

BOARD MEETING

Date of Meeting:	Agenda item: 14
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Title of Paper: Board Assurance Committee Reports
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Paper is for: (Please ✓)	Discussion		Decision	✓	Information	✓
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<p>Executive Summary</p> <p>Work continues with the establishment of the Board Committees. A format for the Committees to report to the Board is being implemented by way of an Escalation and Assurance Report. The report will provide a summary of the key points from Committee meetings to advise the Board on the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required.</p> <p>Audit and Risk Committee</p> <ul style="list-style-type: none"> • Continues to meet on a bi-monthly basis, and the Escalation and Assurance Report (page 1) provides the Board with a summary of the key points from the meetings. • The Committee reviewed some proposed amendments to the Scheme of Reservation and Delegation (SORD) covering process and approval of single tender waiver, limits for tender requirements for healthcare contracts and invoice sign off limits. This required some small amendments to the SORD which are highlighted in Annex 1 for Board approval. <p>People Committee</p> <ul style="list-style-type: none"> • Two meetings have now been held on 24 November 2022 and 10 January 2023. • The People Committee Terms of Reference (ToR) were discussed. At the January meeting these will be recommended for Board approval. This timing is too tight for the ToR to be included in this paper and the Board are asked to agree these can be circulated for virtual agreement. • It has been agreed that the People Committee will meet monthly going forward. • The Committee Chair will give a verbal update to the Board meeting. <p>Population Health and Patient Experience Committee</p> <ul style="list-style-type: none"> • Two meetings have now been held on 28 November 2022 and 5 January 2023. • The Committee has agreed to meet bi-monthly rather than on a quarterly basis. • A summary of the key points from the meetings are presented in the Escalation and Assurance Report (page 3) <p>System Productivity Committee</p> <ul style="list-style-type: none"> • Continues to meet monthly. The last meeting was held on 6 January 2023 and the Committee Chair will give a verbal update to the Board. <p>System and Place Development Committee</p>

- Two meetings have been held
- Annexes 2 and 3 present the Committee ToR and a Statement of Intent for the Board to approve.

Place Based Partnerships Committees

- Further engagement and development work is underway which will be brought to the March meeting of the Board.

Action Required

The Board is asked to:

- Approve the revisions to the SORD
- Approve the System and Place Development Committee Terms of Reference
- Approve the System and Place Development Committee Memorandum of Understanding
- Note the revised meeting frequency for the People Committee (monthly) and Population Health and Patient Experience Committee (bi-monthly)
- Note the contents of the Escalation and Assurance Reports for the Audit and Risk Committee, Population Health and Patient Experience Committee, System Productivity Committee
- Note further information on the Place Based Partnerships Committee, following the engagement and development work, will be brought to the Board in March

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Executive Lead/Senior Responsible Officer: Catherine Mountford, Director of Governance

Date of Paper: 6 January 2023

Conflicts of Interest

No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	3 January 2023
Committee Chair:	Saqhib Ali
Key escalation and discussion points from the meeting	
Alert:	
<ul style="list-style-type: none"> The Committee reviewed a completed Single Tender Waiver for services provided by Health Harmonie in Berkshire West. The Committee noted that the services were out of contract from June 2022 and the STW requested an extension for 12 months from contract expiry (which was only six months from now) with a potential additional nine months. The Committee understood this was a legacy issue but highlighted this was not acceptable. It was confirmed that the new process was more robust and the Director of Governance and Chief Finance Officer (CFO) would continue to report to the Committee to give assurance. The CFO will bring a paper to the next Committee meeting summarising contractual arrangements and highlighting where STWs may be required. 	
Advise:	
<ul style="list-style-type: none"> The Committee reviewed the progress that was being made in developing the ICB’s Board Assurance framework and risk register. The Committee feels that progress is being made and will continue to have oversight as the risk arrangements evolve. The Committee reviewed the proposed “strategic” risks and recommends them for approval by the Board. The Committee reviewed the self-assessment submitted by the Chief Executive on the management of Conflict of Interest within the ICB and noted that action was in hand to address the two areas of non-compliance (all ICB staff completing declaration and a clear Single Tender Waiver (STW) process). Amendments to Scheme of Reservation and Delegation (SORD) and STW process. The Committee reviewed and approved a clearer process for the management of STWs. This required some small amendments to the SORD which are highlighted in Annex 1 for Board approval. 	
Assure:	
<ul style="list-style-type: none"> The Committee received a report from the Information Governance Steering Group. The report updated on progress with completion of the Data Security and Protection Toolkit self-assessment tool, which allows organisations to measure their performance against the National Data Guardian’s 10 data security standards. The Committee was advised on the requirements for the ICB, which are greater than the predecessor CCGs. A 	

baseline self-assessment must be completed and submitted by 28 February 2023 and the final self-assessment must be submitted by 30 June 2023.

- The Committee noted the timetable and requirements and for the year end accounts and were assured that the finance team had plans in place to meet these.
- The Committee received a report from Internal Audit setting out progress in delivery of the 2022/23 Audit Plan. Two reports had been completed (Risk and Governance) which were both advisory reports and assurance reviews would take place later in the year. Both areas demonstrated good progress was being made. The audit on the HFMA Financial self-assessment was awaiting final sign-off but the audit had agreed with the ICB's assessments. Other reviews had terms of reference and dates confirmed.
- The Committee noted the work undertaken against the agreed Counter Fraud work plan.
- The External Audit team outlined their approach and resources to deliver the 2022/23 audit of the Q1 submissions for the three predecessor CCGs and the ICB. They gave assurance to the Committee that there were contingency arrangements in place for staffing resource at all levels.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Population Health and Patient Engagement Committee (PHPEC)
Date of Meeting:	29 November 2022 and 05 January 2023
Committee Chair:	Margaret Batty
<p>The 29 November 2022 meeting was largely an establishment meeting and included approval of the Membership and agreement of the Terms of Reference. Committee members span a range of health professionalisms and partners, from Cardiovascular and Respiratory Disease to Long-term conditions and ill-health prevention, plus General Practitioner and Healthwatch representatives. The PHPEC Lead Executive is Rachael Corser, Chief Nursing Officer (CNO) supported by the Chief Medical Officer (CMO) and Chief Delivery Officer (CDO).</p> <p>The core business of the PHPEC can be summarised as ‘nurturing healthier, happier and longer lives for all across BOB’. A population health approach and a focus on tackling health inequalities lie at the very heart of the BOB vision. We all know that roughly only 20% of population health outcomes and wellbeing are linked to access to health care. The broader determinants of health, from housing to transport, nutrition to the environment, are crucial for the remainder 80% of health outcomes. Clearly no one part of BOB can solve this wide range of issues alone but working in partnership we will make a real difference to people’s lives.</p> <p>PHPEC spans a broad assurance agenda, including quality and performance, safeguarding, patient engagement, as well as population health. Our core challenge will be to balance our grave statutory responsibilities such as quality assurance, with the longer-term systemic issues within our remit such as tackling inequalities and focusing on the prevention of illness and promotion of good health.</p>	
Key escalation and discussion points from the meeting	
Alert:	
<p>The November Committee concluded that full compliance with statutory safeguarding requirements was the issue of greatest current concern, especially the situation of looked-after children and young adults. It was agreed to schedule an extra PHPEC committee in 2023 to focus on safeguarding. The CNO articulated mitigation in place to address this current concern, including interim additional leadership resource in the team.</p> <p>In the wake of two national maternity reports, Ockenden and Kirkup, following failings in Shrewsbury and Kent, and a BBC Panorama expose of a mental health hospital in Manchester, the January meeting devoted a significant amount of time to safeguarding particularly in maternity and mental health residential services.</p> <p>BOB teams responsible for a very rapid response to the Kirkup Review on Maternity services, published in mid-October, were commended by the Committee.</p>	

Advise:

The November meeting received several updates on a range of issues where colleagues presented initial plans that will return to PHPEC over time with more detail. These included:

- Quarter Two reports on Performance, Nursing and Quality
- An introduction to The Clinical Programme Board
- Safeguarding overview
- Assurance on Primary Care Medical Services
- Update on the transfer of Pharmacy, Optometry and Dentistry commissioning.

Following the BBC Panorama expose of a toxic culture of bullying, abusive and de-humanising behaviour at a medium secure mental health hospital in Manchester, all NHS Trusts were asked to examine their own culture, asking three critical questions:

1. Could this happen here? How would we know?
2. How robust is the assessment of services and the culture of services?
3. Are we visible enough and do we hear enough from patient, their families, and staff?

BOB has focused its review on two main provider Trusts, Oxford Health NHS Foundation Trust (OH) and Berkshire Healthcare NHS Foundation Trust (BHFT), as well as two facilities within the BOB footprint commissioned by NHS England where the Care Quality Commission (CQC) had identified concerns, Taplow Manor and Penley View.

The January Committee was assured by the CNO that providers are responding, and progress is being made. However, as the Committee was also informed that further work is planned and necessary, the issue will return to PHPEC at a future date, to seek full assurance.

Assure:

The November meeting devoted time to a 'deep dive' on the BOB Integrated Stroke Delivery Network programme to prevent strokes and hypertension, with prevention measures focused on the most deprived areas across our geography.

The Committee was assured at its January meeting that the initial work across BOB:

- Had not highlighted themes of the nature indicated in the Kirkup Review
- Providers across BOB had been fully engaged with the immediate post-Kirkup analysis and assessment
- Good processes were in motion, with further actions planned to ensure a comprehensive review of service providers across BOB.

The Committee was satisfied work was in progress but were not complacent, and expected to receive further assurance in due course, especially regarding cultures and behaviours.

In January the Committee gave enthusiastic support to the development of Social Prescribing across BOB. Social Prescribing is a way of referring and engaging people into a range of predominantly local, non-clinical services based on 'what matters to them'. Social Prescribing is a holistic system solution which could improve population health, reduce pressure on medical and social care services and support marginalised communities to address health inequities. It embodies the essence of system working and ICS ambitions.

The Committee also gained assurance on the process followed for Medicines Optimisation via the newly constituted BOB Area Prescribing Network.

Annex 1

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

Scheme of Reservation and Delegation

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1. Introduction

This Scheme of Reservation and Delegation (the SoRDs) sets out the arrangements for the delegation of functions and shall have effect as if incorporated in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board's (BOB ICB's) Constitution.

The Health and Care Bill provides ICBs with statutory powers, functions and duties including:

- The ability to delegate to a committee or sub-committee of the ICB board, or to an individual board member or employee
- The flexibility to appoint individuals who are neither ICB employees nor board members to ICB committees and sub-committees
- The power to agree with trusts and/or local authorities the exercising of functions on behalf of the ICB or jointly with the ICB

The BOB ICB remains accountable for all its functions, including those that it has delegated.

The SoRDs set out the functions, powers and decisions of the BOB ICB that are:

- Reserved to the BOB ICB Board itself
- Delegated to individuals (board members of employees)
- Delegated to committees and sub-committees established by the BOB ICB Board
- Delegated to other statutory bodies using the Board's new legal powers to delegate functions to another organisation or to a joint committee with another organisation
- Any functions that have been delegated to the BOB ICB by other bodies: NHS England/Improvement primary care; specialised commissioning

2. Committees of the Integrated Care Board

2.1 Committees established

The Committees established by the ICB are all outlined in the 'Functions and Decision map' which is included in the Governance Handbook along with their Terms of Reference.

2.2 Place Based Partnerships (PBPs)

Any delegated function may only be carried out for the place geographical area as defined (by local authority boundaries / lower layer super output areas) in the 'Functions and Decision' map in the Governance Handbook.

The SoRDs indicate which functions that are delegated to PBPs. Over 2022/23 there will be further development of the role of the PBPs and an intent to delegate more authority, these SoRDS will be updated to reflect this.

3. Delegation to an Officer

When items are reserved / delegated to the Chief Executive Officer (CEO), the CEO may choose to delegate delivery to a member of the executive / director team in line with agreed roles.

4. Discharge of BOB ICB Functions

The following tables show those matters that are reserved and delegated for the discharge of BOB ICB functions.

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
RC1	Regulation & Control Internal	Preparation of the ICB's overarching Scheme of Reservation and Delegation, which sets out those decisions reserved to the ICB and those delegated to: Committees and sub-committees of the ICB, or its members or employees; Place based partnerships; Individual Members of the ICB; an individual who is not a Member of the ICB but is a specified person in the ICB's Constitution		✓ Audit & Risk Committee			
RC2	Regulation & Control Internal	Approve the ICB's Scheme of Reservation and Delegation	✓				
RC3	Regulation & Control Internal	Prepare and annually approve the ICB's Detailed Delegated Financial Limits, which sets out the delegation of key financial operational decisions and delegated decision limits; approval of		✓ System Productivity Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		any exceptional in-year changes					
RC4	Regulation & Control Internal	Consider and approve applications to NHS England on any significant matter concerning changes to the ICB's Constitution	✓				
RC5	Regulation & Control Internal	Develop and approval of changes to the Governance Handbook		✓ Audit & Risk Committee			
RC6	Regulation & Control Internal	Approval of appointments to each of the committees which the ICB has formally constituted			✓ Chair		
RC7	Regulation & Control Internal / Partnership	Design and Approval of terms of reference and reporting arrangements of all committees and sub-committees that are established by the ICB	✓				
RC8	Regulation & Control Internal	Approval of suspension of the Standing Orders	✓				
RC9	Regulation & Control	Review of every decision to suspend Standing Orders		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal			Audit & Risk Committee			
RC10	Regulation & Control Internal	Ratification or otherwise of instances of failure to comply with Standing Orders		✓ Audit & Risk Committee			
RC11	Regulation & Control Internal	Ratification or action following instances of failure to comply with Standing Financial Instructions		✓ Audit & Risk Committee			
RC12	Regulation & Control Internal	Exercising of the powers that the ICB has reserved to itself in an emergency or for an urgent decision			✓ Chair		
RC13	Regulation & Control Internal	Ratification of any urgent decisions taken under RC12	✓				
RC14	Regulation & Control Internal	Monitor progress on delivery of the duty of the ICB to act effectively, efficiently, and economically		✓ System Productivity Committee			
RC15	Regulation & Control Internal	Design and approve process for all policy development and approval		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
RC16	Regulation & Control Internal	Oversight of the IFR (Individual Funding Request) process and high-cost drugs prescribing		✓ Population Health & Patient Experience Committee			
RC17	Regulation & Control Internal	Execution of documents by signature or seal on behalf of the ICB			✓ Chief Executive Officer or Chair		
RC18	Regulation & Control Internal	Approval and signature of all documents which will be necessary in legal proceedings			✓ Chief Executive Officer or Chair		
RC19	Regulation & Control Internal	Deciding the interpretation of Standing Orders in the event of ambiguity			✓ Chair		
RC20	Regulation & Control Internal	Final ruling in questions of order, relevancy, and regularity of meetings			✓ Chair		
RC21	Regulation & Control Internal	Reviewing the ICB's governance arrangements to ensure that the ICB continues to reflect the principles of good governance (including annual self-assessment and		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		external review at least every three years)					
RC22	Regulation & Control Internal / Partnership	Agreeing the arrangements for place partnership governance	✓				
RC23	Regulation & Control Internal / Partnership	Reviewing place governance arrangements annually and recommending changes to the ICB			✓ Chief Executive Officer (in conjunction with place-based partnerships)		
AS1	ICB Appointments & Succession Internal	Set out the arrangements for appointments to the ICB, including approval of roles and recruitment processes		✓ Remuneration Committee			
AS2	ICB Appointments & Succession Internal	Agree the arrangements for appointment processes, including approval of roles and recruitment processes		✓ Remuneration Committee			
AS3	ICB Appointments & Succession Internal	Approve arrangements for identifying the ICB's proposed Accountable Officer		✓ Remuneration Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
AS4	ICB Appointments & Succession Internal	Approve the candidate to be put forward to NHS England for appointment as the CEO			✓ Chair		
AS5	ICB Appointments & Succession Internal	Appointment of the Chair				✓ NHS England	
AS6	ICB Appointments & Succession Internal	Appointment of the Deputy Chair (NEM)			✓ Chair		
AS7	ICB Appointments & Succession Internal	Appointment of the Non-Executive Members of the ICB			✓ Chair		
AS8	ICB Appointments & Succession Internal	Appointment of Executive directors of the ICB			✓ Chief Executive Officer		
AS9	ICB Appointments & Succession Internal	Appointment of the Partner Members of the ICB			✓ Chair		
AS10	ICB Appointments & Succession Internal / Partnership	Approval of all Members of the ICB Board			✓ Chair		
SP1	Strategy & Planning Partnership	Agree the vision, values, and overall strategic direction of the ICB to support delivery of	✓				

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		health and wellbeing and ICP strategies					
SP2	Strategy & Planning Internal	Approve annually the ICB's proposed organisational development proposals		✓ People Committee			
SP3	Strategy & Planning Partnership	Approve the ICB's Five Year Forward Plan	✓				
SP4	Strategy & Planning Partnership	Approve five-year Place Delivery Plans					✓
SP5	Strategy & Planning Internal / Partnership	Prepare and recommend to the ICB the Five Year Forward Plan			✓ Chief Executive Officer		
SP6	Strategy & Planning Internal	Develop an Operating Plan for the ICB			✓ Chief Executive Officer		
SP7	Strategy & Planning Internal / Partnership	Approve the Operating Plan for the ICB incorporating delivery priorities, finance, and workforce	✓				
SP8	Strategy & Planning	Prepare budgets for the application of available financial resources to support			✓		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal / Partnership	the agreed Annual Operating Plan and to further relevant and agreed elements of NHS England's Annual Operating Plan for approval by the ICB			Chief Executive Officer		
C1	Compliance Internal	Approval of the ICB's Annual Report and Annual Accounts		✓ Audit & Risk Committee			
C2	Compliance Internal	Approving a timetable for producing the annual report and accounts		✓ Audit & Risk Committee			
C3	Compliance Internal	Preparation of the ICB's Annual Report and Annual Accounts			✓ Chief Executive Officer		
C4	Compliance Internal	Receive an annual report from the internal auditor and agree proposed action, taking account of the advice, where appropriate, of the Audit Committee			✓ Chief Executive Officer		
C5	Compliance Internal	Design and maintain the arrangements for managing conflicts of interest and declarations of hospitality			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
C6	Compliance Internal	Approve the proposals for managing conflicts of interest and declarations of hospitality		✓ Audit & Risk Committee			
C7	Compliance Internal	Design and maintain the ICB's arrangements for handling complaints			✓ Chief Executive Officer		
C8	Compliance Internal	Design and maintain the arrangements for all aspects of Information Governance including ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data			✓ Chief Executive Officer		
C9	Compliance Internal	Determining and Approving arrangements for handling Freedom of Information requests			✓ Chief Executive Officer		
C10	Compliance Internal	Approval of the arrangements for all aspects of Information Governance including ensuring appropriate and safekeeping and confidentiality of records and		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		for the storage, management and transfer of information and data					
PM1	People Management Internal	Approve the arrangements for discharging the ICB's statutory duties as an employer		✓ Remuneration Committee			
PM2	People Management Internal	Approve the terms and conditions, remuneration allowances for ICB members, including pensions and gratuities		✓ Remuneration Committee			
PM3	People Management Internal	Recommend the terms and conditions of employment for all employees of the ICB, including matters relating to termination of appointment			✓ Chief Executive Officer		
PM4	People Management Internal	Recommend pensions, remuneration, fees, and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
PM5	People Management Internal	Approve pensions, remuneration, fees, and allowances (including severance packages and employee tribunal settlements) payable to employees and to other persons providing services to the ICB		✓ Remuneration Committee			
PM6	People Management Internal	Approve disciplinary arrangements for employees, including the CEO (where he/she is an employee or Member of the ICB) and for other persons working on behalf of the ICB		✓ Remuneration Committee			
PM7	People Management Internal	Consider severance payments of the CEO and other senior staff		✓ Remuneration Committee			
PM8	People Management Internal	Appoint permanent employees within available resources and staffing establishment			✓ Chief Executive Officer		
PM9	People Management Internal	Nominate officers with delegated authority to enter into contracts of employment,			✓		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		regarding staff, agency staff or temporary staff service contracts			Chief Executive Officer		
PM10	People Management Internal	Oversee how the ICB discharges its duties to promote education and training			✓ Chief Executive Officer		
PM11	People Management Internal	Agree and issue instructions for methods of payment through payroll			✓ Chief Executive Officer		
PM12	People Management Internal	Vary or terminate contracts of employment			✓ Chief Executive Officer		
QS1	Quality & Safety Partnership	Develop and approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes across the system			✓ Chief Executive Officer		
QS2	Quality & Safety Partnership	Monitor the delivery of the duty to secure continuous		✓			

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		improvement in the quality of services		Population Health & Patient Experience Committee			
QS3	Quality & Safety Partnership	Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB, its providers, or its constituent place-based partnerships		✓ Population Health & Patient Experience Committee			
QS4	Quality & Safety Partnership	Commission care pathways and services that support the vision of the ICB and promote clinical quality and safety in all commissioned services, making recommendations to the ICB as appropriate			✓ Chief Executive Officer (advised by the place based partnerships)		
QS5	Quality & Safety Partnership	Establish performance and quality measures that maintain the effective use of resources and provide value for money			✓ Chief Executive Officer		
QS6	Quality & Safety Partnership	Oversee the framework for assurance of service quality			✓		

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		provided by constituent primary medical practices and the approach to ensuring continuous improvement			Chief Executive Officer		
QS7	Quality & Safety Partnership	Monitor progress of delivery of assistance and support to NHS England in its duty to improve the quality of primary medical services		✓ Population Health & Patient Experience Committee			
QS8	Quality & Safety Partnership	Advise on quality and governance, having regard to any guidance by the Secretary of State, and including preparation of proposals to develop and monitor clinical standards in the ICB and its constituent partnerships and practices			✓ Chief Executive Officer		
QS9	Quality & Safety Partnership	Monitor progress of delivery of promotion of involvement of patients, carers, and representatives in decisions about their healthcare		✓ Population Health & Patient Experience Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
QS10	Quality & Safety Partnership	Monitor progress of delivery of enabling patients to make choices		✓ Population Health & Patient Experience Committee			
QS11	Quality & Safety Partnership	Monitor promotion of use of research and progress of delivery		✓ Population Health & Patient Experience Committee			
QS12	Quality & Safety Partnership	Monitoring progress of delivery of service integration		✓ Place and System Development Committee			
QS13	Quality & Safety Partnership	Receive and scrutinise independent investigation reports relating to patient safety issues and agree publication plans			✓ Chief Executive Officer		

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QS14	Quality & Safety Partnership	Provide assurance of safeguarding children and adults		✓ Population Health & Patient Experience Committee			
QS15	Quality & Safety Partnership	Oversee fulfilment by the ICB of its statutory duties to reduce inequalities	✓				
QS16	Quality & Safety Partnership	Oversee process and compliance issues concerning serious incidents		✓ Population Health & Patient Experience Committee			
QS17	Quality & Safety Partnership	Prepare proposals (having regard to any guidance by the Secretary of State) for the ICB for practice incentive schemes to improve the quality of primary care			✓ Chief Executive Officer		
QS18	Quality & Safety Partnership	Oversee how the ICB secures health services that are provided in a way that promotes awareness of and		✓ Population Health &			

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		have regard to, the NHS Constitution		Patient Experience Committee			
OMR1	Operational Management & Risk Internal	Prepare and recommend a detailed financial scheme of delegation that sets out who has responsibility for operational decisions within the ICB			✓ Chief Executive Officer		
OMR2	Operational Management & Risk Internal	Approve the ICB's counter fraud and security management arrangements		✓ Audit & Risk Committee			
OMR3	Operational Management & Risk Partnership	Oversight of Place risk within the overall ICB framework					✓
OMR4	Operational Management & Risk Partnership	Approve and monitor risk management programme		✓ Audit & Risk Committee			
OMR5	Operational Management & Risk Internal	Oversight of external audit, internal audit, local counter fraud services and other external assurance functions		✓ Audit & Risk Committee			

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OMR6	Operational Management & Risk Internal	Monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption including the appointment of the Local Counter Fraud Specialist		✓ Audit & Risk Committee			
OMR7	Operational Management & Risk Internal	Decide at what stage to involve police in cases of misappropriation and other irregularities not involving fraud or corruption			✓ Chief Executive Officer		
OMR8	Operational Management & Risk Partnership	Approve arrangements for risk sharing and or risk pooling with other organisations (for example arrangements for pooled funds with ICBs or pooled budget arrangements under section 75 of the NHS Act 2006)	✓				
OMR9	Operational Management & Risk Internal	Approve proposals for action on litigation against or on behalf of the ICB			✓ Chief Executive Officer		

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OMR10	Operational Management & Risk Internal	Make proposals for individual compensation payments			✓ Chief Executive Officer		
OMR11	Operational Management & Risk Internal	Ratify the Audit Committee's proposals for individual compensation payments	✓				
OMR12	Operational Management & Risk Internal	Approve the ICB's arrangements for business continuity and emergency planning	✓				
OMR13	Operational Management & Risk Internal	Approve the ICB's arrangements for managing dispute resolution		✓ Audit & Risk Committee			
ONR14	Operational Management & Risk Partnership	Oversee the maintenance and operation of a system risk strategy and a risk register		✓ Audit & Risk Committee			
OMR15	Operational Management & Risk Internal	Provide independent and objective view on internal control and probity		✓ Audit & Risk Committee			
TC1	Tendering & Contracting	Approval of the ICB's contracts for corporate			✓		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
	Internal	support (for example finance management systems provision, commissioning support)			Chief Executive Officer		
TC2	Tendering & Contracting Internal	Approval of the introduction or discontinuance of any significant activity or operation. An activity or operation shall be regarded as significant if it has a gross annual income or expenditure (that is before any set off) of a value described in the Financial SORD		✓ System Productivity Committee			
TC3	Tendering & Contracting Internal	Authorisation of expenditure in excess of tender price (within delegated limits approved by ICB)		✓ System Productivity Committee			
TC4	Tendering & Contracting Internal	Oversight and approval of the procurement, contracting, performance management and decision-making process		✓ System Productivity Committee			
TC5	Tendering & Contracting Internal	Approval of process for waiver of formal tendering procedures		✓			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee Audit & Risk Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
TC6	Tendering & Contracting Internal	Approval of waiver of formal tendering procedures			✓ Chief Finance Officer and Chief Executive Officer		
TC7	Tendering & Contracting Internal	Nomination of an officer, senior member of staff or a member of a shared service organisation to provide day to day operational oversight for each contract on behalf of the ICB			✓ Chief Executive Officer		
PW1	Partnership Working Partnership	Approve the scope of decisions and funding delegated by the ICB under section 75 of the 2006 Act	✓				
PW2	Partnership Working Partnership	Approve the scope of decisions delegated to committees established under the 2006 Act (as amended 2022)	✓				
PW3	Partnership Working Partnership	Approve arrangements for co-ordinating the commissioning of services with other ICBs and or with the local	✓				

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		authority(ies), where appropriate					
PW4	Partnership Working Partnership	Approval of contribution to Joint Strategic Needs Assessment					✓
PW5	Partnership Working Partnership	Approval of joint commissioning delivery arrangements (staff resource and development of integrated teams) with local authorities	✓ (Strategic)				✓ (Operational)
PW6	Partnership Working Partnership	Oversight of contribution to the Joint Strategic Needs Assessment, making recommendations as appropriate to the ICB					✓
PW7	Partnership Working Partnership	Approve on behalf of the ICB joint commissioning arrangements with other partners as appropriate	✓				
CHC1	Commissioning of Health and Care Partnership	Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including obtaining			✓ Chief Executive Officer		

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
		appropriate advice and public engagement and consultation					
CHC2	Commissioning of Health and Care Partnership	Approval of service development or discontinuance as set out in the detailed financial scheme of delegation			✓ Chief Executive Officer (advised by place based partnerships)		
CHC3	Commissioning of Health and Care Partnership	Approval of service specifications and methods of securing services			✓ Chief Executive Officer (advised by place based partnerships)		
CHC4	Commissioning of Health and Care Internal	Commissioning of Primary Medical Services as delegated from NHS England			✓ Chief Executive Officer		
CHC5	Commissioning of Health and Care Internal	Commissioning of Pharmacy, Optometry and Dental (POD) services			✓ Chief Executive Officer		
CHC6	Commissioning of Health and Care Internal	Commissioning of Highly Specialised Services				✓ NHSE	

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
CHC7	Commissioning of Health and Care Partnership	Commissioning of health and social care services that are of common interest for 2 or more ICBs				✓ NHSE	
FA1	Finance & Audit Internal	Approval of Financial Allocation Policy to each Place Based Partnership	✓				
FA2	Finance & Audit Internal	Approval of the arrangements for discharging the ICB's statutory financial duties		✓ System Productivity Committee			
FA3	Finance & Audit Internal	Approval of the ICB's corporate budgets		✓ System Productivity Committee			
FA4	Finance & Audit Internal	Approval of variations to the approved budget where variation would have a significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic aims		✓ System Productivity Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
FA5	Finance & Audit Internal	Approval of overspend or reduction of income that cannot be met from virement		✓ System Productivity Committee			
FA6	Finance & Audit Internal	Monitoring the progress of delivery of the ICB's general financial duties		✓ System Productivity Committee			
FA7	Finance & Audit Internal	Approve amendments to Standing Financial Instructions	✓				
FA8	Finance & Audit Internal	Annual approval of the Financial Plan (as part of agreeing Operational Plan, SP7)	✓				
FA9	Finance & Audit Internal	Determine, and set out, level of delegation of non-pay expenditure to budget managers			✓ Chief Executive Officer		
FA10	Finance & Audit Internal	Approve proposed pre-payment arrangements		✓ System Productivity Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
FA11	Finance & Audit Internal	Setting of budgetary totals and / or virement limits		✓ System Productivity Committee			
FA12	Finance & Audit Internal	Delegation of budget-to-budget holders			✓ Chief Executive Officer		
FA13	Finance & Audit Internal	Approval of the appointment of internal and external auditors		✓ Audit & Risk Committee			
FA14	Finance & Audit Internal	Approval of dismissal of internal and external auditors	✓				
FA15	Finance & Audit Internal	Approval of the internal audit strategy, audit plan and more detailed programme of work		✓ Audit & Risk Committee			
FA16	Finance & Audit Internal	Prepare procedures for recording and accounting for losses, special payments			✓ Chief Executive Officer		
FA17	Finance & Audit Internal	Approval of write-off of losses (within limits delegated by Department of Health)		✓ Audit & Risk Committee			

Serial No.	Policy Area / Domain	Decision	Reserved to the Board	Reserved or delegated to Committee	Reserved or delegated to Officer	Reserved or delegated to other specified statutory bodies	Reserved or delegated to Place partnerships
FA18	Finance & Audit Internal	Ratify the Audit Committee's proposals in individual cases for the write-off of losses or making of special payments above the limits of delegation to the CEO and Chief Finance Officer (for losses and special payments) previously approved by the ICB	✓				
FA19	Finance & Audit Internal	Advise on individual cases for the write-off of losses or making of special payments above the limits of delegation to the CEO and Chief Finance Officer (for losses and special payments)		✓ Audit & Risk Committee			
FA20	Finance & Audit Internal	Approval of banking arrangements including provision of banking services, operation of accounts, preparation of instructions and list of cheque signatories			✓ Chief Executive Officer		

Appendix B – Schedule of Matters Delegated to Officers

Introduction

1. General

This schedule of matters delegated to officers has been developed in conjunction with the organisation's standing Financial Instructions and standing orders and will provide guidance for both the BOB ICB and the SCW Commissioning Support Unit.

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Chief Executive. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Standing Financial Instructions and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

2. Scheme of Delegation to Employees

Standing Orders (SOs) and Standing Financial Instructions (SFIs) set out in some detail the financial responsibilities of the ICB Chief Executive, the ICB Chief Finance Officer and other executive directors of the BOB ICB.

The Scheme of Delegation covers only matters delegated by the Board to the Chief Executive and Directors and certain other specific matters referred to in Standing Financial Instructions.

Further delegation may be approved.

- i. by the Board in approving specific management policies
- ii. by the ICB Chief Executive
- iii. as part of Financial Procedures approved by the ICB Chief Finance Officer

Each ICB Director 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 Standing Financial Instructions, the Board exercises financial supervision and control by:

- a) Authorising the operational plan;
- b) Requiring the submission and approval of budgets within approved allocations / overall income;
- c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- d) Defining specific responsibilities placed on members of the Board, committees, members and employees as indicated in the Scheme of Delegation
- e) Approving provision of shared services through the SCW Commissioning

Support Unit (CSU).

Once the Board has reviewed and approved the Operating Plan and any supporting financial plan / budget the Board will delegate approval to the Chief Executive Officer, the Chief Finance Officer and other ICB Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this scheme of delegation.

For the avoidance of doubt this delegation (subject to the limits approved by the Board in the Scheme of Delegation) includes:

- Approval of business cases i.e. Tables 1 and 4
- Awarding of contracts including the signing of appropriate contract documentation i.e. Tables 2 and 5
- Agreement of contract variations and subsequent amendments to contract payments i.e. Tables 2 and 5
- Approval to vire (transfer) budgets within overall available financial resources and in line with the Operating Plan i.e. Tables 3 and 6
- Payment of sums due against approved contracts i.e. Table 7
- Budgetary delegation including approval of invoices, payroll expenditure and authorisation for the raising of invoices to debtors i.e. Table 7
- Operation of appropriate procurement processes within agreed financial thresholds, i.e. Table 8
- Approval of capital expenditure i.e. Table 9
- Approval of disposals, condemnations, losses and special payments i.e. Table 10
- Approval limits for Continuing Healthcare staff employed by Oxford Health NHS Foundation Trust i.e. Table 11

Financial Limits/Thresholds

Proposed Financial Limits/Thresholds

Description	Limit
Section 1 – Commissioning and contracting for health care services	
Approval of Business cases	See table 1 below
Authorisation of award of contracts	See table 2 below
Virements	See table 3 below
Section 2 – Non Health Care Services (Running Costs)	
Approval of Business cases	See table 4 below
Authorisation of award of contracts	See table 5 below
Virements	See table 6 below
Section 3 - General	
Approval of Invoices and Invoice Payment files	See table 7 below
Contract/ Procurement procedures	See table 8 below
Approval process and delegated limits for capital expenditure	See table 9 below
Disposals, condemnations, losses and special payments	See table 10 below
Continuing Health Care Staff employed by Oxford Health NHS FT	See table 11 below

Budget Administrator = team member with delegated authority for day-to-day budget management reporting to the Budget Manager (Head of Service)

Budget Manager = Head of Service reporting to the Budget Holder

Budget Holder = ICB Executive Director

Section 1 – Commissioning and Contracting for Health Care Services

Table 1: Approval of Business Cases

Change in value per annum +/- from current spend £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £1,000,000	Executive Director	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

Table 2: Authorisation of Award of Contract

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £1,000,000	Executive Director	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

Table 3: Delegated Limits for Budget Virements

Budget Virement Value £	Authorised By:	Final Approved by
Up to £50,000	Budget Administrator	Chief Finance Officer or Deputy
Over £50,000 up to £100,000	Budget manager (Head of Service)	Chief Finance Officer or Deputy
Over £100,000 up to £1,000,000	Budget Holder (Executive Director)	Chief Finance Officer
Over £1,000,000 up to £5,000,000	Budget Holder (Executive Director) and Chief Finance Officer	Chief Executive
Over £5,000,000	Chief Executive	Board

NB Technical virements do not require formal approval e.g. such as arise following changes to the overall Resource Limit or changes to reflect contract agreement

Section 2 – Non Health Care Services (Running Costs)

Table 4: Approval of Business Cases

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £500,000	Executive Director and Chief Finance Officer	Chief Finance Officer
Over £500,000 up to £1,000,000	Executive Team and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

Table 5: Authorisation Of Award Of Contract

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Executive Director
Over £50,000 up to £500,000	Executive Director	Chief Finance Officer
Over £500,000 up to £1,000,000	Executive Director and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

Table 6: Delegated Limits for Budget Virements

Budget Virement Value £	Authorised By:	Final Approved by
Up to £50,000	Budget manager (Head of Service)	Chief Finance Officer or Deputy
Over £50,000 up to £500,000	Budget Holder (Executive Director)	Chief Finance Officer
Over £500,000 up to £1,000,000	Budget Hilder (Executive Director) and Chief Finance Officer	Chief Executive
Over £1,000,000	Chief Executive	Board

NB Technical virements such as arise following changes to the overall Resource Limit do not require formal approval.

Section 3 – General

Table 7: Approval Of Invoices and Invoice Payment Files (Ipf)

Delegated To	Delegation Of Authority Approved By	Level of Authority
Non-Budget Managers who are requisitioners	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Prior Approvals Manager	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Budget Administrator	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £10,000
Budget Manager (Heads of Service)	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £100,000
Assistant Chief Finance Officer Head of Primary Care	Budget Holder (Executive Director), notified to the Chief Finance Officer	Up to £200,000
Deputy Chief Finance Officer Budget Holders (Executive Directors)	Chief Executive	Up to £5,000,000
Chief Finance Officer and Chief Executive	Board	Unlimited

The CCG Chief Executive may delegate authority, up to a maximum of £50,000, to an officer or employee who is not a Budget Manager. Such authority to be notified to the Chief Finance Officer.

In some instances, it may also be necessary to increase delegated limits for individual Executive Directors in order to provide sufficient cover for absence of the Chief Finance Officer and Chief Executive Officer to ensure invoice payment performance is not jeopardised. Such authority to be approved by the Chief Finance Officer and Chief Executive Officer and its use recorded in a register.

The Deputy Chief Finance Officers have unlimited approval in respect of Invoice Payment Files (IPF).

Table 8: Contract / Procurement Procedures – Financial Thresholds

Contract Value	Method of Tendering	Form of Contract	Minimum Number Invited to Tender
Less than £5,000	No Quotations required	Official Order	No minimum
Over £5,000 up to £50,000	Quotations in writing	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000
Running Costs Tender Threshold £50,000			
Over £50,000	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)
Healthcare Costs Tender Thresholds			
Length of Contract	No Quotations Required	Three Quotations	By Competitive Tender
One year	Less than £50k	£50 - £250k	Greater than £250k
Two years	Less than £100k	£100k - £500k	Greater than £500k
Three years	Less than £150k	£150k - £750k	Greater than £750k
Four years	Less than £200k	£200k - £1m	Greater than £1m
Five years	Less than £250k	£250k - £1.25m	Greater than £1.25m

There should be agreement in advance of any decision to waive the tender process in line with the approved process (Annex 1) .

Table 8 also applies to contracts for all external consultants.

CONTRACT VALUE: The term “Contract Value” is defined as the total cost to the ICB of the complete scheme or the total value of the items purchased or acquired during the contract period including payable VAT.

- The above limits also apply to contract variations
- Once awarded authority to sign the contract and for making payments is delegated to appropriate members of the Executive team.

Officers awarding contracts or subsequent contract variations will pay due regard to the approved procurement procedures, including the requirements of the Official Journal of the European Union (OJEU) tendering procedures and should seek the advice of the Chief Finance Officer where required.

Table 9: Approval Process and Delegated Limits for Capital Expenditure

Delegated To	Approval Level and Process	Level Of Authority £
Executive Director and Chief Finance Officer/Deputy Chief Finance Officer	Business case – light touch	Up to £50,000
Executive team including Chief Executive and Chief Finance Officer	Business case	over £50,000 up to £250,000
System Productivity Committee	Business case	over £250,000 up to £1,000,000
Board	Business case	over £1,000,000 up to £6,000,000
NHSE	Business case	Over £6,000,000

The annual capital plan will be approved by the Board.

Table 10: Disposals, Condemnations, Losses and Special Payments

Type	Approved by	Limit £
Approval of disposals & condemnations	Head of Service / Executive Director	Up to £5,000
	Executive Director and Chief Finance Officer	Over £5,000 up to £100,000
	Chief Executive and Chief Finance Officer	Over £100,000 up to £1,000,000
	Board	Over £1,000,000
Losses & Special payments (except below)	Chief Finance Officer	Up to £1,000
	Audit & Risk Committee	Over £1,000
Special payments – special severance payments that exceed legal or contractual obligations	Any cases to be approved by Department of Health & Treasury	£0

All losses and special payments, including the write-off of debts, must be reported to the Chief Finance Officer and are reported in the annual statutory accounts.

Please refer to detailed financial policy on Condemning and Disposals and Losses and Special payments.

Fraud cases over £15,000 must be referred to NHS Counter Fraud Authority.

Approval must be sought from NHSE for any loss or special payments which are defined by NSHE as special payments or are “novel, contentious or repercussive”. Where required these payments must be reported to the Department of Health.

Table 11: Continuing Healthcare Staff Employed by Oxford Health NHS Foundtion Trust

Directorate/Service Area	Job Title	Grade	Authorisation Level
Oxford Health CHC	Head of service for Continuing Healthcare for BOB	8C	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Service Manager	8B	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Unit Manager	8A	Up to £1,923 per week or £100k per annum and one signatory for >£100k per annum
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second signatory

The £100k or less authorisation level can be signed off by an 8C, 8B or 8A. If more than this, needs ICB approval by member of staff with appropriate approval limit.

Version	Date approved by the ICB	Effective date
V1.0	N/A	1 July 2022
V2.0	03 January 2023	17 January 2023

Annex 1 Process for Waiver of Standing Orders

REQUEST FOR WAIVER OF STANDING ORDERS

As stated in NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICB’s Scheme of Reservation and Delegation, it is the responsibility of all staff to conform to financial policies and financial procedures. These policies are available for reference on our website and, where assistance is required as to the appropriate course of action, the Finance and Procurement Teams are available for help and advice.

NOTE: SINGLE TENDER WAIVERS SHOULD ONLY BE USED BY EXCEPTION. THE WAIVERING OF COMPETITIVE TENDERING PROCEDURES SHOULD NOT BE TO AVOID COMPETITION, ADMINISTRATIVE CONVENIENCE OR TO AWARD FURTHER WORK TO A PROVIDER AWARDED A CONTRACT VIA A COMPETITIVE PROCEDURE.

In line with the ICB’s Standing Financial Instructions, this form is required for any expenditure above £5k (including VAT) that is not covered by an existing contract or appropriate procurement process.

Contract Value	Method of Tendering	Form of Contract	Minimum Number Invited to Tender
Less than £5,000	No Quotations required	Official Order	No minimum
Over £5,000 up to £50,000	Quotations in writing	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000
Tender Threshold £50,000			
Over £50,000	By sealed tender (or electronic alternative) Select list compiled for each contract	As specified in tender	All contractors on select list (at least three)

- In cases where there is only one possible provider then a Single Tender Action should be used.
- Where it is known that there are other possible providers but they cannot be used for one of the reasons set out under the guidance, a Single Tender Waiver should be used.
- Advice should be sought from your procurement team prior to completing this form to confirm whether or not it is the appropriate route.
- For procurement input, please contact the SCW CSU Procurement team at [\[Insert contact details\]](#)

When would I need to complete a single tender action/ waiver?

Waiving competition may be in direct contravention of Procurement Regulations. It is therefore recommended that advice is obtained from Procurement in order to risk assess such decisions. The relevant definitions regarding waivers are:

- Single Tender Waiver - competition exists but this is being waived as per ICB guidance,
- Single Tender Action - there is demonstrable evidence that the requirement can only be delivered by a single provider.

It should be noted that the following are not sufficient reasons to waive competition

- Lack of time through poor planning,
- To avoid competition without robust justification,
- For administrative convenience.

When would I not need to complete a single tender action/waiver ?

If the contract is to be awarded against a compliant Framework Contract or compliant consortia contract (even if direct award) then a Contract Award Recommendation Report (CARR) should be produced and approved through the scheme of delegation prior to award of contract

Formal tendering procedures may be waived in the following circumstances:

- Compatibility with existing equipment (e.g. only 1 supplier able to provide solution compatible with existing equipment/infrastructure/integration including maintenance/warranty/service charges agreements);
- Where the timescale genuinely precludes competitive tendering such as an emergency requirement that could not have reasonably been foreseen by the ICB;
- Where specialist expertise is required and is available from only one source or when the protection of exclusive rights is required, including Intellectual Property Rights, but only when there is no reasonable alternative or substitute;
- There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.
- Insufficient number of quotes/tenders were returned (in accordance with ICB SFI and/or procurement legislation);
- When a contract needs to be varied for reasons that the ICB, acting diligently, could not have foreseen. For over threshold contracts, there are specific cases under the Public Contracts Regulations that allow for changes in the contract. For more information request advice from Procurement;

- When extending a contract beyond its legally provisioned period/duration or modifying a contract during its term and any of the above circumstances are applicable. Changes in contracts must be undertaken following procurement rules therefore please request advice from Procurement.
- When using local media for advertising, subscriptions, website licence fees where no other provider can provide the access.

It is important that each decision is supported by evidence-based rationale and recorded for audit purposes.

Each case will be examined individually by procurement. An STW will only be approved if the ICB is satisfied that the necessary processes and procedures have been followed in respect of competition and that challenges by third parties will be of minimal risk to the organisation, or that plans to take this to the market are already in progress and can be demonstrated. The waiver in this case will provide continuity of service until the conclusion of the procurement process.

The 'request for Single Tender Action/Waiver' form which **MUST** be completed in all circumstances where a competitive quotation or tendering process is to be waived.

REQUEST FOR SINGLE TENDER ACTION/WAIVER OF STANDING FINANCIAL INSTRUCTIONS

Note for Completion:

1. **You must follow the guidance as shown at Annex 1 (Page 3 of this document) before completing this form**
2. Please **ask for support** from the **Finance and Procurement Team** in the completion of this form as required.
3. This form is to be completed in all circumstances **where the requestor has fully established** that the competitive quotation/tendering procedure required under the **BOB ICB Standing Financial Instructions are to be waived**.
4. The requestor is responsible for obtaining advice in the completion of this form and to obtain all signatures for each section (as detailed below) and submitting to the Chief Finance Officer for approval:
5. The completed and signed waiver should be e-mailed to **TBA** for Chief Finance Officer authorisation prior to final authorisation by the Chair. Authorised requests will be presented to the Audit Committee as required.
6. The form will be returned if incomplete, inconclusive or incorrectly completed.
7. Approved waiver requests will be returned to the Requestor for onward communication to all necessary parties in order to progress the procurement.

DETAILS OF REQUEST

Request Title			
Single Tender Action or Waiver		Single Tender Action <input type="checkbox"/>	Single Tender Waiver <input type="checkbox"/>
Date of Request			
Details of Requestor: Name:			
Email:			
Department:			
Is there any identified conflict of interest and what action has been taken to mitigate the conflict?		<i>Please provide full details</i>	
Full Description of Goods and/or Service		<i>Please provide full details</i>	
Reason for request, rather than following a procurement exercise		<i>Please provide sufficient detail including why this approach provides best value</i>	
Is this request for a new Contract or to extend the term of an existing Contract? Include guidance provided regarding regulatory compliance		<i>Please provide full details (including original contract term/value if extending)</i>	
Proposed Supplier			
Total spend/contract value		Excluding VAT	Total including VAT
		£	£
Contract Dates of this request		Start Date:	End Date:
What actions are you undertaking now and before the end of the contract term to avoid the need for a waiver for a further period?			

Have these goods/services been ordered before or been the subject of an earlier waiver?		YES/NO
If Yes provide details (including any order number and contract values)	<i>Details</i>	Value £
Signature		
Name		
Job Title		
Date of Signature		
DIRECTOR SIGN OFF		
Comment	<i>Please provide any supporting statement (if required)</i>	
Signature		
Name		
Job Title		
Date of Signature		
FINANCE SIGN OFF		
Please confirm the spend i.e. historic and future spend detailed in this waiver is accurate and budget available	<i>Please provide full details (including budget code)</i>	
Signature		
Name		
Job Title		
Date of Signature		
PROCUREMENT SIGN OFF		
Procurement Risk analysis and Recommendation:		
Signature		
Name		
Job Title		
Date of Signature		
CHIEF FINANCIAL OFFICER OR EXECUTIVE APPROVAL		
Approved/ Rejected Comments (if applicable)		
Signature		
Name		
Job Title		
Date of Signature		
CHAIR SIGN OFF		
Approved/ Rejected Comments (if applicable)		



Signature	
Name	
Job Title	
Date of Signature	

Annex 2

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB):

Place and System Development Committee – Terms of Reference (ToR)

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5. Establishment

The Place and System Development Committee is established by the Integrated Care Board (ICB), in accordance with its Scheme of Reservation and Delegation (SoRD).

Due to the nature of the committee business the need for the committee will be formally reviewed in September 2023

5.1 Terms of Reference:

Definition of terms: The Terms of Reference for the Committee are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

Publication: The terms of reference are published in the Governance Handbook, which is accessible on the ICB website.

5.2 Purpose

The purpose of the committee is to provide assurance that the three Places in BOB ICS (Buckinghamshire, Oxfordshire and Berkshire West) and system working arrangements across the ICS are being developed to fulfil the ICS aims:

- Improve health and wellbeing
- Reduce health inequalities
- Increase system productivity
- Support local socio-economic development

6. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

6.1 Duties

The Committee's duty is to assure the board on:

- Place development
- System development

Providing assurance involves:

- **Triangulating multiple sources** of internal and external information, including:
 - Data analysis and contract performance intelligence
 - Patients', service users' and carers' reports, surveys, complaints, and concerns
 - Evidence from key clinicians and managers from commissioned services
 - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended
- **Considering efficacy and efficiency:** Things are not only in place, but the right things are being done in the right way to achieve the right objectives, which support the ICS aims

2.1.1 Place development

- The Committee assures the ICB Board that Place is developing, in line with legislation, guidance and regulation, to meet the ICS’s aims
- The Committee seeks assurance from Place on the progress towards and/ or the effectiveness of the following:

Place assurance	
Place plans	<p>Places have co-developed plans for the local delivery of health and care services, in order to meet local priorities and fulfil the ICS aims.</p> <p>All stakeholders, providers, patients and the local population have been involved in co-developing the place plans.</p> <p>The place plans are based in a shared understanding of local needs, informed by the Joint Strategic Needs Assessment (JSNA), Health and Well Being Strategies, Population Health Management analytics from the Directors of Public Health and ICB, and other shared data and insights across Place partners.</p>
Processes	<p>Agreed processes have been established for engaging the local population, agreeing shared outcomes, commissioning and delivering health and care services, making decisions (e.g. re-shaping services within place), managing risk, and resolving disagreements.</p> <p>There is clarity about what is done at place vs system level.</p>
Workforce	<p>The requirements for integrating the workforce across health and social care are understood and practical steps are being implemented, e.g. multi-disciplinary teams, co-location of staff</p>
Digital	<p>Place partners use the same digital systems (in particular for health and social care records) and have a base level of digital capabilities</p>
Resources	<p>There is a clear, shared resourcing plan across the partner organisations or delivering services and improving shared local outcome objectives.</p> <p>A significant and growing proportion of health and care activity is overseen and funded by resources held by place, through formal pooling or informal aligning of budgets.</p>
CQC regulation	<p>Places can meet CQC requirements.</p>
Metrics	<p>Places can demonstrate a track record of delivery against agreed shared outcomes.</p>
Governance	<p>There is clear accountability for the delivery of the shared plan and outcomes for place, agreed by the ICB and local authorities, and other Place partners, and in line with legislation, regulation and guidance.</p>

2.1.2 System development

- The Committee assures the ICB Board that the ICS is developing, in line with legislation, guidance and regulation, to meet the ICS’s aims
- To monitor the progress of plans set out in the system development plan (SDP) and be assured any revision made are in line with national policy.
- The Committee seeks assurance from the ICB, local authorities, NHS providers and other partners on the progress towards and/ or the effectiveness of the following:
 - Shared vision and values
 - Shared understanding of local needs and priorities
 - Joint planning for the delivery of health and care services
 - Organisational development to foster system’s thinking and systems working
 - Joint working and workforce integration
 - Aligned financial planning and allocation of resources across system priorities
 - Risk and benefit share arrangements
 - System risk management
 - Best practice sharing across organisational silos

2.2 Authority

The ICB has delegated authority to the Place and System Development Committee as set out ICB Constitution, which may be amended in accordance with the Constitution and the SoRD.

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Task & Finish Groups	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution, Standing Orders and SoRD – but no decisions may be delegated to these groups.</p>

2.2.1 Delegation in the Scheme of Reservation & Delegation

Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

- Reviewing place governance arrangements annually and recommending changes to the ICB

6.2 Accountability and reporting

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

Accountabilities	Description
Draft minutes and reports	<ul style="list-style-type: none"> • The Committee receives scheduled assurance reports from its delegated groups. • The Secretary formally records the minutes of each meeting. • The Chair of the Committee reports to the Board (public session) after each meeting and provides a report on assurances received, escalating any concerns, where necessary.
Monitor attendance	<ul style="list-style-type: none"> • Attendance is monitored and profiled as part of the agenda at each Committee meeting • Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand
Draft annual work plans	<ul style="list-style-type: none"> • The Committee produces an annual work plan in consultation with the Board
Conduct annual self-assessment	<ul style="list-style-type: none"> • The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference. • Any resulting proposed changes to the terms of reference are submitted for approval by the Board. • The Committee utilises a continuous improvement approach in its delegation. • Members review the effectiveness of the meeting at each sitting
Annual Report	<ul style="list-style-type: none"> • The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement. • The report includes <ul style="list-style-type: none"> – The governance cycle – A summary of the business conducted, – Frequency of meetings, membership attendance, and quoracy

7. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

7.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Description of expectation	
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> • Non-Executive Director (Committee Chair) • Non-Executive Director or Chair of ICB • Director of Strategic Delivery and Partnerships • Voluntary Sector Representative • ICB NHS Trust/Foundation Trust Partner Member • Two local authority attendees and as required up to three additional members with relevant experience in system working and system development (suggest local authorities as attendees rather than members) • EDI: When determining the membership of the Committee, consideration will be given to diversity and equality.
Attendees and procedure for absence	<p>Only members of the Committee have the right to attend meetings. The Chair may invite others to attend if they would bring important perspectives to a particular discussion.</p> <p>The CEO of the ICB can attend any meeting of the Committee and may be invited to attend to gain an understanding of the Committee’s operations.</p> <p>Procedure for absence:</p>

Description of expectation	
	<p>Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.</p>
<p>Quoracy and Procedure for Inquoracy</p>	<p>Threshold: A a minimum of one Non-Executive Members, plus at least two other members.</p> <p>Absence: Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.</p> <p>Disqualification: If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p>Inquoracy: If the quorum is not reached, the meeting may proceed if those attending agree, but no decisions may be taken.</p>

7.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of rules	
<p>Meeting frequency</p>	<p>The Committee will meet at least five times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
<p>Public vs closed</p>	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
<p>Virtual meetings and extra-ordinary meetings</p>	<p>In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

7.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Conflicts of interest	<p>Declarations: All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: Anyone with a relevant or material interest in a matter under consideration may be excluded from the discussion at the discretion of the Committee Chair.</p>
Decision-making	<p>Decisions: Decisions are taken in according with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p>
Voting	<p>Eligibility: Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p>Casting Vote: The chair may have a casting vote, if members are equally divided on an issue.</p> <p>Recording of votes: The result of the vote will be recorded in the minutes.</p> <p>Virtual voting: If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>

8. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Committee in the following ways:

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.

Functions	Description
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	Support the Chair in preparing and delivering reports to the Board. Take forward action points between meetings and monitor progress against those actions.
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.

Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0		Board of ICB	Annually	Creation of ToR

Document control

The controlled copy of this document is maintained by BOB ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Annex 3

Place and System Development Committee - Statement of Intent

The Place and System Development Committee (Committee), a Sub-Committee of the ICB Board exists to support better outcomes across the Integrated Care System (ICS). The Committee will make recommendations through the ICB Board and Integrated Care Partnership on how the system can be developed (with reference to the 2022/23 system development plan) to improve overall outcomes and performance.

The ICS is defined as a partnership of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. For BOB ICS this includes our three Places, Buckinghamshire, Oxfordshire and Berkshire West and the organisations including the voluntary sector whom we work closely with. The 2022 Health & Care Act and recent guidance from the DHSC sets out the need to increase the level of integration at Place

The Integrated care system is developing through an ongoing process of review and refinement of the intricate network of organisations operating across BOB. It will achieve this by bringing together several people with expertise and interest in the local areas and how systems operate across them. The work of this sub-committee will support the ICS and its Places in their development and the achievement of the ICS's four aims:

- Improving health and wellbeing
- Reduce health inequalities
- Increase system productivity
- Support local socio-economic development

The focus of the Committee's work will be on the development of both the ICS and its three Places develops in line with statutory requirements and in doing so achieves its defined outcomes.

The Committee is an enabler rather than an end. In terms of key relationships, the Committee will advise the ICB on the mechanics of improving systems leadership across BOB and will work closely with the ICP as the main body of representation for stakeholders across BOB and the System HOSC.

Whilst the ICS is in development phase these terms of reference will be time limited for review after 12 months to ensure the committee is effective in achieving its objectives.