



North Yorkshire
Clinical Commissioning Group

NHS NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

CORPORATE GOVERNANCE HANDBOOK

NHS North Yorkshire CCG Corporate Governance Handbook

Version	Effective Date	Approved By	Lead	Changes
V0.1	March 2020	Reviewed by Director of Corporate Services, Governance & Performance	Sasha Sencier, Senior Governance Manager & Board Secretary	New Corporate Governance Handbook for NY CCG
V1.0	April 2020	NHS NY CCG Governing Body	Sasha Sencier, Senior Governance Manager & Board Secretary	FINAL Corporate Governance Handbook for NY CCG

Contents

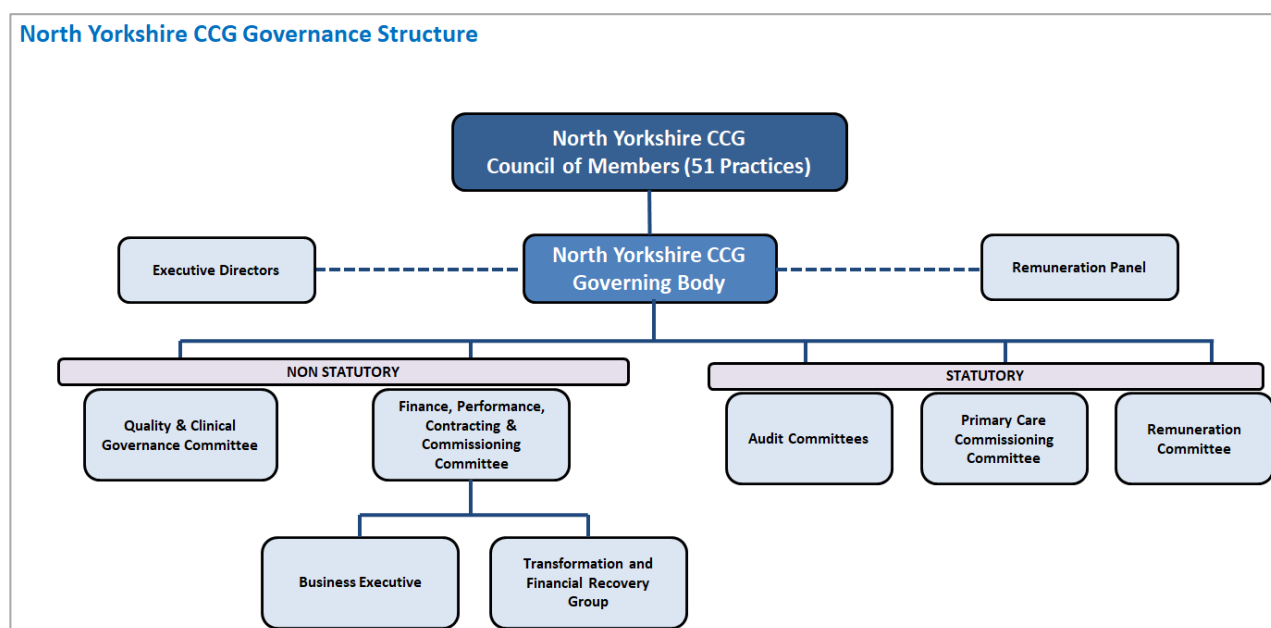
1.0	Introduction and Purpose	4
2.0	Governance Structure	4
3.0	Formal Committee Roles	5
4.0	Key Documents	6
4.1	Scheme of Reservation and Delegation (Appendix A)	6
4.2	Operational Scheme of Delegation (Appendix B)	6
4.3	Prime Financial Policies (Appendix C)	6
5.0	Appendices	6
A	Scheme of Reservation and Delegation (SoRD)	-
B	Operational Scheme of Delegation (OSD)	-
C	Prime Financial Policies (PFPs)	-
D	Non Statutory Committee Terms of Reference	-
i	Quality and Clinical Governance Committee (QCGC)	-
ii	Finance, Performance, Contracting and Commissioning Committee (FPCCC)	-

1.0 Introduction and Purpose

- 1.1 The Corporate Governance Handbook has been produced in order to ensure that all committees and groups are managed effectively and within the guidelines as set out in the Constitution.
- 1.2 The handbook sets out the governance structures and arrangements, including respective terms of reference, decision making powers and membership.
- 1.3 The handbook will be updated at least annually by the Board Secretary and will be published on NHS North Yorkshire Clinical Commissioning Group's (CCG) website.

2.0 Governance Structure

- 2.1 The Governing Body is required to maintain the following statutory Committees:
 - Audit Committee
 - Remuneration Committee
 - Primary Care Commissioning Committee
- 2.2 The Governing Body has also established a number of other Committees to assist it with the discharge of its functions. These Committees are set out in the SoRD and further information about these Committees, including terms of reference, are published in the CCGs Corporate Governance Handbook:
 - Quality and Clinical Governance Committee
 - Finance, Performance, Contracting and Commissioning Committee
- 2.3 The other Committees, Sub-Committees and Groups in place to support the Governing Body are:
 - Executive Directors
 - Business Executive
 - Transformation and Financial Recovery Group
 - Remuneration Panel



3.0 Formal Committee Roles

3.1 The following table briefly describes the roles of each of the formal committees detailed within the Governance Structure.

Committee	Role
Audit Committee	The Audit Committee is a key part of our governance and assurance framework and its overall objectives are to ensure that the activities of the CCG is within the law and regulations governing the NHS and CCG and that an effective system of internal control and integrated governance is maintained. The committee has oversight on progress against identified actions through the Financial Control Environment Assessment. The Audit Chair is the Lay Member for Audit and Governance. All risks are received by the Audit Committee twice yearly for assurance. The Audit Committee meets, on average, 5 times per year.
Primary Care Commissioning Committee	The PCCC has been established to enable the members to make decisions on the review, planning and procurement of primary care services across North Yorkshire, under delegated authority from NHS England. The delegated functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning with NHS England to increase quality, efficiency, productivity and value for money and to remove administrative barriers. In addition there is a focus on ensuring the longer term development and sustainability of primary care services locally, considering issues such as workforce, training and changing models of care. The PCCC works in line with the Scheme of Reservation and Delegation and is authorised to make decisions regarding services up to a specified limit as detailed within the Operational Scheme of Delegation. All significant risks aligned to PCCC are reviewed at the meeting. The PCCC is chaired by the Lay Member for Financial Performance. The PCCC meets, on average, every 2 months.
Remuneration Committee	The Remuneration Committee makes recommendations to the CCG Governing Body as to the determination of remuneration, fees, pension and allowances payable to the employees of the CCG. The Remuneration Committee is chaired by the Lay Member for Patient and Public Engagement and meets no less than once per year.
Quality and Clinical Governance Committee	The QCGC provides oversight on any quality or equality impact relating to all commissioned services through its review and monitoring of quality surveillance metrics that may indicate an adverse impact on quality or safety and therefore require further mitigation to be considered. It provides assurance to the Governing Body that any risk to equality and quality has been appropriately mitigated and how continuous improvement will be monitored. QCGC also monitors safeguarding. The Committee oversees the development of and approval of policies unless policies specifically state within the Scheme of Reservation and Delegation that they must be approved elsewhere. All significant risks aligned to QCGC are reviewed at the meeting. The QCGC is chaired by the Lay Member for Public and Patient Engagement. The QCGC meets monthly.
Finance, Performance, Contracting & Commissioning Committee	The FPCCC monitors and reviews the overall financial position of the CCG, activity information, provider contract positions and issues, deliverability of QIPP, and risks in achieving its forecast out-turn at the end of the year. It provides members with greater clarity on the CCG's financial and contracts position by holding budget holders to account for delivery, risks and mitigation. It also provides assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion. The FPCCC works in line with the Scheme of Reservation and Delegation and is authorised to make decisions regarding services up to a specified limit as detailed within the Operational Scheme of Delegation. All significant risks aligned to FPCCC are reviewed at the meeting. The FPCCC is chaired by the Secondary Care Doctor. The FPCCC meetings monthly.

4.0 Key Documents

4.1 Scheme of Reservation and Delegation (SoRD)

- 4.1.1 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 A).
- 4.1.2 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.
- 4.1.3 Failure to comply with the scheme of reservation and delegation may be regarded as a disciplinary matter that could result in dismissal.

4.2 Operational Scheme of Delegation

The Operational Scheme of Delegation is a supporting document to the North Yorkshire CCG Scheme of Reservation and Delegation and Standing Financial Instructions (SFIs) contained within the CCGs Constitution and the Prime Financial Policies contained within the Governance Handbook, and should be read in conjunction with these documents. This document provides guidance for all staff including interim or agency staff of the North Yorkshire CCG and the term 'CCG' used within this document applies to all staff noted above.

This operational scheme of delegation will support the North Yorkshire CCG's Governance Structure.

Decision making with a financial impact must be carried out in accordance with the CCG's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

4.3 Prime Financial Policies

- 4.3.1 These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the Group's constitution.
- 4.3.2 The prime financial policies are part of the Group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the Group's scheme of reservation and delegation.

5.0 Appendices

- A. **Scheme of Reservation and Delegation (SoRD)**
- B. **Operational Scheme of Delegation (OSoD)**
- C. **Prime Financial Policies (PFPs)**
- D. **Non-Statutory Committee Terms of Reference**
 - i. **Quality and Clinical Governance Committee (QCGC)**
 - ii. **Finance, Performance, Contracting and Commissioning Committee (FPCCC)**

SCHEME OF RESERVATION AND DELEGATION

The arrangements made by the Clinical Commissioning Group (CCG) as set out in this scheme of reservation and delegation of decisions shall have effect as if incorporated in the CCG’s constitution.

The CCG remains accountable for all of its functions, including those that it has delegated.

The Scheme of Reservation and Delegation should be read in conjunction with the Operational Scheme of Delegation which sets out approved financial delegated limits.

The following table shows those matters which are reserved and delegated for the discharge of the CCG’s functions.

KEY

RESERVED TO:	
GB	GOVERNING BODY
AO	ACCOUNTABLE OFFICER
CFO	CHIEF FINANCE OFFICER
FPCCC	FINANCE, PERFORMANCE, CONTRACTING AND COMMISSIONING COMMITTEE
QCGC	QUALITY AND CLINICAL GOVERNANCE COMMITTEE
EDG	EXECUTIVE DIRECTORS GROUP
AC	AUDIT COMMITTEE
PCCC	PRIMARY CARE COMMISSIONING COMMITTEE

REFERENCING:	
C	CONSTITUTION
SO	STANDING ORDERS
PFP	PRIME FINANCIAL POLICIES
TOR	TERMS OF REFERENCE

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CLINICAL CHAIR OF THE GB	AO	CFO	COMMITTEES / OTHER
-	REGULATION AND CONTROL	Determine the arrangements by which the members of the group approve those decisions that are reserved for the membership.	X					
-	REGULATION AND CONTROL	May determine any matter it wishes, for which it has delegated or statutory authority, in full session within its statutory powers.		X				
C Cl. 1.4	REGULATION AND CONTROL	Consideration and approval of applications to the NHS England on any material matter concerning changes to the group's constitution.	X					
C Cl. 1.4	REGULATION AND CONTROL	Propose non-material amendments to the group's constitution for approval by the Governing Body.				X		
C Cl. 1.4	REGULATION AND CONTROL	Consideration and approval of non-material changes to the group's constitution by the Governing Body, unless: <ul style="list-style-type: none"> Changes are thought to have a material impact; Changes are proposed to the reserved powers of the Members; or At least half (50%) of all the Governing Body Members formally request that the amendments to be put before the Council of Members for approval. 		X				
C Cl. 1.5	REGULATION AND CONTROL	Consideration and approval of the Corporate Governance Handbook, including: <ul style="list-style-type: none"> Scheme of Reservation and Delegation; Operational Scheme of Delegated including Financial Limits; Prime Financial Policies; Terms of Reference of Non-Statutory Committees/Groups Relevant Policies and Procedures 		X				
SO Cl. 4.16	REGULATION AND CONTROL	Consideration and approval on any changes to the terms of reference of the Governing Body's Committees and Membership of the Committees		X				
SO Cl. 4.18	REGULATION AND CONTROL	Delegation of executive powers may not be granted to any sub-committees unless expressly authorised by the Governing Body.		X				
C Cl.3.4	REGULATION AND CONTROL	Members of the Group will provide a forum for communication and engagement with Member Practices.	X					
C Cl.3.4	REGULATION AND CONTROL	Call extraordinary meeting of the Council of Members as set out in the Standing Orders at Section 4: Meetings and Decision Making	X					
C Cl.3.4	REGULATION AND CONTROL	The Chair of the Council of Members is the Chair of the Governing Body.			X			

Ref	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
SO Cl. 4.6	REGULATION AND CONTROL	Final decision regarding questions of order, relevancy and regularity and interpretation of the consultation, standing orders, scheme of reservation and delegation and prime financial policies at a meeting of the Governing Body.			X			
SO Cl. 4.11	REGULATION AND CONTROL	The authority to define what constitutes as an urgent decision.			X	X	X	
SO Cl. 4.11	REGULATION AND CONTROL	The powers which the Governing Body has reserved to itself within these Standing Orders may in emergency or for an urgent decision be exercised by the Accountable Officer, the Clinical Chair and the Chief Finance Officer.			X	X	X	
-	REGULATION AND CONTROL	Approval of Emergency and Urgent Decisions in exceptional circumstances (for example areas of national concern)				X	X	
SO Cl. 4.11	REGULATION AND CONTROL	Recording the approval of urgent decisions taken by the Accountable Officer, Clinical Chair and Chief Finance Officer.		X				
SO Cl. 4.12	REGULATION AND CONTROL	Approval of suspension of standing orders. *Provided 75% of the people eligible to vote at the meeting in question are in agreement. A decision to suspend the SOs together with the reasons for doing so shall be recorded in the minutes of the relevant meeting.	X	X				ALL COMMITTEES
-	REGULATION AND CONTROL	Prepare the group's overarching scheme of reservation and delegation.				X		WITH THE DIRECTOR OF CORPORATE SERVICES, GOVERNANCE & PERFORMANCE
C Cl.1.5	REGULATION AND CONTROL	Approval of the group's overarching scheme of reservation and delegation.		X				
All ToR	REGULATION AND CONTROL	Determine the membership and terms of reference Sub Committees		X				ALL COMMITTEES
PPF	REGULATION AND CONTROL	Prepare the group's Operational Scheme of Delegation including Financial Limits, which sets out those key operational decisions delegated to individual employees of the Clinical Commissioning Group, not for full inclusion in the group's constitution.					X	
C Cl.1.5	REGULATION AND CONTROL	Approve the group's Operational Scheme of Delegation including Financial Limits, which sets out those key operational decisions delegated to individual employees of the Clinical Commissioning Group, not for full inclusion in the group's constitution.		X				

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
C Cl. 5.4	REGULATION AND CONTROL	Approve arrangements for managing exceptional funding requests.		X				
SO Cl.6	REGULATION AND CONTROL	Set out who can execute a document by signature / use of the seal.			X	X	X	
-	REGULATION AND CONTROL	Approve annual disclosure statements, including the Annual Governance Statement, following independent review by the Audit Committee.		X				
-	REGULATION AND CONTROL	Sign annual disclosure statements, including the Annual Governance Statement, following approval by the Governing Body				X		
-	REGULATION AND CONTROL	Decision to waive formal tendering procedures.					X	WITH ONE OTHER EXECUTIVE DIRECTOR
SO Cl. 3.1	PRACTICE MEMBER REPS & MEMBERS OF THE GB	Approve the arrangements for identifying practice members to represent practices in matters concerning the work of the group.	X					
SO Cl. 3.5	PRACTICE MEMBER REPS & MEMBERS OF THE GB	Approve arrangements for identifying the group's proposed Accountable Officer.						NHSE/I
SO Cl. 3.4	PRACTICE MEMBER REPS & MEMBERS OF THE GB	Approve the appointment of Lay Members / Secondary Care Doctor				X		
SO Cl. 3.3	PRACTICE MEMBER REPS & MEMBERS OF THE GB	Approve the appointment of GP Governing Body Members				X		
C Cl. 3.4	STRATEGY AND PLANNING	Agree the vision, values and overall strategic direction of the group.	X					
C Cl. 5.4	STRATEGY AND PLANNING	Lead the setting of the vision and strategy for the CCG.		X				
C Cl. 3.4	STRATEGY AND PLANNING	Contribute to the commissioning intentions of the CCG.	X					
PFP 7.5	STRATEGY AND PLANNING	Approve consultation arrangements for the group's commissioning plans.		X				
C Cl. 5.4	STRATEGY AND PLANNING	Approval of the group's commissioning plans.		X				
C Cl. 5.4	STRATEGY AND PLANNING	Monitoring performance against plans.		X				

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
C Cl. 5.4	STRATEGY AND PLANNING	Overseeing and monitoring quality improvement.		X				
C Cl. 5.4	STRATEGY AND PLANNING	Approval of the group's corporate budgets that meet the financial duties		X				
-	STRATEGY AND PLANNING	Approval of variations to the approved budget where variation would have significant impact on overall approved levels of income/ expenditure or the group's ability to achieve agreed strategic aims.		X				
-	STRATEGY AND PLANNING	Approval of the use of payment in respect of quality made to the CCG by NHS England.		X				
PFP 8.1	ANNUAL REPORT AND ACCOUNTS	Prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body.					X	
C Cl. 3.4	ANNUAL REPORT AND ACCOUNTS	Receive the group's annual report, annual governance statement and annual accounts at the Annual General Meeting.	X					
C Cl. 5.4	ANNUAL REPORT AND ACCOUNTS	Approval of the group's annual report, annual governance statement and annual accounts		X				FOLLOWING REVIEW BY AUDIT COMMITTEE
-	ANNUAL REPORT AND ACCOUNTS	Sign the annual accounts on behalf of the group.				X		
C Cl. 5.4	ANNUAL REPORT AND ACCOUNTS	Approval of the arrangements for discharging the group's statutory financial duties.		X				
-	HUMAN RESOURCES	Approval of HR Policies						EXECUTIVE DIRECTOR GROUP
C Cl. 5.4	HUMAN RESOURCES	Recommend the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established (with the exception of Lay Members).						REMUNERATION COMMITTEE
RC ToR	HUMAN RESOURCES	<ul style="list-style-type: none"> Review the performance of the AO and other Senior team members as appropriate Consider severance payments to the AO, GB Members (where appropriate) and other Senior team members. Receiving the output of Governing Body appraisal process. Recommend for approval by the Governing Body the terms and conditions, remuneration and travelling or other allowances for all Governing Body Members, clinicians on contracts for services and Very Senior Managers (non-agenda for change grades) including pensions and gratuities. Recommend additional payments to the members of the governing body, for leading on particular tasks outside of their CCG role 						REMUNERATION COMMITTEE

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
RC ToR	HUMAN RESOURCES	<ul style="list-style-type: none"> Approve the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established. If appropriate approve severance payments to the AO, GB Members (where appropriate) and other Senior team members Approve the terms and conditions, remuneration and travelling or other allowances for all Governing Body Members, clinicians on contracts for services and Very Senior Managers (non-agenda for change grades) including pensions and gratuities (Directors on agenda for change grades do not fall under the remit of the Committee). Approve additional payments to the members of the governing body, for leading on particular tasks outside of their CCG role. 		X				
C Cl. 6.2	STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	Approval of the policy and arrangements for managing conflicts of interest, including declaring hospitality and sponsorship.		X				
C Cl. 6.2	STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	Approval of the policy and arrangements for standards of business conduct, including declaring hospitality and sponsorship.		X				
AC ToR	STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	Review amendments to the COI and Standards of Business Conducts Policies prior to approval from the Governing Body.						AUDIT COMMITTEE
C Cl. 6.2	STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	Acts as the Conflicts of Interest Guardian (and fulfils role and duties with support from the Governance Lead)						AUDIT CHAIR

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
ALL ToR	STANDARDS OF BUSINESS CONDUCT AND MANAGEMENT OF CONFLICTS OF INTEREST	Decision as to whether a discussion at the GB or Committee meeting can continue owing to the arrangements agreed for the management of COI.			X			CHAIR OF THE COUNCIL OF MEMBERS / GOVERNING BODY OR COMMITTEE (WITH ADVICE FROM COI GUARDIAN)
C Cl. 5.4	QUALITY AND SAFETY	Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		X				
	OPERATIONAL AND RISK MANAGEMENT	Approve a policy identifying all group policies and their review and approval mechanisms.		X				
C Cl. 5.4	OPERATIONAL AND RISK MANAGEMENT	Overseeing and providing assurance of strategic risk (ie approval of the Governing Body Assurance Framework)		X				
C Cl. 5.4	OPERATIONAL AND RISK MANAGEMENT	Approve arrangements for meeting the public sector equality duty.		X				
C Cl. 5.4	OPERATIONAL AND RISK MANAGEMENT	Approval of arrangements to secure that health services are provided in a way that promotes awareness of, and have regard to the NHS Constitution.		X				
PFP 4.1	OPERATIONAL AND RISK MANAGEMENT	Approve the group's counter fraud and security management arrangements.						AUDIT COMMITTEE
PFP 15	OPERATIONAL AND RISK MANAGEMENT	Approval of the group's risk management arrangements.		X				
PFP 15	OPERATIONAL AND RISK MANAGEMENT	Oversee the effectiveness of the CCG's Risk Management process and report and provide assurance to the Governing Body accordingly.						AUDIT COMMITTEE
AC ToR	OPERATIONAL AND RISK MANAGEMENT	Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole CCGs activities that support the achievement of the CCGs objectives.						AUDIT COMMITTEE
PFP 7	OPERATIONAL AND RISK MANAGEMENT	Approval of a comprehensive system of internal control, including budgetary control that underpins the effective, efficient and economic operation of the group.		X				
-	OPERATIONAL AND RISK MANAGEMENT	Authorise proposals for action on litigation, including authorizing signatories, against or on behalf of the Clinical Commissioning Group.				X		
C Cl 5.4	OPERATIONAL AND RISK MANAGEMENT	Approve the group's arrangements for business continuity and emergency planning.		X				

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
AC ToR	INTERNAL CONTROL	Approval of appointment of internal auditors.						AUDIT COMMITTEE
AC ToR	INTERNAL CONTROL	Approval of Internal Audit programmes.						AUDIT COMMITTEE
AC ToR	INTERNAL CONTROL	Approval of Counter Fraud programme.						AUDIT COMMITTEE
AC ToR	INTERNAL CONTROL	Approval of External Auditors, their fee and any additional non-statutory audit work.						AUDIT COMMITTEE
PFP 9.1	INTERNAL CONTROL	Responsible for the accuracy and security of the group's computerised financial data					X	
-	INFORMATION GOVERNANCE	Approve the group's Information Governance policies with the exception of those reserved to the Governing Body.						AUDIT COMMITTEE
C Cl. 5.4	INFORMATION GOVERNANCE	Approve the group's policy and arrangements for handling complaints.		X				
C Cl. 1.6	TENDERING AND CONTRACTING	Approval of the group's Procurement Strategy.		X				
-	TENDERING AND CONTRACTING	Approval of the group's contracts for any commissioning or corporate support. (See operational scheme of delegation for financial limits).		X				
-	TENDERING AND CONTRACTING	Approval of contracts and contract variations. (In accordance with Scheme of Delegated Financial Limits for financial limits).				X		FPCCC (DECISION NOTED)
-	TENDERING AND CONTRACTING	Approval of contracts and contract variations in relation to Primary Care. (In accordance with Scheme of Delegated Financial Limits for financial limits).				X		PCCC (DECISION NOTED)
-	TENDERING AND CONTRACTING	Approval of business cases for investment and disinvestment decisions. (In accordance with Scheme of Delegated Financial Limits for financial limits).				X		PLUS FPCCC OR EDG
-	TENDERING AND CONTRACTING	Approval of business cases for investment and disinvestment decisions in relation to Primary Care. (In accordance with Scheme of Delegated Financial Limits for financial limits).						PCCC (FPCCC FOR PRIOR NOTIFICATION)
-	TENDERING AND CONTRACTING	Approval of quotes and tenders limits		X				
-	TENDERING AND CONTRACTING	Approval of quotes and tenders limits in relation to Primary Care.		X				

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
-	TENDERING AND CONTRACTING	Approval of single tender waivers.					X	WITH ONE OTHER EXECUTIVE DIRECTOR REPORT SUCH WAIVERS TO BOTH FPCC AC FOR TRANSPARENCY
PCCC ToR	TENDERING AND CONTRACTING	Approve practice mergers and whether to establish new GP practices in the area within allocated budgets						PCCC
C Cl. 5.11	PARTNERSHIP WORKING	Approve decisions delegated to joint committees established under the 2006 Act including under Section 75.		X				
C Cl. 5.11	PARTNERSHIP WORKING	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				
C Cl. 5.10	PARTNERSHIP WORKING	May enter into strategic or other transformation discussion with its partner organisations on behalf of the CCG.		X				
C Cl. 5.10	PARTNERSHIP WORKING	Must ensure appropriate reporting and assurance mechanisms are developed as part of any partnership or collaborative agreement.		X				
C Cl. 5.12	PARTNERSHIP WORKING	The CCG may work together with other CCGs in the exercise of its commissioning functions and delegates its powers and duties to the Governing Body except to the extent that they relate to the continuing liability of the CCG under any joint arrangement – see Section 5.12 Joint Commissioning Arrangements – Other CCGs.		X				
C Cl. 5.12	PARTNERSHIP WORKING	The Governing Body may establish Joint Committees with other CCGs – see Section 5.12 Joint Commissioning Arrangements – Other CCGs. In all joint Commissioning arrangements the lead Governing Body Member for the joint arrangements must: <ul style="list-style-type: none"> make a quarterly written report to the GB; hold at least one annual engagement event to review the aims, objectives, strategy and progress of the joint commissioning arrangements; and publish an annual report on progress made against objectives. 		X				PLUS LEAD GB GP
C Cl. 1.5	COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	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 (including primary care), obtaining appropriate advice, promoting research and the use of research, promoting integration and public engagement and consultation.		X				

REF	POLICY AREA	DECISION	RESERVED TO THE MEMBERSHIP	RESERVED OR DELEGATED TO THE GB	CHAIR OF THE GOVERNING BODY	AO	CFO	COMMITTEES / OTHER
C Cl. 1.5	COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Approval of arrangements for discharging the groups statutory duties associated with its commissioning functions to support safeguarding and promoting the welfare of adults and children.		X				
-	COMMISSIONING & CONTRACTING FOR CLINICAL SERVICES	Consideration and approval of Individual Requests for treatments or interventions which are not routinely commissioned.						INDIVIDUAL FUNDING REQUEST (IFR) PANEL
PFP 19	COMMUNICATIONS	Approving arrangements for handling Freedom of Information requests.		X				
PFP 19	COMMUNICATIONS	Determining arrangements for handling Freedom of Information requests including the publishing of a Freedom of Information Publication Scheme.				X		
PFP 1.5	FINANCIAL POLICIES	Annual review of the groups prime financial policies.					X	
PFP 1.5	FINANCIAL POLICIES	Scrutiny of prime financial policies, following review from CFO.				X		AUDIT COMMITTEE
PFP 1.5	FINANCIAL POLICIES	Approval of the groups prime financial policies.		X				
PFP 1.1	FINANCIAL POLICIES	Development of the detailed financial policies and procedures.					X	
PFP 1.1	FINANCIAL POLICIES	Approval of the detailed financial policies and procedures.						AUDIT COMMITTEE
PFP 1.4	FINANCIAL POLICIES	Responsible for ensuring any contractor or employee of a contractor who is empowered by the group to commit the group to expenditure or who is authorised to obtain income is aware and shall be covered by the CCGs Prime Financial Policies.				X		
-	FINANCIAL POLICIES	Approval of all capital investment/disinvestment and change of use decisions, including PFI Initiatives, including primary care (In accordance with Scheme of Delegated Financial Limits for financial limits).				X		FPCCC (DECISION NOTED)
-	FINANCIAL POLICIES	Approval of banking arrangements, including opening and closing of bank accounts and credit facilities.					X	
-	FINANCIAL POLICIES	Approval of virement limits		X				
-	FINANCIAL POLICIES	Approval of Write Off limits		X				
-	OTHER POLICIES	Approve policies of the CCG with the exception of those reserved to the GB as an individual or Committee.						QCGC

NORTH YORKSHIRE CCG

Operational Scheme of Delegation

(Version 1.0)

1. INTRODUCTION

This operational scheme of delegation is a supporting document to the North Yorkshire CCG Scheme of Reservation and Delegation and Standing Financial Instructions (SFIs) contained within the CCGs constitution and the Prime Financial Policies contained within the Governance Handbook, and should be read in conjunction with these documents. This document provides guidance for all staff including interim or agency staff of the North Yorkshire CCG and the term 'CCG' used within this document applies to all staff noted above.

This operational scheme of delegation will support the North Yorkshire CCG's Governance Structure.

Decision making with a financial impact must be carried out in accordance with the CCG's Standing Orders, Prime Financial Policies and detailed financial procedures. All financial limits in this schedule of matters delegated to officers **are subject to sufficient budget being available**.

Where it is necessary for expenditure to be approved that is outside of an approved budget either in value or in terms of what the budget was originally intended for, this will need to be escalated to the Chief Finance Officer and will require an appropriate business case in line with the approval process contained in the CCG's Standing Financial Instructions (Appendix 4 of the Constitution).

The CCG remains ultimately accountable for all of its functions, including those that it has delegated within this document.

2. SCHEME OF RESERVATION AND DELEGATION TO EMPLOYEES

The Standing Orders (SOs) and Prime Financial Policies set out in some detail the financial responsibilities of the Accountable Officer, the Chief Finance Officer and other Executive Directors of the North Yorkshire CCG.

The scheme of reservation and delegation covers only matters delegated by the CCGs Governing Body, through the constitution, and as set out in detail within this document. Further delegation may be approved as required for areas not covered by the constitution by the Governing Body in approving specific management policies.

Each budget holder will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.

3. FINANCIAL CONTROL ENVIRONMENT

In accordance with prime financial policies the Governing Body exercises financial supervision and control by:

- (i) Authorising the operational plan;
- (ii) Requiring the submission and approval of budgets within approved resource allocations / overall income;
- (iii) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money);
- (iv) Defining specific responsibilities placed on members of the Governing Body, committees, members and employees as indicated in the scheme of delegation.

Once the Governing Body has reviewed and approved the Operating Plan and any supporting financial plan / budget the Governing Body delegates' approval through this operational scheme of delegation.

For the avoidance of doubt this delegation (subject to the limits outlined in this document) includes:

- Approval of contracts including the signing of appropriate contract documentation;
- Approval of contract variations and subsequent amendments to contract payments;
- Approval of invoices against approved contracts;
- Approval of business cases for investment and disinvestment decisions;
- Approval of quotes and tenders limits;
- Approval of capital investments and disinvestments;
- Approval of GP practice rent reviews;
- Approval of non-pay non-contracted single orders;
- Approval of QIPP Schemes;
- Approval of payroll claim forms;
- Approval of new drug prescribing;
- Approval of prescribing rebate schemes;
- Approval of sales invoices and credit notes;
- Approval of budget virement limits;
- Approval of disposals, condemnations, bad debt, losses and special payments.

4. FINANCIAL LIMITS / THRESHOLDS

This operational scheme of delegation clarifies the financial limits of the North Yorkshire CCG employees to commit or approve expenditure on behalf of the CCG.

No individual is authorised to approve expenditure which exceeds the total of their delegated budget, or which is not in line with the purpose and strategy of the CCG.

A breach of delegated authority limits is a disciplinary offence for employees of the CCG.

A commitment relates to any agreement which creates a current or future financial liability for the CCG. The most common examples would be a requisition to place a purchase order, a contract or SLA agreement.

Notwithstanding the financial limit any commitment of strategic significance should either be approved or noted by the relevant Governing Body at the discretion of CCG Executive Directors.

The CCG Budget Holder and Budget Manager responsibilities for each budget (Programme, Co-Commissioning & Running Costs) are detailed within the annual budget book and the responsibility of each role is set out below:

A **Budget Holder** is the Chief Officer/Chief Finance Officer/Executive Director with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.

A **Budget Manager** is the employee who has been given delegated authority by the Budget Holder to manage finances (Income and Expenditure) on their behalf for a specific area of the CCG. Although a particular budget may have a nominated Budget Manager it is still the Budget Holder who is accountable and responsible for that budget.

A Budget Holder or a Budget Manager's responsibilities are;

- To ensure that any overspending or reduction of income is met within their overall budget allocation or through approved budget virement from another budget holder;
- To ensure that the approved budget is only used for the specific purpose that it was allocated for;
- To manage staffing numbers within the authorised and funded establishment. Any proposal to vary the staffing numbers, skill mix or the employment of temporary staff must be approved in writing by the Chief Finance Officer and managed within available resources.

For the avoidance of doubt, the Executive Director post applies to;

- Director of Strategy & Integration
- Director Nursing, Quality and Clinical Governance
- Director for Acute Commissioning
- Director of Corporate Services Governance and Performance

and

- Deputy Chief Finance Officer

For the avoidance of doubt, the Budget Manager posts apply to:

- Deputy Directors (8d)
- Assistant Director (8c)
- Heads of Service (8b)
- Senior Service Development Manager (8a)

For the avoidance of doubt, the abbreviations in the following table relate to the following committees/meetings;

- PCCC -Primary Care Commissioning Committee
- Audit Committee
- Remuneration Committee
- FPCCC – Finance, Performance, Contracting & Commissioning Committee
- QCGC - Quality & Clinical Governance Committee
- TFRE - Transformation and Financial Recovery Executive
- EDG - Executive Directors Group

5. ANNUAL REVIEW

This operational scheme of delegation will be reviewed on an annual basis thereafter.

6. Date Agreed: Governing Body Approved 2 April 2020

North Yorkshire CCG Operational Scheme of Delegation

All financial limits in this schedule of matters delegated to officers **are subject to sufficient budget being available.**

Where it is necessary for expenditure to be approved that is outside of an approved budget either in value or in terms of what the budget was originally intended for, this will need to be escalated to the Chief Finance Officer and will require an appropriate business case in line with the approval process contained in the CCG's Standing Financial Instructions (**Appendix 4 of the Constitution**).

The Governing Body approval limit is £1.5m and above, however **any issue regardless of value, which results in a change in strategic direction/content will also be referred to the Governing Body for approval.**

The CCGs Scheme of Reservation and Delegation (SORD) outlines the process for emergency/urgent decision in exceptional circumstances (for example areas of national concern).

Issue	Authority Delegated to	Reference Documents/ Other information
Management of Budgets		
Responsibility for keeping expenditure within budget: At individual budget level (pay, non pay and income)	Budget Holder/Budget Manager	Budgetary Control Framework
Responsibility for keeping expenditure within budget: Totality of the service area / department	Budget Holder	
Responsibility for keeping expenditure within budget: Financial reserves and provisions	Chief Finance Officer (CFO)	
Approval of new Budget Holders or of change to existing budget holders	CFO or Deputy CFO	
Any transfer (virement) <i>from</i> non-pay budgets to pay budgets	Deputy Director Financial Services & Reporting Or Deputy Director Management Accounting and Contracting	A budget virement form must be completed in all cases

Transfers (budget virement) within pay and non pay budgets	<ul style="list-style-type: none"> • AO/CFO above £50,000 • Executive Director £50,000 • Budget Manager £10,000 • CFO/Deputy CFO Transfers <i>from</i> reserves <p>Transfers between pay and non-pay budgets are by exception and must be agreed by Deputy Director Financial Services & Reporting Or Deputy Director Management Accounting and Contracting</p>	A budget virement form must be completed in all cases
Maintenance/operation of bank accounts		
Approval of banking arrangements, including opening and closing of bank accounts and credit facilities.	CFO	
Day to day operation of organisational bank accounts	Senior Financial Services Manager or Financial Services Manager in conjunction with Shared Business Services representative	
Authorisation for cash limit drawdown	Deputy CFO or Deputy Director Financial Services & Reporting or Senior Financial Services Manager	
Authorisation for cheque requests (excluding retrospective continuing healthcare claims}	<ul style="list-style-type: none"> • Deputy CFO £20,000 and above by exception only • Deputy Director Financial Services & Reporting £20,000 by exception only • Budget Holder £1,000 	

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
Before orders are placed for goods and services the following conditions must be complied with:		Procurement Policy
<p>a) Confirmation that budgetary provision is available and</p> <p>b) Where competitive tendering or competitive quotations are not required (as per the thresholds below), NHS Supply Chain and any published framework contracts can be accessed as an alternative to a formal quotation or tendering exercise.</p> <p>(NB Ensure the framework used has already been subject to a formal tendering exercise)</p> <p>c) For Requisitions that exceed a 12 Month Period The limits below relate to the total commitment being made by the CCG including non-recoverable VAT; e.g. an award for 3 years needs to be considered as a total value of the 3 years and not the annual value.</p>	<p>Budget Holder/Budget Manager</p> <p>Commitment of any expenditure must be in line with delegated limits stated herein:</p>	
<p><u>Healthcare Contracts (as defined by Schedule 3 of the Public Contracts Regulations 2015)</u></p> <p><u>Non Primary Care:</u> Where formal competitive tendering is not required e.g. below £663,540, then quotations must be obtained and documentary evidence kept of the following:</p> <ul style="list-style-type: none"> • under £100,000 a minimum of 2 written quotations; • £100,001 to £663,540 a minimum of 3 written quotations; 	<p>Budget Holder/Budget Manager</p> <p>£100,000 - £663,540 requires Budget holder sign off of the preferred quote</p>	FPCCC (Decision Noted)

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
<p><u>Primary Care:</u> Where formal competitive tendering is not required e.g. below £663,540, then quotations must be obtained and documentary evidence kept of the following:</p> <ul style="list-style-type: none"> • under £100,000 a minimum of 2 written quotations; • £100,001 to £663,540 a minimum of 3 written quotations; <p><u>Non Healthcare contracts</u> Where formal competitive tendering is not required e.g. below £189,330, then quotations must be obtained and documentary evidence kept of the following:</p> <ul style="list-style-type: none"> • under £1,000 a minimum of 1 written quote • between £1,000 and £10,000 a minimum of 2 written quotations; • between £10,000 and £189,330 a minimum of 3 written quotations; 	<p>Budget Holder/Budget Manager</p> <p>£100,000 - £663,540 requires Budget holder sign off of the preferred quote</p> <p>Budget Holder/Budget Manager</p> <p>£10,000 - £189,330 requires Budget holder sign off of the preferred quote</p>	<p>PCCC (Decision Noted)</p> <p>N/A EDG (Decision Noted)</p> <p>FPCCC (Decision Noted)</p>
<p><u>Competitive tendering or competitive quotations</u></p> <p>For orders in excess of ££663,540 (healthcare contracts) or £189,330 (non healthcare contracts) including VAT competitive tendering will apply, the form of which is dependent on the precise goods or services involved. Therefore for all competitive tenders the advice of the Deputy Director Management Accounting and Contracting must be sought.</p> <p>Note: OJEU existing limits are £663,540 including VAT for healthcare services and £189.330 including VAT for non-healthcare services.</p>	<p>Budget Holder/Budget Manager</p> <p>Commitment of any expenditure must be in line with delegated limits stated herein.</p> <p>Agreement of preferred providers must be approved by</p> <ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC up to £1.5 million 	<p>All tenders awarded should be reported to the Audit Committee for information.</p>

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
Decision to tender for new/existing service (within agreed budget)	<ul style="list-style-type: none"> • CCG Governing Body £1.5 million and above • AO/CFO £300,000 up to £1.5 million • Executive Director £150,000 up to £300,000 • Budget Manager Up to £150,000 	
Approving expenditure greater than a tender price by	<ul style="list-style-type: none"> • EDG £10,000 and above • Executive Director up to £10,000 and within budget • 	
Opening Tenders	<p>Any one of</p> <ul style="list-style-type: none"> • CFO • Deputy CFO • Deputy Director Financial Services & Reporting • Or • Deputy Director Management Accounting and Contracting <p>plus a senior manager</p>	
Waiving of requirement to obtain quotations and tenders	<ul style="list-style-type: none"> • Governing Body £1.5 million and above. • FPCCC £300,000 to £1.5 million • CFO together with one other Executive Director up to £300,000 	The Chief Finance Officer will report such waivers to both FPCCC and the Audit Committee for transparency.

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
Contract Approval Approval of contracts including the signing of appropriate contract documentation (within agreed budgets)	<ul style="list-style-type: none"> • CFO £100 million • DCFO £5 million • Executive Director £0.5 million • Budget Manager £50,000 	FPCCC (Decision Noted)
Contract Approval Approval of contract variations and subsequent amendments to contract payments (within agreed budgets)	<ul style="list-style-type: none"> • CFO £100 million • DCFO £5 million • Executive Director £0.5 million • Budget Manager £50,000 	FPCCC (Decision Noted)
Agreement of new GP local enhanced services / GP incentive schemes	<ul style="list-style-type: none"> • CCG Governing Body £1.5 million • PCCC Up to £1.5 m for total scheme (up to £25,000 for an individual practice) • Business Executive £500,000 for total scheme (£25,000 for an individual practice) 	FPCCC (Decision Noted)
Approval of research contracts including the signing of appropriate contract documentation	<ul style="list-style-type: none"> • EDG £50,000 • Executive Director £10,000 	FPCCC (Decision Noted)
Payments in line with approved Contract Values (on Oracle)	<ul style="list-style-type: none"> • AO £100 million • CFO £15 million • Executive Director £10.5 million • Budget Manager £50,000 	Payments in advance not required for healthcare, payments made in accordance with the contract
Other contractual payments (e.g. CQUIN, reconciliation adjustments)	Budget Holder or budget holder representative within delegated limits	

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
Payments of invoices for non-contractual activity	<ul style="list-style-type: none"> • AO £100 million • CFO £15 million • Executive Director £10.5 million • Budget Manager £10,000 	
Lease Cars	Budget Holder in line with operational process	Lease Car Policy
Salary sacrifice schemes	Remuneration Committee	
Approval of Continuing Healthcare, Mental Health and other individual care packages	<ul style="list-style-type: none"> • CHC – Band 7 Senior Nurses - <£750 per week • CHC – Head of CHC or Senior Manager CHC (8B/8A) – between £750 & £850 per week <p>All packages of £851 per week and above will be approved by the appropriate panel.</p>	CHC Panel Policy
Payment in respect of Continuing Healthcare, Mental Health and other individual care packages	<p>All invoices will be reviewed against QA PRIOR to approval, and authorised for payment by a member of the finance team as follows:</p> <ul style="list-style-type: none"> • Senior Financial Services Manager - Payments for invoices by individual homes/ packages up to £50,000 • Deputy Director Financial Services & Reporting - Payments for invoices by individual homes/ packages £50,000 to £250,000 • Deputy Chief Finance Officer - Payments for invoices by individual homes/ packages £250,000 and above. 	

Issue	Authority Delegated to	Reference Documents/ Other information
Non Pay Expenditure		
Personal Health Budgets	All PHB packages are assessed and agreed by the appropriate Panel. The Director of Corporate Services Governance and Performance will approve all payment requests.	
Income		
Approval of sales invoices	<ul style="list-style-type: none"> • Deputy Director Financial Services & Reporting or • Senior Financial Services Manager or • Financial Services Manager 	
Approval of sales credit notes/Cancellation of Invoices	<ul style="list-style-type: none"> • EDG for collective agreements £10,000 and above • Deputy Director Financial Services & Reporting up to £10,000 	
Setting of Fees & Charges	<ul style="list-style-type: none"> • EDG £10,000 and above • CFO/Deputy CFO up to 10,000 	
Business Cases for Investment/Disinvestment		
Approval of non-primary care business cases for investment & disinvestment decisions	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC £1.5 million • EDG £50,000 – within existing budgets/income allocation/savings generated 	FPCCC (Decision Noted)
Approval of primary care business cases for investment & disinvestment decisions	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • PCCC £1.5 million • EDG £50,000 – within existing budgets/income allocation/savings generated 	FPCCC for PRIOR notification

Issue	Authority Delegated to	Reference Documents/ Other information
Capital Schemes / Estates		
Responsibility for NHS Estate and associated capital schemes has passed to NHS Property Services	N/A	
Approval of non-primary care capital investments and disinvestments	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC £1.5 million • EDG £50,000 	FPCCC (Decision Noted)
Approval of primary care capital investments and disinvestments	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • PCCC £1.5 million • EDG £50,000 	FPCCC for PRIOR notification
Purchase of internal fixtures and fittings - approval of requisitions	By exception to be agreed by DCFO	
Engagement of bank / agency staff		
Booking of Bank or Agency Staff	Budget Holder in line with organisational establishment/engagement control framework	
Agreements / Licences		
Preparation and signature of all tenancy agreements/licences for all staff subject to CCG Policy on accommodation for staff/operating leases/indemnity agreements/joint venture documents and service level agreements	CFO or AO	
Extensions to existing leases	CFO	

Issue	Authority Delegated to	Reference Documents/ Other information
Letting of premises to outside organisations	CFO	
Approval of corporate rent based on professional assessment	CFO	
Approval of GP rent reviews based on professional assessment	FPCCC	PCCC for information
Condemning & Disposal of Assets		
<p>Items obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively.</p> <p>IT Equipment</p>	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC £1.5 million • CFO £50,000 • Budget Holder £500 <p>CSU IT</p>	To be reported to Audit Committee
Losses, Write-offs & Compensation		
<p>Special Payments including:</p> <ul style="list-style-type: none"> • Compensation payments • Extra Contractual Payments • Ex Gratia Payments • Extra Statutory Extra Regulatory Payments • Special Severance Payments 	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC £1.5 million • EDG £50,000 • CFO £10,000 	To be reported to Audit Committee
Losses and cash due to theft, fraud, corruption, overpayment, compensation. And others except for CHC retrospective claims	<ul style="list-style-type: none"> • CCG Governing Body £150,000 and above • AO/CFO £150,000 	To be reported to Audit Committee

Issue	Authority Delegated to	Reference Documents/ Other information
Retrospective Continuing Healthcare Claims	<ul style="list-style-type: none"> • AO £250,000 and above • CFO £250,000 • Director responsible for CHC up to £50,000 	
Write off of bad debts (NHS & Non NHS)	<ul style="list-style-type: none"> • Governing Body £1.5 million and above • FPCCC £1.5 million • CFO £50,000 	To be reported to Audit Committee
Petty Cash Disbursements		
a) Expenditure up to £10 per item	Budget Holder/Authorised budget holder representative in line with delegated limits	Petty Cash Procedure Note
Other		
Approve new drug prescribing	FPCCC	
Maintenance & Update of CCG Financial Procedures CFO		

Other:

1. Special Rehabilitation of Brain Injury (SRBI)

The day to day contractual management, including sourcing placements for new patients, reviewing existing patients, and discharge arrangements, are delegated to NHS Vale of York CCG. Monthly information is to be provided by this CCG for financial reporting purposes.

2. Primary Care Co-Commissioning

The approval of journals and budgeted expenditure for the primary care co-commissioning budget is delegated to NHS England. This is to recognise the knowledge of NHS England's staff with regards to primary care and to ensure actions can be taken in a timely manner. Delegation is as follows;

Post	Journal	Expenditure Payments	
Senior Finance Manager (Primary Care, Yorkshire)	£5,000,000	£20,000	£500,000
Finance Manager (Primary Care, Yorkshire)	£5,000,000	£20,000	£500,000
Finance Analyst (Primary Care, Yorkshire)	£1,000,000	£20,000	£100,000
Finance Assistant (Primary Care, Yorkshire)	nil	£nil	£100,000

Please note that the above limits do not recognise the usual hierarchy approach. This is due to the way that the team operates and provides cross cover for each other.

3. Appointment & Termination of Staff

Delegation for appointing and terminating staff is granted to the Chief Officer. The Chief Officer has delegated the operational responsibility of this to each of the Executive Directors for the budgeted staff posts under their responsibility.

Any posts not in the current structure needs approval of EDG.

4. Freedom of Information

Delegation for approving Freedom of Information requests is granted to the Chief Officer. The Chief Officer has delegated the operational responsibility of this to the Director of Corporate Services Governance and Performance

If the Director of Corporate Services Governance and Performance is absent from the office the responsibility is passed to the Head of Corporate Services.

5. Human Resources Policies

Ultimate responsibility for approving human resources policies lies with the Governing Body who, through the scheme of delegation, has granted approval to the Executive Director Group.

6. GP System of Choice (GPSoC)

Delegation for approving GPSoC orders for primary care is granted to the Director of Strategy & Integration; commitments must not exceed the annual allocation from NHS England.

7. Information Technology (IT) / GP Information Technology (GPIT)

Delegation for approving Corporate IT orders is granted to;

- Deputy Chief Finance Officer

Delegation for approving Primary Care IT orders is granted to;

- Director of Strategy & Integration

Commitments must not exceed the annual capital allocation from NHS England and update reports are to be presented to FPCCC.

8. GP Health & Social Care Network (HSCN)

Delegation for approving HSCN connections and BT N3 cease orders is granted the Senior Service Development Manager Digital (8a); commitments must not exceed the annual allocation from NHS England.

9. On Call Arrangements

The CCG has a formal on-call system in place to provide cover out-of-hours so that the CCG can respond to local/regional emergency situations. The on-call rota incorporates both Executive Director and Heads of Service posts. Through this scheme of delegation, anyone who undertakes on-call duties, whether an Executive Director or a Head of Service, has been granted approval to act in the best interest of the CCG's population. Any cost commitments made by staff on call should be immediately notified to the CFO and AO.

NHS NORTH YORKSHIRE CCG

PRIME FINANCIAL POLICIES

1. INTRODUCTION

1.1. General

- 1.1.1. These prime financial policies and supporting detailed financial policies shall have effect as if incorporated into the group's constitution.
- 1.1.2. The prime financial policies are part of the group's control environment for managing the organisation's financial affairs. They contribute to good corporate governance, internal control and managing risks. They enable sound administration; lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services. They also help the Accountable Officer and Chief Finance Officer to effectively perform their responsibilities. They should be used in conjunction with the scheme of reservation and delegation.
- 1.1.3. In support of these prime financial policies, the group has prepared more detailed policies, reviewed by the Chief Finance Officer and approved by the Audit Committee, known as detailed financial policies. The group refers to these prime and detailed financial policies together as the clinical commissioning group's financial policies.
- 1.1.4. These prime financial policies identify the financial responsibilities which apply to everyone working for the group and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed financial policies. The Chief Finance Officer is responsible for ensuring all detailed financial policies are approved by the Audit Committee.
- 1.1.5. A list of the group's detailed financial policies will be published and maintained on the group's website at www.northyorkshireccg.nhs.uk
- 1.1.6. Should any difficulties arise regarding the interpretation or application of any of the prime financial policies then the advice of the Chief Finance Officer must be sought before acting. The user of these prime financial policies should also be familiar with and comply with the provisions of the group's constitution, standing orders and scheme of reservation and delegation.
- 1.1.7. Failure to comply with prime financial policies and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.

1.2. Overriding Prime Financial Policies

- 1.2.1. If for any reason these prime financial policies 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 Governing Body's Audit Committee for referring action or ratification. All of the group's members and employees have a duty to disclose any non-compliance with these prime financial policies to the Chief Finance Officer as soon as possible.

1.3. Responsibilities and Delegation

- 1.3.1. The roles and responsibilities of group's members, employees, members of the governing body, members of the governing body's committees and sub-committees, members of the group's committee and sub-committee (if any) and persons working on behalf of the group are set out the constitution.
- 1.3.2. The financial decisions delegated by members of the group are set out in the group's Scheme of Reservation and Delegation (see Corporate Governance Handbook).

1.4. Contractors and their Employees

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

1.5. Amendment of Prime Financial Policies

- 1.5.1. To ensure that these prime financial policies remain up-to-date and relevant, the Chief Finance Officer will review them at least annually. Following consultation with the Accountable Officer and scrutiny by the Governing Body's Audit Committee, the Chief Finance Officer will recommend amendments, as fitting, to the Governing Body for approval.

2. INTERNAL CONTROL

POLICY – the group will put in place a suitable control environment and effective internal controls that provide reasonable assurance of effective and efficient operations, financial stewardship, probity and compliance with laws and policies.

- 2.1. The Governing Body is required to establish an Audit Committee with terms of reference agreed by the Governing Body.
- 2.2. The Accountable Officer has overall responsibility for the group's systems of internal control.
- 2.3. The Chief Finance Officer will ensure that:
 - a) financial policies are considered for review and update annually;
 - b) a system is in place for proper checking and reporting of all breaches of financial policies; and
 - c) a proper procedure is in place for regular checking of the adequacy and effectiveness of the control environment.

3. AUDIT

POLICY – the group will keep an effective and independent internal audit function and fully comply with the requirements of external audit and other statutory reviews.

- 3.1. In line with the terms of reference for the Governing Body's Audit Committee, the person appointed by the group to be responsible for internal audit and the appointed external auditor will have direct and unrestricted access to audit committee members and the chair of the governing body, accountable officer and chief finance officer for any significant issues arising from audit work that management cannot resolve, and for all cases of fraud or serious irregularity.
- 3.2. The person appointed by the group to be responsible for internal audit and the external auditor will have access to the Audit Committee and the Accountable Officer to review audit issues as appropriate. All Audit Committee members, the Chair of the Governing Body and the Accountable Officer will have direct and unrestricted access to the head of internal audit and external auditors.
- 3.3. The Chief Finance Officer will ensure that:
 - a) the group has a professional and technically competent internal audit function; and
 - b) the Governing Body's Audit Committee approves any changes to the provision or delivery of assurance services to the group.

4. FRAUD AND CORRUPTION

POLICY – the group requires all staff to always act honestly and with integrity to safeguard the public resources they are responsible for. The group will not tolerate any fraud perpetrated against it and will actively chase any loss suffered.

- 4.1. The Governing Body's Audit Committee will satisfy itself that the group has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work. It shall also approve the counter fraud work programme.
- 4.2. The Governing Body's Audit Committee will ensure that the group has arrangements in place to work effectively with NHS Protect.

5. EXPENDITURE CONTROL

- 5.1. The group is required by statutory provisions to ensure that its expenditure does not exceed the aggregate of allotments from NHS England and any other sums it has received and is legally allowed to spend.
- 5.2. The Accountable Officer has overall executive responsibility for ensuring that the group complies with certain of its statutory obligations, including its financial and

accounting obligations, and that it exercises its functions effectively, efficiently and economically and in a way which provides good value for money.

5.3. The Chief Finance Officer will:

- a) provide reports in the form required by NHS England;
- b) ensure money drawn from NHS England is required for approved expenditure only is drawn down only at the time of need and follows best practice;
- c) be responsible for ensuring that an adequate system of monitoring financial performance is in place to enable the group to fulfil its statutory responsibility not to exceed its expenditure limits, as set by direction of NHS England.

6. ALLOTMENTS

6.1. The group's Chief Finance Officer will:

- a) periodically review the basis and assumptions used by NHS England for distributing allotments and ensure that these are reasonable and realistic and secure the group's entitlement to funds;
- b) prior to the start of each financial year submit to the Governing Body 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 Governing Body on significant changes to the initial allocation and the uses of such funds.

7. COMMISSIONING STRATEGY, BUDGETS, BUDGETARY CONTROL AND MONITORING

POLICY – the group will produce and publish an annual commissioning plan that explains how it proposes to discharge its financial duties. The group will support this with comprehensive medium term financial plans and annual budgets.

- 7.1.** The Accountable Officer will compile and submit to the Governing Body a commissioning strategy which takes into account financial targets and forecast limits of available resources.
- 7.2.** Prior to the start of the financial year the Chief Finance Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body.
- 7.3.** The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body. This report should include explanations for variances. These variances must be based on any significant departures from agreed financial plans or budgets.

- 7.4. The Accountable Officer is responsible for ensuring that information relating to the group's accounts or to its income or expenditure, or its use of resources is provided to NHS England as requested.
- 7.5. The Governing Body will approve consultation arrangements for the group's commissioning plan.

8. ANNUAL ACCOUNTS AND REPORTS

POLICY – the group will produce and submit to NHS England accounts and reports in accordance with all statutory obligations, relevant accounting standards and accounting best practice in the form and content and at the time required by NHS England.

- 8.1. The Chief Finance Officer will ensure the group:
- a) prepares a timetable for producing the annual report and accounts and agrees it with external auditors and the Governing Body;
 - b) prepares the accounts according to the timetable approved by the Audit Committee;
 - c) complies with statutory requirements and relevant directions for the publication of annual report;
 - d) considers the external auditor's management letter and fully address all issues within agreed timescales; and
 - e) publishes the external auditor's management letter on the group website.

9. INFORMATION TECHNOLOGY

POLICY – the group will ensure the accuracy and security of the group's computerised financial data.

- 9.1. The Chief Finance Officer is responsible for the accuracy and security of the Group's computerised financial data and shall:
- a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the group's data, programs and computer hardware from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
 - 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 chief finance officer may consider necessary are being carried out.

9.2. In addition the Chief Finance Officer shall 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.

10. ACCOUNTING SYSTEMS

POLICY – the group will run an accounting system that creates management and financial accounts.

10.1. The Chief Finance Officer will ensure:

- a) the group has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of NHS England;
- b) 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.

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

11. BANK ACCOUNTS

POLICY – the group will keep enough liquidity to meet its current commitments.

11.1. The Chief Finance Officer will:

- a) review the banking arrangements of the group at regular intervals to ensure they are in accordance with Secretary of State directions⁶, best practice and represent best value for money;
- b) manage the group's banking arrangements and advise the group on the provision of banking services and operation of accounts;
- c) prepare detailed instructions on the operation of bank accounts.

11.2. The Accountable Officer shall approve the banking arrangements.

12. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS.

POLICY – the group will:

- operate a sound system for prompt recording, invoicing and collection of all monies due
- seek to maximise its potential to raise additional income only to the extent that it does not interfere with the performance of the group or its functions
- ensure its power to make grants and loans is used to discharge its functions effectively

12.1. The Chief Finance Officer is responsible for:

- a) designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due;
- b) establishing and maintaining systems and procedures for the secure handling of cash and other negotiable instruments;
- c) approving and regularly reviewing the level of all fees and charges other than those determined by NHS England or by statute. Independent professional advice on matters of valuation shall be taken as necessary;
- d) for developing effective arrangements for making grants or loans.

13. TENDERING AND CONTRACTING PROCEDURE

POLICY – the group:

- will ensure proper competition that is legally compliant within all purchasing to ensure we incur only budgeted, approved and necessary spending
- will seek value for money for all goods and services
- shall ensure that competitive tenders are invited for
 - the supply of goods, materials and manufactured articles;
 - the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the Department of Health); and
 - for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

13.1. The group shall ensure that the firms / individuals invited to tender (and where appropriate, quote) are among those on approved lists or where necessary a framework agreement. Where in the opinion of the chief finance officer it is desirable to seek tenders from firms not on the approved lists, the reason shall be recorded in writing to the Accountable Officer or the group's Governing Body.

- 13.2. The Governing Body may only negotiate contracts on behalf of the group, and the group may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:
- a) the group's Standing Orders;
 - b) the Public Contracts Regulation 2006, any successor legislation and any other applicable law; and
 - c) take into account as appropriate any applicable NHS England or the Independent Regulator of NHS Foundation Trusts (Monitor) guidance that does not conflict with (b) above.
- 13.3. In all contracts entered into, the group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the group.

14. COMMISSIONING

POLICY – working in partnership with relevant national and local stakeholders, the group will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility.

- 14.1. The group will coordinate its work with NHS England, other clinical commissioning groups, local providers of services, local authority(ies), including through Health & Wellbeing Boards, patients and their carers and the voluntary sector and others as appropriate to develop robust commissioning plans.
- 14.2. The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.
- 14.3. The Chief Finance Officer will maintain a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

15. RISK MANAGEMENT AND INSURANCE

POLICY – the group will put arrangements in place for evaluation and management of its risks.

- 15.1. The Governing Body has a responsibility to ensure that the CCG is properly governed in accordance with best practice corporate, clinical and financial governance. The CCG's Risk Management Policy enables the organisation to have a clear view of the risks affecting each area of its activity; how those risks are being managed, the likelihood of occurrence and their potential impact on the successful achievement of the CCG objectives.

- 15.2. The CCG's Assurance Framework supports the evaluation and management of risk within the organisation, it summarises the CCG's principal objectives and the risks that threaten their achievement. It identifies the key controls in place to manage the risks and what assurances, both internal and external are available to demonstrate their effectiveness.
- 15.3. The CCG's Audit Committee will oversee the effectiveness of the CCG's Risk Management process and report and provide assurance to the Governing Body accordingly.

16. PAYROLL

POLICY – the group will put arrangements in place for an effective payroll service.

- 16.1. The Chief Finance Officer will ensure that the payroll service selected:
- a) is supported by appropriate (i.e. contracted) terms and conditions;
 - b) has adequate internal controls and audit review processes;
 - c) has suitable arrangements for the collection of payroll deductions and payment of these to appropriate bodies.
- 16.2. In addition the Chief Finance Officer shall set out comprehensive procedures for the effective processing of payroll.

17. NON-PAY EXPENDITURE

POLICY – the group will seek to obtain the best value for money goods and services received.

- 17.1. The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.
- 17.2. The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.
- 17.3. The Chief Finance Officer will:
- a) advise the Governing Body on 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 the scheme of reservation and delegation;
 - b) be responsible for the prompt payment of all properly authorised accounts and claims;

- c) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

18. CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

POLICY – the group will put arrangements in place to manage capital investment, maintain an asset register recording fixed assets and put in place policies to secure the safe storage of the group's fixed assets.

18.1. The Accountable Officer will

- a) 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) be 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;
- d) be responsible for the maintenance of registers of assets, taking account of the advice of the Chief Finance Officer 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.

18.2. The Chief Finance Officer will prepare detailed procedures for the disposals of assets.

19. RETENTION OF RECORDS

POLICY – the group will put arrangements in place to retain all records in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance.

19.1. The Accountable Officer shall:

- a) be responsible for maintaining all records required to be retained in accordance with NHS Code of Practice Records Management 2006 and other relevant notified guidance;
- b) ensure that arrangements are in place for effective responses to Freedom of Information requests;
- c) publish and maintain a Freedom of Information Publication Scheme.

20. TRUST FUNDS AND TRUSTEES

POLICY – the group will put arrangements in place to provide for the appointment of trustees if the group holds property on trust.

- 20.1. The Chief Finance Officer shall ensure that each trust fund which the group is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

North Yorkshire Clinical Commissioning Group
Quality and Clinical Governance Committee (QCGC)

Reviewed and Approved by:	Quality and Clinical Governance Committee (QCGC)
Review Date:	One Year from Approval
Ratified By:	NHS North Yorkshire CCG
Ratified Date	April 2020
Version	1.0

1.0 Role and Core Purpose

The QCGC is accountable to the Governing Body and is responsible for advising and supporting the Governing Body in:

- Providing assurance on the quality of services commissioned; and
- Promoting a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

2.0 Remit

2.1 Strategy

- To develop a programme of business (forward plan) which is flexible and responsive to new / emerging priorities and risks
- To develop, approve and regularly review the CCG Quality and Safety Strategy to ensure continuous improvement is delivered in quality and safety
- To ensure that all commissioned services, where possible, are reflective of and responsive to local populations needs and people's experiences
- To ensure active engagement of patients, staff and other key stakeholders on quality and safety issues.
- To be empowered to set up specific sub-committees to explore specific areas of service delivery or undertake deep-dives into quality and safety concerns where required.
- To ensure that good practice is recognised, celebrated and shared.

2.2 Assurance

The focus of the Committee is to seek reasonable assurance relating to the quality and safety of all commissioned services, including primary care. The Committee defines reasonable assurance as evidence that quality is in line with agreed targets and trajectories and meets regulation requirements or where it is not, that there is reasonable mitigation and an action plan is developed and monitored to rectify any issues,.

The Committee will develop, implement and monitor a Quality Assurance Framework.

Where the Committee receives insufficient assurance relating to the provision around patient care, quality and safety, it will assess the risk, develop and monitor appropriate improvement plans and escalate to the Governing Body, where improvement is not realised within agreed timescales.

The Committee is responsible for:

- Approval of policies of the CCG, with the exception of those reserved to other committees or the Governing Body.
- Overseeing the development and implementation and monitoring of the CCG's Quality and Safety Strategy and Quality Assurance Framework.
- Establishing and maintaining procedures and systems of internal control designed to give reasonable assurance that all aspects of quality, safety and clinical governance are in place.
- Ensuring effective management of risk relating to quality and safety issues is in place to manage and address clinical governance issues.
- Ensuring quality is driven through the Quality, Innovation, Productivity and Prevention programme (QIPP).
- Ensuring the principles of quality assurance and governance are integral to performance monitoring arrangements for all CCG commissioned services and are delivered and embedded within consultation, service development and redesign, evaluation and decommissioning of services.
- Seeking assurance that the CCG is fulfilling its statutory duties for equality and diversity, particularly the Equality Act 2010, through the implementation of the Equality Delivery System.
- Ensuring that policies are not approved for publication without a supporting Equality Impact Assessment which thoroughly considers the effect the policy will have on any protected characteristics.
- Receiving any internal audits relating to Quality and monitoring any significant recommendations detailed in the report.
- Ensuring that all decisions taken, or recommendations made, have been through a planning assurance process that includes the outcome of:
 - Quality impact assessment
 - Equality impact assessment
 - Patient and public involvement
 - Privacy impact assessment

- By receiving integrated impact assessments for all projects, policies or services being commissioned by the CCG's and gaining assurance that any potential negative impacts are appropriately mitigated.

3.0 Monitoring and Review

The Committee will:

- Ensure effective processes are in place for safeguarding children and adults and that individual needs are met
- Advise on and develop locally sensitive quality indicators in order to continually improve the quality of services
- Ensure the Committee is updated on the Commissioning for Quality and Innovations framework and the locally agreed compliance target achievements of providers.
- Receive regular patient safety, patient experience and complaints reports to review themes and trends and identify areas for recommending change in practice
- Monitor the implementation of recommendations and actions relevant to quality and clinical governance following national inquiries and national and local reviews undertaken by external agencies and local strategic partnerships (e.g. Care Quality Commission, Internal Audit)
- Ensure a clear escalation process, including appropriate trigger points, is in place to enable engagement of relevant external bodies on areas of concern

4.0 Reporting Arrangements

- Executive leads are responsible for drafting the agenda with the support from the Secretariat.
- All reports submitted to the Committee must be accompanied by a fully completed cover sheet which must effectively summarise the report, explain all acronyms used and clearly specify whether the report is for approval, assurance or discussion (one only).
- Executive leads and report authors can assume that their reports have been read and that no verbal summary of these reports is needed. The Committee will proceed directly to questions, except when the report author wishes to advise the Committee about new or updated information or areas of concern.
- Key messages of the QCGC will be provided to the Governing Body.
- The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to that CCG.
- Papers must be circulated at least 5 working days prior to the meeting. Any urgent papers can be submitted with prior agreement with the Chair and must be circulated at least 2 working days prior to the meeting taking place.

5.0 Accountability

The QCGC is accountable to the Governing Body and will:

- Communicate key messages by way of a report from the Chair of the Committee at each Governing Body meeting. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.
- The Committee will present an annual report of its work. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committee's work over the year.

6.0 Membership

Core Membership:

- Lay Member for Patient and Public Engagement (Chair)
- Clinical Chair (Vice-Chair)
- 2 GP Governing Body Members
- GP Lead for Quality
- Lay Member for Audit and Governance
- Chief Nurse*
- Director of Corporate Service, Governance and Performance*

*Nominated deputies may attend where core members are not able to attend, **subject to prior approval from the Chair**. Deputies will NOT have voting rights.

Other employees of the CCG may be invited to attend all or part of the Committee to provide advice or support particular discussion from time to time as required.

External stakeholders may be invited to attend all or part of the Committee to provide advice or support particular discussion as required.

7.0 Quorum

The Committee will be quorate when at least 5 members of the Committee are present to include at least:

- The Chair or Vice-Chair
- One Clinician (Clinicians refer to GP Members only)
- One Executive Member (A nominated deputy may not be included for this purpose).

*Nominated deputies may attend where core members are not able to attend, **subject to prior approval from the Chair**. Deputies will NOT have voting rights.

8.0 Conflicts of Interest

Where a member has, or becomes aware of, an interest in relation to a matter subject to action or decision of the committee, the interest must be considered as a potential conflict and is subject to the provisions of the CCG's Constitution and the CCG's Conflicts of Interest policy.

The member must declare the interest as early as possible and shall not participate in the discussions.

The Chair will take the decision to request that member to withdraw until the Committee's consideration has been completed. Because of matters of quorum, arrangements should be made in advance to enable the alternate member to be present.

If the Chair is conflicted, then arrangements must be made in advance of the meeting for the Vice-Chair to be present to Chair the meeting.

All members of the committee are expected to have completed their Conflict of Interest training.

The Chair may consider any papers for the meeting which would potentially present a conflict to member (s) and withhold those papers from them.

9.0 Meeting Frequency

The Committee will meet on a monthly basis (minimum of 10 times per year). If, for any reason, decisions are required as a matter of urgency and it is not considered necessary to call a full meeting, the Committee may choose to convene a telephone conference or other virtual meeting or to review and take decisions via e-mail. These will be recorded by the QCGC secretariat and confirmed at the next available committee meeting.

10.0 Conduct of the Committee

- The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct/good governance practice, for example, Nolan's seven principles of public life.
- The Committee shall undertake a review of its own effectiveness annually.
- The Committee will produce an annual report which will form part of the annual governance statement.
- The Committee will approve the terms of reference of any of its sub committees.
- Any resulting changes to the Terms of Reference should be approved by the Governing Body.

NHS North Yorkshire Clinical Commissioning Group
Finance, Performance, Contracting and Commissioning Committee (FPCCC)

Reviewed and Approved by:	Finance, Performance, Contracting & Commissioning Committee (FPCCC)
Review Date:	One Year from Approval
Ratified By:	NHS North Yorkshire CCG
Ratified Date	April 2020
Version	1.0

1.0 Role and Core Purpose

The FPCCC is accountable to the Governing Body and has the following role:

- To formally review the financial position of the CCG, incorporating activity levels, provider contract positions and issues, and risks in achieving its forecast out-turn at the end of the year. It will provide committee members with greater clarity on the CCG's financial and contracts position. It will also provide assurance to the Governing Body on the CCG's financial position, flagging concerns and issues for further discussion as and when deemed necessary.
- To formally review performance and discuss by exception where performance is not acceptable or has an impact on safety and quality, agreeing service performance actions and timescales to mitigate and recover the position to an acceptable levels. It will provide committee members with greater clarity on the underlying performance (in terms of cost, activity, quality and safety) on commissioned services and on delivery of the annual plan as set out in the CCG's operational plan. It will also provide assurance to the Governing Body on the CCG's performance position, flagging concerns and issues for further discussion as and when deemed necessary.

2.0 Remit

2.1 Priorities

- Provide assurance reports to the Governing Body on finance, contracting, QIPP, commissioning and performance;
- Monitor that the CCG operates within its Standing Financial Instructions and statutory requirements in respect of financial and performance management;
- Challenge the financial position of the CCG and ensure financial

management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;

- Monitor the performance of CCG contracts;
- Approve the QIPP Delivery Programme which is developed by the Business Executive (a sub-committee of the FPCCC);
- Oversee the delivery of services provided to the CCG through the external contracts;
- Monitor implementation of the relevant corporate objectives relating to the role of the Committee.

This will be achieved through:

- Overseeing the development of the Medium Term Financial Plan & Long Term Financial Plan;
- Reviewing annual budgets/short-term financial plans for agreement by the Governing Body;
- Monitoring the CCGs' financial standing in-year and recommend corrective action to the Governing Body should the year-end forecasts suggest that financial balance will not be achieved;
- Monitoring any change in the CCGs' financial activity;
- Monitoring expenditure against indicative budgets, including the running costs allowance;
- Receiving regular contract performance reports (covering activity, cost and quality) for each of the CCGs' main areas of commissioning expenditure;
- Receiving reports from those contracted (with commentary from CCG officers in respect of delivery of these services);
- Reviewing performance in implementing the CCG's commissioning and financial plans and providing assurance to the Governing Body on the delivery of the annual commissioning programme.
- Review operational performance update.

2.2 Decision Making

The Committee acts as a co-ordination group and provides the opportunity for discussions about financial issue plus performance and any impact on quality to enable policies to be shaped for approval by the CCG Governing Body. The Committee has specific delegated authority to:

- Review of the Chief Finance Officers detailed financial report prior to assurance note received by the CCG Governing Body;
- Oversight of the annual financial strategy for recommendations for approval by the Governing Bodies;
- Approve non-primary care business cases for investment & disinvestment decisions.*
- Approve non-primary care quotes and tenders.*
- Approve non-primary care capital investments and disinvestments.*
- Approve GP rent reviews.*

- Approve new drug prescribing.*
- Approval of disposals, condemnations, bad debts, losses and special payments * (then taken to Audit Committee to note and review).
- Review the delivery of external services and make recommendations to the Governing Body in respect of service delivery, quality, value for money and cost.

* Values are contained within the Operational Scheme of Delegation which is part of the Corporate Governance Handbook.

2.3 Performance

FPCCC will hold responsibility for communicating to Governing Body significant concerns around performance metrics. The Committee shall carry out a monthly review of the overall performance of the CCGs.

This shall include:

- Review performance against the delivery of the Operational Plan.
- Review progress and achievement against agreed national, regional and local targets which support the delivery of the CCG's strategy and plans, with a particular focus on "must-dos" and external regulation.
- Receive, and review assurance of, contract management and value for money from commissioning support services.
- An assessment of pressures within the whole system and how these affect contracts and performance.
- Opportunities to further improve performance where not discussed by other committees.
- Any additional national, regional or local requirements as determined by NHS England.

2.4 Risk Management

- Review and monitor significant risks in respect of finance, performance, contracting, commissioning and corporate risks.
- Request action by accountable individuals to manage aforementioned risks and variation in performance, ensuring plans are put in place to address the achievement of objectives and targets.
- Assess these actions in their effect on key risks.
- Ensure that variance against target performance levels is reflected in the Risk Register reports and Governing Body Assurance Framework as appropriate.
- Ensure that effective arrangements are in place for business continuity and emergency planning.

2.5 Monitoring Arrangements

The Committee will monitor overall financial performance and develop a work plan with specific objectives which will be reviewed regularly and formally on an annual basis. In order to discharge its duties effectively the Committee will require

the following information:

- Development and monitoring of the forward plan of the committee;
 - Monthly finance, performance and commissioning reports;
 - Monthly PMO reports
 - Briefing on developments in NHS finance;
 - Monthly contract performance reports;
 - Monthly performance reports;
 - Performance reports for the service support contracts;
 - Reports from Medicines Management Board
 - Reports on CHC performance
 - Reports from Children's Commissioning Team regarding investment commitment.
-
- Information should be received from other groups as considered necessary from time to time by the Committee.

In order to effectively monitor progress and activity, the committee may request additional or alternative reporting materials

3.6 Reporting Arrangements and Administration

- Executive Leads are responsible for drafting the agenda with the support from the Secretariat.
- All reports submitted to the Committee must be accompanied by a fully completed cover sheet which must effectively summarise the report, explain all acronyms used and clearly specify whether the report is for approval, assurance or discussion (one only).
- Executive Leads and report authors can assume that their reports have been read and that no verbal summary of these reports is needed. The Committee will proceed direct to questions, except when the report author wishes to advise the Committee about new or updated information or areas of concern.
- Key Messages of the FPCCC will be provided to the Governing Body. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.
- Papers must be circulated at least 5 working days prior to the meeting. Any urgent papers can be submitted with prior agreement with the Chair and must be circulated at least 2 working days prior to the meeting taking place.

4.0 Accountability

The FPCCC is accountable to the Governing Body and will:

- Delivery key messages by way of a report from the Chair of the Committee at each Governing Body meeting. The Chair of the Committee shall draw to the attention of the Governing Body any significant issues or risks relevant to the CCG.

- The Committee is accountable for the Business Executive (a sub-committee) and is required to ratify the terms of reference on an annual basis.
- The Committee will present an annual report of its work. As required by CCG Annual Report guidance this will, as a minimum, include information about: key responsibilities, membership, attendance records and highlights of the Committee's work over the year.

5.0 Membership

Core Membership:

- Secondary Care Doctor (Chair)
- Clinical Chair (Vice-Chair)
- 1 GP Clinical Lead
- Lay Member for Financial Performance
- Accountable Officer
- Chief Finance Officer*
- Director of Strategy and Integration*
- Director of Acute Commissioning*
- Director of Corporate Service, Governance and Performance*
- Chief Nurse*

*Nominated deputies may attend where core members are not able to attend, **subject to prior approval from the Chair.**

Other employees of the CCG may be invited to attend all or part of the committee to provide advice or support to specific agenda items as required.

6.0 Quorum

The Committee will be quorate when at least 5 members of the Committee are present to include at least:

- The Chair or Vice-Chair
- One Clinician - Clinicians refer to GP Members and Chief Nurse
- Two Executive Members; one of whom must be Accountable Officer or CFO.

7.0 Conflicts of Interest

Where a member has, or becomes aware of, an interest in relation to a matter subject to action or decision of the committee, the interest must be considered as a potential conflict and is subject to the provisions of the CCGs Constitution and the CCGs Conflicts of Interest policy.

The member must declare the interest as early as possible and shall not participate in the discussions.

The Chair will take the decision to request that member to withdraw until the

Committee's consideration has been completed. Because of matters of quorum, arrangements should be made in advance to enable the alternate member to be present.

If the Chair is conflicted, then arrangements must be made in advance of the meeting for one of the other Committee members to Chair and for the alternate to also be present.

All members of the committee are expected to have completed their Conflict of Interest training.

The chair may consider any papers for the meeting which would potentially present a conflict to member (s) and withhold those papers from them.

8.0 Meeting Frequency

The Committee will meet on a monthly basis (minimum of 6 times per year).

If, for any reason, decisions are required as a matter of urgency and it is not considered necessary to call a full meeting, the committee may choose to convene a telephone conference or other virtual meeting or to review and take decisions via e-mail. These will be recorded by the FPCCC secretariat and confirmed at the next available committee meeting.

9.0 Conduct of the Committee

The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example,

- Nolan's seven principles of public life.
- The Committee shall undertake a review of its own effectiveness annually.
- The Committee will produce an annual report which will form part of the annual governance statement.
- The Committee will approve the terms of reference of any of its sub-committees.
- Any resulting changes to the Terms of Reference should be approved by the Governing Body.