

Agenda item: 11

Paper no: 7

Title of Report:	Schemes of Reservation and Delegation – Strategic/ Overarching	
Status:	TO APPROVE	
Committee:	Governing Bodies in Common	Date: 18/12/19
Venue:	Martineau Room, Dorking Halls	

Presented by:	Elaine Newton, ICS Director of Governance and Corporate Affairs	
Executive Lead sign off:	Elaine Newton, ICS Director of Governance and Corporate Affairs	Date: 08/11/19
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Governance

Conflict of Interest: The Author considers:	None identified	✓
Previous Reporting: (relevant committees/ forums this paper has previously been presented to)	Audit Committees in Common; 15/11/19; Noted	
Freedom of Information: The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

Executive Summary

It is necessary to integrate and update the schemes of delegation for the four CCGs, now working together in the Surrey Heartlands system, to ensure fit for purpose and clear about decision making. This paper concerns the strategic, overarching Schemes of Reservation and Delegation (SoRD) with parallel work in hand for the operational, financial delegated limits.

- An initial review and cross mapping was reported to the Audit Committees in Common as work in progress on the 15/11/19 and highlighted no major issues. The proposal attached completes the work of cross mapping and proposes a number of amendments that aligns the SoRDs across all four organisations and addresses any significant disparities. It should be noted that the East Surrey SoRD is less detailed but this does not of itself present immediate problems.

Working together across Surrey Heartlands

- The existing approach to the SoRDs prior to East Surrey joining does allow different delegations across the CCGs and it is intended that this approach will continue until the end of March 2020. Where differences exist, these should be capable of being managed prior to the creation of the new CCG in April 2020, at which point a single SoRD will need to be put in place.
- In some instances, the requirement for ES is less than that for the other three CCGs (for example, Chair's Action only requires Chair and AO whereas for the rest it also requires a lay member). In other cases, it is higher (example, IFR processes are approved in committee for the three CCGs but by the Governing Body for ES). However, in the majority of cases the delegations are the same or present no major issues.
- It has also become necessary to make changes to the existing SoRDs for G&W, NWS and SD CCGs and the same for ES to reflect changes in committee arrangements with the new system boards coming into existence.

It should be noted that the Governing Bodies remain accountable for their statutory duties (e.g. quality, finance etc) even where these are delegated to committees.

Attached: Proposed new Schemes of Reservation and Delegations for the four CCGs working together in Surrey Heartlands and a schedule of changes.

Implications

What is the health impact/outcome and is this in line with the CCGs' strategic objectives ?	<ul style="list-style-type: none"> • Objective 2: Develop collaborative working and organisational change, at both place and scale.
What is the financial/resource required?	No implication
What legislation, policy or other guidance is relevant?	<ul style="list-style-type: none"> • CCG Constitution, statutory duty
Is an Equality Analysis required?	Not indicated
Any Patient and Public Engagement/ consultation required?	N/A
Potential risk(s) ? (including reputational)	If the schemes of delegation are not integrated and up to date it could compromise CCG decisions

Recommendation(s)

- (1) **TO APPROVE** the proposed Scheme of Reservation and Delegation as being fit for purpose and reflecting the in-common and separate statutory responsibilities of the four Surrey Heartlands CCGs between now and the end of March 2020 (NB for East Surrey the SoRD will require ratification by the membership due to the requirements of the existing scheme of delegation)

Next Steps

- (1) To publicise the SoRD to senior managers and staff to support good governance.

Schedule of changes and other comments

Establishment of new system boards: References have been changed throughout to “Strategic Finance & Assurance Board” and “Quality and Performance Assurance Board” respectively.

Governing Bodies are asked TO APPROVE the areas marked in bold below.

1.3 “Approval of the Group’s overarching scheme of reservation and delegation”. This is currently by the membership for the other CCGs and by the Governing Body for East Surrey. **Recommend making this membership for all four.** In essence this means powers reserved to the membership as set out in the constitution not the actual SoRD as set out in 1.5 which can be approved by the Governing Bodies.

1.14a “Exercise the powers that the Governing Body has reserved to itself in an emergency or for an urgent decision.” This is currently Chair and AO only in ES; G&W, NWS and SD have Chair, AO and Lay Member. **Recommend standardising on the latter.**

1.20 “Oversight of the IFR (Individual Funding Request) process and high cost drugs prescribing consistency with the prescribing advisory database.” This is currently with the Quality Committee for G&W, NWS and SD and the Governing Body for ES. **Recommend standardising on “Quality and Performance Assurance Board”.**

2.3a “Approve arrangements for identifying the Group’s proposed Chief Officer.” With NWS this sits with the membership; for ES this sits with the Governing Body; and for the G&W and NWS it sits with the Remuneration Committee. It is not proposed to make changes to this in the expectation that the Chief Officer appointment is unlikely to be an issue in the next three months.

3.1 “Agree the vision, values and overall strategic direction of the Group.” With NWS and SD, this sits with the members; for G&W it sits with the Governing Body; and for ES it sits with the Commissioning Strategy Committee. It is not proposed to change this at this stage as it will be the responsibility of the new Surrey Heartlands CCG to undertake this in line with a new scheme of reservation and delegation.

3.2 “Approval of the Group’s operating structure”. As with 3.1.

3.4 “Approval of the Group's Five Year Commissioning Plan.” This is with the membership for NWS and with the Governing Bodies for the other three CCGs. It is proposed to not change this.

4.1a “Approval of the Group’s Annual Report and Annual Accounts.” This sits with the membership for ES and with the Governing Body for the other three CCGs. It is not proposed to change this as it will be the responsibility of the new Surrey Heartlands CCG to approve the annual report in line with a new scheme of reservation and delegation.

4.1b “Approving a timetable for producing the annual report and accounts”. This is currently with the Governing Body for ES and with the Audit Committee for the other three

CCGs. **It is proposed that this should be Audit Committee for all four until end of March 2020.**

5.3 “Determine the terms and conditions of employment for all employees of the Group.” This is with the Accountable Officer for ES and with the Remuneration Committee for the other three CCGs. **It is proposed that all four CCGs should delegate this to Remuneration Committee.**

5.4 “Determine arrangements for termination of employment and other contractual terms”. **As 5.3**

5.5 “Determine pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the Group.”. **As 5.3**

5.6 “Recommend pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the Group”. **As 5.3**

5.7 “Approval of disciplinary arrangements for employees, including the JAO (where he/she is an employee or Member of the Group) and for other persons working on behalf of the Group.” This sits with the membership for ES and with the Governing Bodies for the other three CCGs. **It is proposed to standardise this with the Governing Bodies.**

5.10 – 5.16 are all detailed delegations relating to employment, payroll and training. There is no equivalent level of detail in the ES SoRD for these and it is therefore suggested **ES adopt the delegations already agreed by the other CCGs, which sit with executive officers and nominated managers or budget holders.**

6.1 “Develop and approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.” In ES this sits with the Governing Body; for the other three CCGs it is delegated to the Quality Committee. **It is proposed to standardise this to the Quality and Performance Assurance Board**

6.2 “Monitoring the process of delivery of the duty to secure continuous improvement in the quality of services.” As 6.1.

6.5 “Establish performance and quality measures that maintain the effective use of resources and provide value for money.” **There is no equivalent level of detail in the ES SoRD and it is therefore proposed to adopt the delegation of the other three CCGs, which is to the Governing Body**

6.6 – 6.21. These delegations all relate to quality in general or quality in primary care. ES does not have this level of detail in their SoRD. **It is therefore proposed to adopt the provisions of the other three CCGs which is to delegate to either the Quality Committee or the Primary Care Commissioning Committee with the following exceptions: 6.19 and 6.21 which relate to incentive payments and fostering awareness of the NHS constitution, which are reserved to the Governing Body.**

7.1 “Prepare and recommend a detailed financial scheme of delegation that sets out who has responsibility for operational decisions within the Group.” This is delegated to the Accountable Officer in ES but to the CFO in the other three CCGs. **It is proposed to make this CFO across all four.**

7.4 “Approve and monitor risk management programme.” **There is no equivalent level of detail in the ES SORD therefore it is proposed to adopt the delegation of the other three CCGs (Governing Body).**

The following three delegations are not detailed in the East Surrey SoRD and it is therefore proposed that the delegation of the other three CCGs are used:

- 7.5 “Oversight of effective management of risk to manage and address clinical governance issues.” – **Quality Committee**
- 7.6 “Oversight of external audit, internal audit, local counter fraud services and other external assurance functions.” – **Audit Committee**
- 7.7 “Scrutinise objectives and risks of the Group”. – **Audit Committee**

7.9 “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.” **It is proposed to follow the ES SoRD and remit this to the Audit Committee** rather than the JAO. This brings it into line with appointment of counter fraud services.

7.10 “Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.” This level of detail does not exist in the ES SoRD so it is **proposed to follow the arrangements adopted by the other three CCGs (JAO and CFO).**

7.14 “Make proposals for individual compensation payments” and 7.15 “Ratify the Audit Committee’s proposals for individual compensation payments.” There is no equivalent level of detail in the ES SoRD so it is **proposed to adopt the existing three CCGs delegation (Audit Committee and Governing Bodies respectively).**

7.17 to 7.21 all relate to internal controls. There is no equivalent level of detail in the ES SoRD so it is **proposed to adopt the existing three CCGs delegation (audit committee and governing bodies respectively).**

9.3 “Approval of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained.” Has no direct equivalent in the ES SoRD so it is **proposed to use the existing three CCGs delegation (Audit Committee).**

9.4 “Make proposals to the Governing Body on the outcome of all tendered contracts that are within its remit.” There is no equivalent level of detail in the ES SoRD so it is **proposed to adopt the existing three CCGs delegation (Strategic Finance Committee in the context of the Strategic Finance & Assurance Board).**

9.9 – 9.14 all relate to tendering and contracts or supplies for which there is no direct equivalent in the ES SoRD. **It is therefore proposed to adopt the other three CGs delegation (JAO or JAO / Chief Finance Officer)**

10.6 has been **amended from “Joint Commissioning Committee” to “Surrey Wide Commissioning Committees in Common” to reflect agreed new arrangements**

10.7 “Approve on behalf of the Governing Body joint commissioning arrangements with Merton and Sutton CCGs and other partners as appropriate.” **This is a new line for SD CCG to reflect the Improving Healthcare Together governance arrangements around Epsom St Helier based services.**

11.5 “Decisions relating to a pan-Surrey stroke services review and the future commissioning of stroke services, as set out in the committee’s terms of reference” has been **deleted as this is superseded by 10.6.**

11.6 “Decision relating to the award of a contract for CAMHS services, as set out in the committee’s terms of reference” has been **deleted as this is superseded by 10.6**

12.1 “Approving arrangements for handling Freedom of Information requests.” This is currently with the Quality Committee for G&W, NWS and SD (which is believed to be an error) and the Governing Body for ES. **It is proposed to make this the Audit Committee for all four CCGs.**

12.2 “Determining arrangements for handling Freedom of Information requests” is with the JAO for ES and the “Executive Director of Communications and Corporate Affairs” for G&W, NWS and SD. **It is proposed to standardise on the latter.**

13.14 and 13.15 relate to audit and have no direct equivalent in the ES SoRD therefore it is **proposed to use the G&W, NWS and SD provisions.**

13.17 – 13.19 relate to arrangements for losses and have no direct equivalent in the ES SoRD therefore it is **proposed to use G&W, NWS and SD provision (reserved to Governing Body).**

Scheme of Reservation & Delegation v3.1 06/12/19
(NHS Guildford & Waverley, NHS North West Surrey,
NHS Surrey Downs, NHS East Surrey)

Version	Date	Status	Changes made since previous version	
V1.0	26/09/18	Governing Bodies APPROVED		
V2.0	19/12/18	Governing Bodies APPROVED	4.1a	North West Surrey- changed from membership, to Governing Body as per membership vote in October 2018.
V2.1	27/03/19	Governing Bodies APPROVED	Inclusion of delegation to Surrey-wide Strategic Commissioning Committee (section 11.8). Approved by the Governing Bodies in 26/03/19.	
V3.1	06/12/19	Governing Bodies AWAITING APPROVAL	Alignment of East Surrey with existing Surrey Heartlands CCGs <u>and other minor amendments. Inclusion of Surrey Commissioning Committees in Common and Improving Healthcare Together.</u>	

Scheme of Reservation & Delegation v32 05/12/1948

(NHS Guildford & Waverley, NHS North West Surrey, NHS Surrey Downs)

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
1. REGULATION & CONTROL	1.1	Determine the arrangements by which the members of the Group approve those decisions that are reserved for the membership.	X			
	1.2	Prepare the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated to the: <ul style="list-style-type: none"> o Group's Governing Body o committees and sub-committees of the Group, or o its members or employees and sets out those decisions of the Governing Body reserved to the Governing Body and those delegated to the: <ul style="list-style-type: none"> o Governing Body's committees and sub-committees; o Members of the Governing Body; o An individual who is a Member of the Group but not the Governing Body or a specified person for inclusion in the Group's Constitution 				JAO
	1.3	Approval of the Group's overarching scheme of reservation and delegation.	X	ESy		
	1.4	Prepare the Group's detailed financial scheme of delegation, which sets out those key operational decisions delegated to the Strategic Finance & Performance Committee and other relevant committees, not for inclusion in the Group's Constitution.				Chief Finance Officer
	1.5	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.		X		

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	1.6 a)	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's Constitution that result from day-to-day administrative matters necessitating a change to one or more provisions of the Constitution, e.g. a change to the list of Members caused by the addition of a new Member(s) or the departure of a Member or an update on joint commissioning activities.	X (NWS, SD) ESy			JAO (GW)
	1.6 b)	Consideration and approval of applications to NHS England on any matter concerning changes to the Group's Constitution other than changes that can be approved by the JAO under paragraph 1.6 a) above, including the overarching scheme of reservation and delegation of powers, arrangements for taking urgent decisions, standing orders and prime financial policies.	X			
	1.7 a)	Approval of the appointments to each of the committees which it has formally constituted.	X			
	1.7 b)	Approval of the appointments to each of the committees which it has formally constituted.		X		
	1.8	Establish terms of reference and reporting arrangements of all committees and sub-committees of the Group that are established by the Practice Council.	X			
	1.9	Establish terms of reference and reporting arrangements of all committees and sub-committees that are established by the Governing Body (including committees and sub-committees of the Group) Governing Body to inform Practice Council of new Committees set up on the Group's behalf (with an obligation to share TOR if requested).		X		
	1.10	Approval of suspension of the Standing Orders.		X		
	1.11	Review of every decision to suspend Standing Orders.			Audit Committee	
	1.12	Ratification or otherwise of instances of failure to comply with Standing Orders.		X		
	1.13	Ratification or action following instances of failure to comply with Prime Financial Policies.		X		
	1.14a	Exercise the powers that the Governing Body has reserved to itself in an emergency or for an urgent decision.				Chair/ Lay/ JAO ESy—Chair and- AO
	1.14b	Approval of any urgent decisions taken by the Chair of the Group and JAO or Chief Finance Officer.		X		

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	1.15	Confirm the recommendations of the Group's committees where the committees do not have executive powers.		X		
	1.16	Monitoring of progress on delivery of the duty of the Group to act effectively, efficiently and economically.			Quality Committee Quality and Performance Assurance Board	
	1.17	Approval of corporate governance policies.			Audit Committee	
	1.18	Approval of business cases for new schemes and services up to £250,000 subject to the usual finance and governance controls.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	1.19	Recommending to the Governing Body the commissioning and decommissioning of services over £250,000, including overseeing an investment prioritisation process on behalf of the Governing Body. (see also 9.6)			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	1.20	Oversight of the IFR (Individual Funding Request) process and high cost drugs prescribing consistency with the prescribing advisory database.		ESy	Quality and Performance Assurance Board Strategic Finance & Performance Committee Quality and Performance Board	
	1.21	Execution of documents by signature on behalf of the Group.				JAO /Chair/ CFO

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Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	1.22	Set out who can execute a document by signature / use of the seal		X		ESy - JAO
	1.23	Approval and signature of all documents which will be necessary in legal proceedings.				JAO /Chair/ CFO
	1.24	Approval of arrangements relating to the discharge of the Group's responsibilities as a bailee for patients' property.		X		
	1.25	Authorise who may use and be issued with official orders.				JAO
	1.26	Deciding the interpretation of Standing Orders in the event of ambiguity.				Chair
	1.27	Final ruling in questions of order, relevancy and regularity of meetings.				Chair
	1.28	Reviewing the Group's governance arrangements to ensure that the Group continues to reflect the principles of good governance.		X		
2.PRACTICE LEADS AND MEMBERS OF THE GOVERNING BODY	2.1	Approve the arrangements for: - identifying practice members to represent practices in matters concerning the work of the CCG; and - appointing Clinical Representatives to represent the Group's membership on the Group's Governing Body.	X			
	2.2	Approve the appointment of Governing Body members (with the exception of the JAO), the process for recruiting and removing non-elected members of the Governing Body including the JAO, Chief Finance Officer, Clinical and Lay Members (subject to any regulatory requirements) and succession planning.	X			
	2.3a	Approve arrangements for identifying the Group's proposed Chief Officer.	X (NWS)	ESy	Remuneration Committee (GW/SD)	
	2.3b	Approve the candidate to be put forward by the Group to NHS England for appointment as the Group's JAO.	X			
	2.4	Appointment of the Chair.		X		
	2.6	Appointment of the Vice Chair (Lay)		X		
	2.7	Approval of appointment of the Lay members of the Governing Body.		X		
	2.8	Determining the extent to which a member of the Governing Body may remain involved in a matter under consideration where the member's interests may conflict with those of the Group.		X		

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	2.9	Approve procedure for declaration of hospitality and sponsorship		X		
3. STRATEGY AND PLANNING	3.1	Agree the vision, values and overall strategic direction of the Group.	X (NWS/SD)	X (GW)	ESy - CSC	
	3.2	Approval of the Group's operating structure.	X (NWS)	X (GW/SD) ESy		
	3.3	Approve annually the Group's proposed organisational development proposals.		X		
	3.4	Approval of the Group's Five Year Commissioning Plan.	X (NWS)	X (GW/SD) ESy		
	3.5	Prepare and recommend to the Governing Body the Five Year Commissioning Plan.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.6	Approval of the Commissioning Strategy for the Group.		X		
	3.7	Development of a Commissioning Strategy for the Group.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.8	Approval of the Operating Plan for the Group.		X		

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	3.9	Development of an Operating Plan for the Group.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.10	Prepare plans in respect of the application of available financial resources to support the agreed Annual Operating Plan and to further relevant and agreed elements of NHS England's Annual Operating Plan for approval by the Governing Body.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.11	Approval of (with any necessary appropriate modification) the Group's Integrated Commissioning Plan or equivalent strategic and operational planning documents.		X		
	3.13	Approval of the QIPP Plan		X		
	3.14	Prepare and recommend to the Governing Body the QIPP Plan.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.15	Approval of the yearly commissioning intentions for all providers.		X		

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	3.16	Development of yearly commissioning intentions for all providers.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	3.17	Approve any in year changes made to the Commissioning Intentions, Annual Operating Plan and Strategic Plan.		X		
4. ANNUAL REPORTS AND ACCOUNTS	4.1a	Approval of the Group's Annual Report and Annual Accounts.	ESy	X		
	4.1b	Approving a timetable for producing the annual report and account		ESy	Audit Committee	
	4.2	Preparation of the Group's Annual Report and Annual Accounts prior to submission to Governing Body.				Chief Finance Officer NE
	4.3	Review and recommend the Annual Report and Annual Accounts prior to submission to the Governing Body.			Audit Committee NE	
	4.4	Signature of the Annual Accounts on behalf of the Governing Body.				JAO and Chief Finance Officer
	4.5	Signature of a statement in the Annual Report outlining responsibilities as the JAO.				JAO
	4.6	Signature of a statement in the Annual Report outlining responsibilities in respect of Internal Control.		X		JAO
	4.7	Receive the annual management letter received from external auditors and agreement of proposed action, taking account of advice, where appropriate, of the Audit Committee		X		
	4.8	Receive an annual report from the internal auditor and agree proposed action, taking account of advice, where appropriate, of the Audit Committee		X		
5. HUMAN RESOURCE	5.1	Approval of the arrangements for discharging the Group's statutory duties as an employer.		X		
	5.2	Approval of the terms and conditions, remuneration and travelling or other allowances for Governing Body members, including pensions and gratuities.			Remuneration Committee	

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	5.3	Determine the terms and conditions of employment for all employees of the Group.			Remuneration Committee	ESy
	5.4	Determine arrangements for termination of employment and other contractual terms			Remuneration Committee	
	5.5	Determine pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the Group.		*	Remuneration Committee	ESy-JAO
	5.6	Recommend pensions, remuneration, fees and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the Group.			Remuneration Committee	ESy-JAO
	5.7	Approval of disciplinary arrangements for employees, including the JAO (where he/she is an employee or Member of the Group) and for other persons working on behalf of the Group.	ESy	X		
	5.8	Consider severance payments of the JAO and other senior staff.			Remuneration Committee	
	5.9	Approve Human Resources policies for employees and for other persons working on behalf of the Group.		X		
	5.10	Approval of appointment of permanent employees outside available resources and manpower establishment.				JAO- NE
	5.11	Appointment of permanent employees within available resources and manpower establishment.				Budget Holders NE
	5.12	Nomination of officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.				JAO NE
	5.13	Oversight of how the Group discharges its duties to promote education and training.				JAO NE
	5.14	Agreeing methods of payment through payroll.				Chief Finance Officer NE
	5.15	Issuing instructions on payroll.				Chief Finance Officer NE
	5.16	Vary or terminate contracts of employment.				Nominated Managers NE

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
6. QUALITY AND SAFETY	6.1	Develop and approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		ESy	<u>Quality and Performance Assurance Board</u> Quality Committee	
	6.2	Monitoring the process of delivery of the duty to secure continuous improvement in the quality of services.		ESy	<u>Quality and Performance Assurance Board (SD, NW, G&W)</u> Quality Committee	
	6.3	Approve proposals for ensuring quality and developing clinical governance in services provided by the Group or its constituent practices, having regard to any guidance issued by the Secretary of State.		X		
	6.4	Oversight of the development of care pathways and services that support the vision of the Group and promote clinical quality and safety in all commissioned services, making recommendations to the Governing Body as appropriate.			<u>Strategic Finance & Assurance Board</u> Strategic Finance & Performance Committee <u>Strategic Finance & Assurance Board</u> NE	
	6.5	Establish performance and quality measures that maintain the effective use of resources and provide value for money.		X	NE	
	6.6	Oversight of the framework for assurance of service quality provided by constitute primary medical practices and the approach to ensuring continuous improvement.			Primary Care Commissioning Committee NE	
	6.7	Monitoring progress of delivery of assistance and support to NHS England in its duty to improve the quality of primary medical services			Primary Care Commissioning Committee NE	
	6.8	Advise on quality and governance, having regard to any guidance by the Secretary of State, and including preparation of proposals to develop and monitor clinical standards in the Group and its constituent practices.			<u>Quality and Performance Assurance Board</u> Quality Committee NE	

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	6.9	Monitoring progress of delivery of promotion of involvement of patients, carers and representatives in decisions about their healthcare.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.10	Monitoring progress of delivery of enabling patients to make choices.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.11	Monitoring progress of delivery of promotion and use of research.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.12	Monitoring progress of delivery of service integration.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.13	Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.14	Provide assurance of safeguarding children and adults.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	
	6.15	Provide oversight of the Assurance Framework of the Group.			Audit Committee NE	
	6.16	Oversight of fulfilment by the Group of its statutory duties to reduce inequalities.			<u>Quality and Performance Assurance Board</u> <u>Quality-Committee-NE</u>	

Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	6.17	Oversight of process and compliance issues concerning serious incidents.			<u>Quality and Performance Assurance Board</u> Quality Committee NE	
	6.18	Prepare proposals (having regard to any guidance by the Secretary of State) for the Group for practice incentive schemes.			Primary Care Commissioning Committee	
	6.19	Approve proposals for the Group or practice incentive schemes, having regard to guidance by the Secretary of State and the approval of the Remuneration Committee.		X-NE		
	6.2	Determine best performance, quality and value outcomes for the Group			<u>Quality and Performance Assurance Board</u> Quality Committee NE	
	6.21	Oversight of how the Group secures that health services are provided in a way that promotes awareness of and have regard to, the NHS Constitution.		X-NE		
7. OPERATIONAL AND RISK MANAGEMENT	7.1	Prepare and recommend a detailed financial scheme of delegation that sets out who has responsibility for operational decisions within the Group.				Chief Finance Officer- ESy JAO
	7.2	Approve the Group's counter fraud and security management arrangements.			Audit Committee	
	7.3	Approval of the Group's policies and procedures for management of risks.		X		
	7.4	Approve and monitor risk management programme.		X-NE		
	7.5	Oversight of effective management of risk to manage and address clinical governance issues.			<u>Quality and Performance Assurance Board</u> Quality Committee NE	
	7.6	Oversight of external audit, internal audit, local counter fraud services and other external assurance functions.			Audit Committee-NE	
	7.7	Scrutinise objectives and risks of the Group.			Audit Committee-NE	

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Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	7.8	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption including the appointment of the Local Counter Fraud Specialist.			ESy—Audit Committee	JAO
	7.9	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.			ESy—Audit Committee	JAO / Chief Finance Officer
	7.10	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption.			NE	JAO & Chief Finance Officer
	7.11	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		
	7.12	Decide whether the Group 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.		X		
	7.13	Approve proposals for action on litigation against or on behalf of the Group.		X		
	7.14	Make proposals for individual compensation payments.			Audit Committee NE	
	7.15	Ratify the Audit Committee's proposals for individual compensation payments.		X NE		
	7.16	Approve the Group's arrangements for business continuity and emergency planning.		X		
	7.17	Approve the Group's arrangements for managing dispute resolution.			Audit Committee- NE	
	7.18	Oversee the maintenance and operation of a risk strategy and a risk register.			Audit Committee- NE	
	7.19	Provide independent and objective view on internal control and probity.			Audit Committee- NE	
	7.20	Monitoring the executive management of the Group.				Chair- NE
	7.21	Consideration of whether any insurance claims can be made.				Chief Finance Officer- NE

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8. INFORMATION GOVERNANCE	8.1	Approve the Group's arrangements for handling complaints.		X		
	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.		Esy	Audit Committee	
9. TENDERING AND CONTRACTING	9.1	Approval of the Group's contracts for any commissioning support.		X		
	9.2	Approval of the Group's contracts for corporate support (for example finance provision).		X		
	9.3	Approval of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained.			Audit Committee NE	
	9.4	Make proposals to the Governing Body on the outcome of all tendered contracts that are within its remit.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board NE	
	9.5	Approval of proposals on all tendered contracts		X		
	9.6	Approval of the introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) of a value described in the Financial SORD.		X		
	9.7	Authorisation of expenditure in excess of tender price (within delegated limits approved by Governing Body)				JAO & Chief Finance Officer NE

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Policy Area	No	Decision	Members	Governing Body	Committee	Officer
	9.8	Oversight and approval of the procurement, contracting and performance management options and decision making process		ESy	Strategic Finance & Assurance Board Strategic Finance & Performance Committee Strategic Finance & Assurance Board	
	9.9	Approval of waiver of formal tendering procedures.				JAO / Chief Finance Officer- NE
	9.10	Assessment of tenders received for value for money and fair price.				JAO-NE
	9.11	Evaluate the quotation and select the quote which gives the best value for money.				JAO NE
	9.12	Appointment of a manager to maintain a list of approved firms.				JAO NE
	9.13	Nomination of an officer, senior member of staff or a member of a shared service organisation to provide day to day operational oversight for each contract on behalf of the Group.				JAO-NE
	9.14	Identify persons authorised to requisition and accept goods from NHS Supplies stores.				JAO-NE
10. PARTNERSHIP WORKING	10.1	Approve the scope of decisions delegated to joint committees established under section 75 of the 2006 Act.		X		
	10.2	Approve arrangements for co-ordinating the commissioning of services with other groups and or with the local authority(ies), where appropriate		X		
	10.3	Approval of contribution to Joint Strategic Needs Assessment		X-NE		
	10.4	Approval of joint commissioning arrangements with local authorities		X		

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	10.5	Oversight of contribution to the Joint Strategic Needs Assessment, making recommendations as appropriate to the Governing Body.			Strategic Finance & Assurance Board Strategic Finance & Performance Committee NE	
	10.6	Recommend to the Governing Body joint commissioning arrangements with Surrey County Council and other partners as appropriate.			Surrey wide Commissioning Committees in Common Joint Commissioning Committee	
	<u>10.7</u>	<u>Approve on behalf of the Governing Body joint commissioning arrangements with Merton and Sutton CCGs and other partners as appropriate.</u>			Improving Healthcare Together Committees in Common	
11 COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES	11.1	Approval of the arrangements for discharging the Group's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.		X	ESy - Audit	
	11.2	Approval of service development or discontinuance proposals of a value described in the Financial SoRD. (see 9.6)			Joint Commissioning Committee Surrey Commissioning Committees in Common	
	11.3	Approval of service specifications and method of securing services.			Surrey Commissioning Committees in Common Joint Commissioning Committee	
	11.4	Nomination of officers to commission service agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body.				JAO-NE

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	11.5	Decisions relating to a pan-Surrey stroke services review and the future commissioning of stroke services, as set out in the committee's terms of reference			Surrey Commissioning Committees in Common Stroke Services Review Committees in Common	
	11.6	Decision relating to the award of a contract for CAMHS services, as set out in the committee's terms of reference			Surrey Commissioning Committees in Common CAMHS Committees in Common	
	11.7	Commissioning of Primary Medical Services as delegated from NHS England.			Primary Care Commissioning Committee	
	11.8	Commissioning of health and social care services that are of common interest for 2 or more CCGs. The Governing Body will approve a list of those services to be commissioned by the Committee.			Surrey Commissioning in Common Committee	
12. COMMUNICATIONS	12.1	Approving arrangements for handling Freedom of Information requests.			Quality Audit Committee ESy -- Governing Body	
	12.2	Determining arrangements for handling Freedom of Information requests				Executive Director of Communications and Corporate Affairs ESy -- JAO
13. FINANCE AND AUDIT	13.1	Approval of the arrangements for discharging the Group's statutory financial duties.		X		
	13.2	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.		X		
	13.3	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.		X		
	13.4	Approval of overspend or reduction of income that cannot be met from virement.	X-NE			

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	13.5	Monitoring the progress of delivery of the Group's general financial duties			Audit Committee NE	
	13.6	Approve amendments to Prime Financial Policies	X (GW)	X (NWS and East Surrey)	Audit Committee (SD)	
	13.7	Approval of detailed financial policies that underpin the Group's prime financial policies.			Audit Committee	
	13.8	Annual approval of the Financial Plan, including the level of non-pay expenditure.		ESy – Governing Body	- Strategic Finance & Assurance Board Strategic Finance & Performance Committee	
	13.9	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.				JAO- NE
	13.10	Approve proposed pre-payment arrangements.				Chief Finance Officer- NE
	13.11	Setting of budgetary total or virement limits.		X		
	13.12	Delegation of budget to budget holders.				JAO- NE
	13.13	Approval of the appointment (and where necessary dismissal) of internal auditors and advise the Public Sector Audit Appointment on the appointment (and where necessary change/removal) of external auditors including arrangements for the separate audit of funds held on trust, and to receive reports of the Audit Committee meetings and take appropriate action.		X- NE		
	13.14	Appoint lay members of the Governing Body to the Audit Committee.				Chair NE
	13.15	Preparation of the Audit Plan				JAO/ Chief Finance Officer/Lay Member for audit NE
	13.16	Approval of the internal audit strategy, audit plan and more detailed programme of work.			Audit Committee NE	

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	13.17	Prepare procedures for recording and accounting for losses, special payments.		X NE		Chief Finance Officer
	13.18	Approval of write off of losses (within limits delegated by Department of Health).		X NE		
	13.19	Ratify the Audit Committee's proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the JAO and Chief Financial Officer (for losses and special payments) previously approved by the Governing Body.		X NE		
	13.20	Advise on individual cases for the write off of losses or making of special payments above the limits of delegation to the JAO and Chief Financial Officer (for losses and special payments).			Audit Committee	
	13.21	Approval of banking arrangements including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories.		X	ESy - Audit	

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