohibition on entering into insurance arrangements with commercial insurers. There are, however, four exceptions when CCGs may enter into insurance arrangements with commercial insurers. The exceptions are:

- (a) for insuring motor vehicles owned by the CCG including insuring third party liability arising from their use;
- (b) where the CCG is involved with a consortium in a Private Finance Initiative contract and the other consortium members require that commercial insurance arrangements are entered into;
- (c) where income generation activities take place. Income generation activities should normally be insured against all risks

using commercial insurance. If the income generation activity is also an activity normally carried out by the CCG for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the NHS Resolution. In any case of doubt concerning a CCG's powers to enter into commercial insurance arrangements the CFO should consult the Department of Health;

- (d) where a premises landlord requires the organisation to take out insurance as condition of occupancy.

#### **22.4 Arrangements to be followed by the Governing Body in agreeing Insurance cover**

- (a) Where the Governing Body decides to use the risk pooling schemes administered by the NHS Resolution the CFO shall ensure that the arrangements entered into are appropriate and complementary to the risk management programme. The CFO shall ensure that documented procedures cover these arrangements;
- (b) Where the Governing Body decides not to use the risk pooling schemes administered by the NHS Resolution for one or other of the risks covered by the schemes, the CFO shall ensure that the Governing Body is informed of the nature and extent of the risks that are self-insured as a result of this decision. The CFO will draw up formal documented procedures for the management of any claims arising from third parties and payments in respect of losses which will not be reimbursed.
- (c) All the risk pooling schemes require Scheme members to make some contribution to the settlement of claims (the 'deductible'). The CFO should ensure documented procedures also cover the management of claims.

## **Appendix A**

### **Address of NHS Doncaster Clinical Commissioning Group**

The principal place of business of the CCG is given below:

NHS Doncaster Clinical Commissioning Group  
Sovereign House  
Heavens Walk  
Doncaster  
South Yorkshire  
DN4 5HZ  
Telephone: 01302 566300  
Email: [Donccg.enquiries@nhs.net](mailto:Donccg.enquiries@nhs.net)

Appendix B

**SINGLE QUOTE/TENDER WAIVER REQUEST FORM**

**NOTES FOR COMPLETION:**

Please refer to Section 8.5.4 of the current CCG Standing Financial Instructions and give details of the relevant sub section which supports the request. Please also complete the table in Appendix C with relevant exception.

**NB Approval must be sought in advance of any commitments being made and is not automatic.**

<b>Completed by:</b>		<b>Department:</b>	
<b>Date:</b>		<b>Reference:</b>	
<b>Supplier:</b>		<b>Value £</b>	£
<b>Product/Service:</b>			

**Single Quote/Tender Request is made for the following reason(s)**

**Manager Approval:**.....**Date:**.....

**Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Please record how you have managed any conflict or potential conflict below:**

<b>Head of Procurement Comments:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Approval by Chief Finance Officer (all Requests): YES / NO</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Approval by Chief Officer (Tenders over £50,000): YES / NO</b>	
<b>Signature:</b>	<b>Date:</b>
<b>Reason for Refusal:</b>	

***Copy to: Deputy CFO for notification to Audit Committee***

## Appendix C

### Single Quote / Tender Waiver Request Checklist

#### Exceptions and instances where formal tendering procedures need not be applied (SFI, Section 8.5.4)

Where a contract opportunity is required to have competition under SFI 8.5.1, procedures need not be applied where: (Please complete):

Considerations	Yes / No / NA
(a) the estimated expenditure or income:  (i) for a contract opportunity (for goods and non healthcare services) does not, or is not reasonably expected to, exceed £5,000 (incl. VAT); or  (ii) for any contract opportunity (for healthcare services) does not, or is not reasonably expected to meet OJEU limits.	
(b) any disposal falls within SFI 8.12.1 and/or within SFI 8.1.3	
(c) the requirement can be met under an existing contract without infringing Procurement Legislation	
(d) the CCG is entitled to call off from a Framework Agreement and the requirements of SFI 8.6 (Use of Framework Agreements) have been followed	
(e) a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the CCG; or	
(f) an exception permitting the use of the negotiated procedure without notice validly applies under Article 32 of the Regulations.	
Formal tendering procedures may be waived in the following circumstances	
(g) in very exceptional circumstances where the Chief Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record.	
(h) where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events	

<p>unforeseeable by the CCG and not attributable to the CCG. Failure to plan work properly is not a justification for waiving the requirement to tender.</p>	
<p>(i) where the works, services or supply required are available from only one source for technical or artistic reasons or for reasons connected with the protection of exclusive rights.</p>	
<p>(j) when the goods required by the CCG are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the CCG to acquire goods with different technical characteristics and this would result in:</p> <ul style="list-style-type: none"> <li>- incompatibility with the existing goods; or</li> <li>- disproportionate technical difficulty in the operation and maintenance of the existing goods;</li> </ul> <p>but no such contract may be entered in for a duration of more than three years.</p>	
<p>(k) when works or services required by the CCG are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services:</p> <ul style="list-style-type: none"> <li>- cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the CCG; or</li> <li>- can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract.</li> </ul>	
<p>(l) for the provision of legal advice and/or services provided that any provider of legal advice and/or services commissioned by the CCG is regulated by the Solicitors Regulation Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.</p> <p>The Chief Finance Officer will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work.</p>	
<p>(m) when the services required by the CCG are to be commissioned to support the local health economy in line with national policy and guidance e.g. ICS and Place Plan. DCCG must evidence that this complies with the NHS Procurement, Patient Choice and Competition Regulations which</p>	

<p>includes the need to:</p> <ul style="list-style-type: none"> <li>• ensure that commissioners secure high-quality, efficient NHS health care services that meet the needs of people who use those services;</li> <li>• protect the rights of patients to choose who provides their health care in certain circumstances; and</li> <li>• prevent anti-competitive behaviour by commissioners unless this is in the interests of patients.</li> </ul> <p>The NHS Procurement, Patient Choice and Competition Regulations are intended to enable commissioners to decide for individual services what is best for patients. They adopt a principles-based approach and do not generally include prescriptive rules on how commissioners must carry out their procurement activities. It is for commissioners to decide what services to procure and how best to secure them in the interests of patients, within the framework of the regulations.</p>	
<p>Where it is decided that a competitive procurement process need not be applied or should be waived, the fact of the non-application or waiver and the reasons for it should be documented and recorded in an appropriate CCG record and reported to the Audit Committee at each meeting.</p>	
<p>Where the CCG proposes not to conduct a procurement process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the CCG shall consider such proposals in line with the Procurement Regulations, the Scheme of Delegation and Procurement Strategy.</p>	