

<b>Presented to:</b>	Governing Body - Public
<b>Date of Meeting:</b>	25 September 2018
<b>For:</b>	Decision

<b>Agenda Reference:</b>	GOV/18/09/10
<b>Title:</b>	Governing Body Sub Committee Items for Approval
<b>Executive summary:</b>	
<p>The Audit and Assurance Committee is a standing sub-committee of the Governing Body, with delegated authorities through the Scheme of Delegation.</p> <p>The following items have been recommended for Governing Body approval:</p> <ul style="list-style-type: none"> <li>Audit and Assurance Committee – Risk Register and Board Assurance Framework           <ul style="list-style-type: none"> <li>Scheme of Delegation</li> </ul> </li> </ul>	
<b>Recommendations:</b>	The Governing Body is asked to approve the documents listed above.
<b>Previously considered by:</b>	Executive Management Team Audit and Assurance Committee Members
<b>Author(s):</b>	Mark Harris – Chief Operating Officer Susannah Long – Governance and Risk Manager
<b>Sponsoring Director / Clinical Lead/ Lay Member:</b>	Mark Harris – Chief Operating Officer
<b>Risk and Assurance:</b>	N/A
<b>Financial / Resource Implications:</b>	N/A
<b>Legal, Policy and Regulatory Requirements:</b>	The CCG is required to show that these documents have been approved by the Governing Body in line with the Scheme of Reservation of Duties.
<b>Communications and Engagement:</b>	These documents should be treated as public documents and would be available for release under the FOI Act.
<b>Equality &amp; Diversity Assessment:</b>	<input type="checkbox"/> N/A

## Primary & Urgent Care Risk Report

Reference:	P - 16/044
Entry Date:	Jul-16
Review Date:	11/09/2018
Risk Status:	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ô - No change ñ - Increase õ - Decrease
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**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	4	8

Executive Lead:	Jo Cullen, Director of Primary & Urgent Care
Operational Lead:	Garreth Saunders, Head of Urgent Care and Resilience
Overseeing Committee:	Local Delivery Board
Risk Source:	

**Risk Description (including the effect if the risk):**  
Urgent care system pressures threaten delivery of constitutional targets for 4hr ED performance, impacting on timely treatment for patients and poorer outcomes. Corresponding impact on Primary Care.

**Existing Controls / Assurance:**  
**STP Winter Resilience Plan (including Flu Plan) submitted and ongoing assurance process NHSE/NHSI**  
 Monthly Local A&E Delivery Boards (previously System Resilience Groups) (Wiltshire for SFT, Bath and North East Somerset for RUH and Swindon for GWH) examining strategic level actions and assurance - responsible for ED performance over winter  
 South system facing - weekly Senior Decision Makers meeting at SFT: developing map of capacity and additional coming on line: developing daily capture tool for capacity  
 ORCP funding targeted to manage patient flow through the hospital to assist A&E target delivery;  
 Monthly contract performance review meetings and routine performance management arrangements.  
 Daily and weekly reports and dashboards on acute performance.  
 Group Urgent Care Networks.  
 Quality and Safeguarding Reporting.  
 Strategic conference calls as required. System wide escalation process in place - now reflecting new national guidance.

<b>Actions required to mitigate risk:</b> Agreed escalation process in place with CCG support x 3 acutes as required. <b>Senior Decision makers call re introduced weekly. Key stakeholders invited to call . First Thursday of each month will be a face to face meeting.</b>	<b>Due Date</b> <b>October 2018</b>	<b>Progress against actions:</b> Winter Resilience Plan v9 submitted and received NHSE/NHSI ongoing assurance responses Weekly Winter Planning leads call (all commissioners and providers across STP) South System focus on weekly Senior Decision Makers meeting; capacity mapping: daily capture tool for WHC, Medvivo, Wiltshire Council, Care Homes Discharge / Break the System event planned 14th November at SFT OPEL response and escalation reporting to NHSE on variation of status at OPEL 3 and 4 in place Monitoring of Trust and system OPEL status in place and escalation processes enacted as necessary Monitoring of DTOC position in place with supportive action planning in place to assist patient flow. The WICC created during 2018 winter pressures has assisted in managing patient flow . <b>Home first' facilitated by WHC now contributes towards limiting LoS thus reducing pressure in system</b>
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Position on previous Governing Body report:	1
Position on current Governing Body report:	1

## Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 17/046
<b>Entry Date:</b>	29/08/2017
<b>Review Date:</b>	11/09/2018
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	Tracey Strachan, Deputy Director of Primary Care
<b>Overseeing Committee:</b>	Clinical Executive/PCCC
<b>Risk Source:</b>	Operational Risk

**Risk Description (including the effect of the risk):**  
 Vulnerability of practices - increasing numbers of practices under pressure from vacancies and sickness and unable to recruit. Risk to quality of service to patients and patient safety. Risk of increased activity in secondary care in both planned and urgent care services as knock on effect of use of locums and patient access difficulties. Continued recruitment issues or withdrawal of CCG support could cause practices to give notice on their contracts. CCG responsibility to ensure services available to patients and may need to tender new contracts and potentially contract for interim cover.

**Existing Controls / Assurance:**  
 CCG working with LMC and individual practices to support. Locality plans being developed and proposal for increased project management in localities being drawn up. Regular review of impact of resilience work in practices. Monthly GPFV/GP Resilience board. Resilience Oversight Panel in place. Support for practice mergers where agreed. Joint working with Medvivo to provide Clinical Assessment Service cover to vulnerable practices. Extension and expansion of POD agreed.

<b>Actions required to mitigate risk:</b> Continuous assessment of practice risk. Continued support as per agreed principles. Development of exit strategy for support - including alternative provision. Development of county wide provider organisation and potential risk sharing. Continued and enhanced support to locality working.	<b>Due Date</b> Next Resilience Oversight Panel Nov 18	<b>Progress against actions:</b> Ongoing GPFV/resilience meetings. Practice provider organisation being developed. Agreed principles and criteria for GP resilience support/funding for 18/19 at Clinical Executive in January 2018. Review of all schemes and proposals at GP Resilience Oversight Panel 31/07/18 Improved access requirements are likely to have an adverse impact. Some Physician Associate recruitment to release GPs.
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<b>Position on previous Governing Body report:</b>	3
<b>Position on current Governing Body report:</b>	2

## Primary & Urgent Care Risk Report

<b>Reference:</b>	P - 13/027
<b>Entry Date:</b>	21/10/2013
<b>Review Date:</b>	15/08/2018
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b>	<b>Movement Symbols</b>
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease

**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↑		2	4	8

<b>Executive Lead:</b>	Jo Cullen, Director of Primary & Urgent Care
<b>Operational Lead:</b>	Garreth Saunders Head of Urgent care & Resilience
<b>Overseeing Committee:</b>	Lead & Joint Commissioners' Group
<b>Risk Source:</b>	Contract Performance W - 13/027

### Risk Description (including the effect if the risk):

SWAST monthly and YTD performance continues to be below contracted levels. The increase in response times has the potential to adversely affect clinical outcomes for Wiltshire patients. As part of arrangements for 2016/17 A&E Improvement Plan, nationally the desired focus for this coming winter would be on achieving 95% on the four hour A&E target mandating 5 improvement initiatives for LDBs including Ambulance – Dispatch on disposition and code review pilots. The Ambulance Response Programme (ARP) aims to increase operational efficiency whilst maintaining a clear focus on the clinical need of patients. The programme aims to deliver improved outcomes for all 999 patients, with a generally reduced clinical risk through:

- The use of a new pre-triage set of questions to identify those in need of the fastest response at the earliest opportunity (Nature of Call);
- Dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition); and
- A new evidence-based set of clinical codes that better describe the patient's problem and response/resource requirement

### Existing Controls / Assurance:

Bi monthly contract management and reporting, including delivery by SWAST of consolidated action plan;  
Review of SWAST Winter Plans and ARP Performance - through LDB.

### Actions required to mitigate risk:

Continuing liaison with SWAST and monitoring of contract via lead and joint commissioners group.

### Due Date

Autumn 2017  
on-going

### Progress against actions:

ARP trial outcomes now mandated (as one of 7 UEC priorities) into business as usual, with SWASFT already implemented as early adopter.  
New rota patterns being implemented to improve utilisation  
Realignment of fleet to meet new response requirements under ARP being implemented  
Development of specialist paramedic (Band 6) being implemented as per national requirements, that will support increase in non conveyance  
Review of Winter Capacity Plans and Resource Escalation Allocation Plan (REAP) as part of STP wide Winter Plan  
APR has since been adopted as a national bench mark. SWAST are struggling to achieve performance under the ARP matrix. SWAST have confirmed that they require significant additional funding to be in a position to meet current demand. SWAST have undergone , rota review and implementation , management restructuring , fleet procurement and recruitment - these work streams remain ongoing

<b>Position on previous Governing Body report:</b>	Not on report
<b>Position on current Governing Body report:</b>	3

## Corporate Services Risk Report

<b>Reference:</b>	C - 14/038
<b>Entry Date:</b>	23/02/2015
<b>Review Date:</b>	31/08/2018
<b>Risk Status:</b>	<b>Action Required</b>

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase ô - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Mark Harris, Chief Operating Officer
<b>Operational Lead:</b>	Mark Harris, Chief Operating Officer
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	Audit of workforce capacity across Health & Social Care system

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	4	16	↔		2	3	6

**Risk Description (including the effect if the risk):**  
 Lack of appropriately skilled staff across the health and social care system due to difficulties in recruitment, national staff shortages, transformation of model of care and competitive local market. This could result in the system being unable to cope with demand for services impacting on patient flow and the provision of safe high quality care both now and in the future.

**Existing Controls:**

- Each organisation monitors their key workforce gaps and takes remedial action eg recruitment drives. Wiltshire system wide workforce capacity audits undertaken Feb 15, May 16 and Nov 17. Patient outcomes in terms of quality and patient flow data monitored at CQRM meetings and local delivery Board meetings
- STP workforce work stream (also called Local Workforce Action Board) meets monthly and is developing strategy and action plans for common challenges
- UWE courses for nonmedical postgraduate education in place and HEE funded places made available to primary and community care in Wiltshire.
- Wiltshire Workforce Action Group (WWAG) looks at collaborative operational solutions to common challenges, presently concentrating on recruitment of carers/HCA's
- Strengthened links with Health Education England (HEE) through HEE south west and HEE Wessex
- Wiltshire Community Education Provider Network (CEPN) established and delivering collaborative initiatives for primary care
- STP Apprenticeships Network established
- STP Training leads network established
- Proud to Care Wiltshire website promoted and advertised

Actions required to mitigate risk:	Due Date	Progress against actions:
<b>A: Wiltshire Workforce Action Group</b> 2. Use Proud to Care resources at recruitment/career fairs 3. Continue to promote the care certificate free high quality resources to providers	A2. 30/09/18 A3.30/09/18	<b>Wiltshire WAG</b> Website developed and advertised through leaflets, posters in GP surgeries, leisure centres and attendance at a small number of recruitment fairs. Next steps to promote through social media; Ad hoc use at recruitment fairs, next steps to develop a more coordinated plan and have bases for the storage of resources for fairs;
<b>B: Wiltshire CEPN</b> 1. Develop and promote a Wiltshire Primary Care recruitment website 2. Increase the number of student placements in primary care as it is known these often convert to new employees 3. Implement actions arising from national GP Nursing 10 point plan 4. Promote new roles in primary care to develop a broader staff offer and improve resilience 5. Work with NHS England, Swindon and B&NES on workforce plans for primary care as part of the GP Forward view.	B1. 30/09/18 B2. 31/03/19 B3. 30/09/18 B4. 30/09/18 B5. 30/06/18	On-going action required to promote quality resources and develop portability of learning to other providers: Promotion of Proud to Care Wiltshire website complete. <b>Wiltshire CEPN</b> www.welcometowiltshire.nhs.uk launched March 2018. Social media marketing campaign commencing April to July 2018; Wiltshire will share a portion of 2 new educational facilitator posts across the STP. B&NES post recruited Feb 18. Re-advertising for Swindon post at present. Funded by HEE. Also funding for training mentors required to support students in placements and refresher training for those already qualified has been undertaken;
<b>C: STP Workforce Work Streams</b> 1. STP Apprenticeship network promotes, shares information and develops high quality apprenticeships across the network and to smaller employers who have not got the infrastructure and expertise to do so at present	C1. 30/09/18	Action plan being developed with CEPN funding a number of short term projects to support this development; Physicians associates nursing associates first contact physiotherapists all being promoted:

<p>at present</p> <p>2. STP Training leads network established common training priorities and developing actions to deliver on those</p> <p>3. STP Workforce strategy being developed on behalf of the LWAB</p> <p>4. STP cost control group looking at joint recruitment and also international recruitment of nurses</p> <p>5. Workforce Lead post – current CCG post holder leaving in early June resulting in a gap before replacement.</p>	<p>C2. 30/09/18</p> <p>C3. 31/07/18</p> <p>C4. 30/09/18</p> <p>C5. 30/09/18</p>	<p>Physicians associates, nursing associates, met contact physiotherapists all being promoted, High level, plans on pages developed and being refined. Applications for international GP recruitment initiative made.</p> <p><b>STP Workforce Work Streams</b></p> <p>Active network of employers who pay into the Apprenticeship levy. Developing networks for smaller employers to learn and benefit from the procurement of quality training providers by the main network. Procurement of training provider for Nursing Associate role taken place and helping nudge discussions around workforce planning within organisations. Set of metrics being developed;</p> <p>HEE Funded UWE post graduate non-medical modules allocated across STP providers to a value of £165,000 to develop more advanced practitioners;</p> <p>Aim is to have a draft strategy by July 2018;</p> <p>Scope of project being defined.</p>
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<p><b>Position on previous Governing Body report:</b></p>	<p>2</p>
<p><b>Position on current Governing Body report:</b></p>	<p>4</p>

## Community, MH and LD Risk Report

<b>Reference:</b>	CJ-17/050
<b>Entry Date:</b>	24/10/2017
<b>Review Date:</b>	11/09/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b>	<b>Movement Symbols</b>
L - Likelihood C - Consequence T - Total	These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease

<b>Executive Lead:</b>	Ted Wilson
<b>Operational Lead:</b>	Myfanwy Champness
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	Audit Report

<b>Risk Rating</b>
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	
	3	5	15	
Current Score	L	C	T	M
	3	5	15	↔
Target Score	L	C	T	
	1	5	5	

**Risk Description (including the effect if the risk):**  
**There is a risk that** -The lack of compliance with the Children's Continuing Care national framework and process for families, providers and commissioners to follow at key stages in the process such as referral, assessment, decision making around eligibility and establishment of care packages could adversely affect patient outcomes and the CCG's reputation. CCG is failing in its responsibility to commission and oversee packages of 'continuing care' to meet the needs of its patients. Should a commissioned package of care not meet a patient's needs and this impacts on the safety or wellbeing of the patient, the CCG would be responsible and accountable. Delegation of assessment to the provider has resulted in an unacceptable degree of 'distance' between commissioners and the packages of care which are ongoing and any new referrals coming in.

**Existing Controls / Assurance:**  
 CCG clinical staff have been included within the complex needs panel in order to give robust clinical challenge and assurance. An options paper has been produced to consider ways in which the CCG might respond to this risk and develop a compliant children's CHC commissioning model in the future.  
 Quality & Clinical Governance Committee review.

<b>Actions required to mitigate risk:</b>	<b>Due Date</b>	<b>Progress against actions:</b>
CHC to review existing packages of care to ensure that they are appropriate and that the CCG has the necessary oversight to assure itself that patients are receiving care of the correct standard.	Oct 18	CHC have commissioned an external organisation to review the process
Process and care package documentation to be developed which is compliant with the continuing care framework.	Oct 18	To begin following recruitment of additional staff to manage children's CHC for which a business case is required to approve this recruitment. Swindon CCGs policy has been sourced for reference and to begin work on adapting for WCCG. Await outcome of above review
CCG to recruit to the children's nurse assessor role and associated admin support role as previously agreed in the options paper.	Oct 18	Case for recruitment to be developed by safeguarding lead - await outcome of above review

<b>Position on previous Governing Body report:</b>	4
<b>Position on current Governing Body report:</b>	5

## Acute Commissioning Risk Report

<b>Reference:</b>	A-18/073
<b>Entry Date:</b>	Jun-18
<b>Review Date:</b>	20/08/2018
<b>Risk Status:</b>	<b>Action Required</b>

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	3	12	↔		2	2	4

<b>Executive Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Andy Jennings, Head of Acute Commissioning
<b>Overseeing Committee:</b>	
<b>Risk Source:</b>	

**Risk Description (including the effect if the risk):**  
There is a risk that no bids are received for the PTS tender which is now live. This will result in a need to run a second procurement exercise and will require a further extension of the incumbent provider at potentially greater cost. There will be additional workload for the CCG Leads to manage.

**Existing Controls / Assurance:**  
Agreement from CCGs to make the contract offer / tender as attractive as possible in light of weak provider market, by reducing variation and complexity between CCGs and increasing funding envelope.

<b>Actions required to mitigate risk:</b> Apply a funding envelope to the financial offer values. Reduce complexity in the tender so far as reasonable. Reduce variation between different CCG elements of the tender so far as reasonable.	<b>Due Date</b> <i>Tender process is currently live.</i>	<b>Progress against actions:</b> Funding envelope approach agreed by all 4 CCGs. complexity and variation reduced where possible.
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<b>Position on previous Governing Body report:</b>	5
<b>Position on current Governing Body report:</b>	6



## Acute Commissioning Risk Report

<b>Reference:</b>	A - 14/025
<b>Entry Date:</b>	11/05/2015
<b>Review Date:</b>	28/08/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Overseeing Committee:</b>	RTT Steering and Delivery Meetings. Escalation to CRM Meetings
<b>Risk Source:</b>	Planned Care Programme - 14/025

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	4	16		4	3	12	↔				0

<b>Risk Description (including the effect if the risk):</b> There is a risk, that as a CCG we will not achieve the NHS Constitutional target for patients to be treated within 18 weeks of referral for elective care which impacts on performance, clinical risk and and constitutional risk.
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<b>Existing Controls / Assurance:</b> Monitoring arrangements: 1. Provider / CCG RTT WG monthly. Escalates issues as required to CRMs. 2. CRMs monthly with each provider. 3. CSU contacts any non local providers that report a 52 week wait to ensure a 'to come in' (TCI). 4. Remedial Action Plan in place with GWH. 5. Remedial Action Plan in place with RUH. 6. Demand escalation framework at RUH to flag emerging issues. 7. Deep dives by specialties as required continue. 8. Proactive redirection of referrals away from challenged specialties / providers as necessary to reduce waits for patients. 9. SFT RTT steering group now well established.
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<b>Actions required to mitigate risk:</b> 1. Continued monitoring of remedial action plans in place for RUH and GWH via monthly dedicated assurance meetings with each provider. 2. Weekly dashboards with RUH and GWH to facilitate proactive review and remedial recovery actions. 3. Review of GWH & RUH trajectories for 18/19. 4. Focus on waiting list size and shape in line with changing priorities in planning guidance. Waiting list updating included in all RTT steering groups.	<b>Due Date</b> 30/09/2018	<b>Progress against actions:</b> - RTT action plan received. Analysis of waiting list including longest waiters (46 weeks). Draft action plan shared with NHSE. Actions continuing include: 1. Waiters being offered choice elsewhere to reduce waits in Jan/Feb. 2. Pre-referral outsourcing. 3. Backlog reviews and regarding offer of choice provider to first outpatient appointment.
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<b>Position on previous Governing Body report:</b>	7
<b>Position on current Governing Body report:</b>	7

## Acute Commissioning Risk Report

<b>Reference:</b>	A - 18/072
<b>Entry Date:</b>	12/06/2018
<b>Review Date:</b>	11/09/2018
<b>Risk Status:</b>	<b>Accepted</b>

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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<b>Risk Rating</b> Refer to risk matrix tab when recording Likelihood and Consequence scores.
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<b>Executive Lead:</b>	Lucy Baker - Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Nadine Fox - Head of Meds Management
<b>Overseeing Committee:</b>	
<b>Risk Source:</b>	QIPP

Initial Score	L	C	T					Current Score	L	C	T	M	Target Score	L	C	T
	4	3	12						4	3	12	↔		1	1	1

**Risk Description (including the effect if the risk):**  
**Blueteq implementation** - achievement of WCCG significant QIPP saving (£809K) associated with Blueteq is at risk due to inability of acute trusts to fully engage with the required roll out; and other BSW STP CCGs to lead in their respective clinical areas

**Existing Controls / Assurance:**  
 Blueteq STP meetings (regularly)  
 Feedback to CAG  
 Feedback to QIPP review meetings  
 Updates to Finance & Performance Committee

<b>Actions required to mitigate risk:</b> 1. Encourage trusts and other CCGs to fulfill their responsibilities.	<b>Due Date</b> 31/03/2019	<b>Progress against action</b> - CCG wide pharmacist started in post on 7.8.18, though data issue at SFT needs to be overcome, as Blueteq can not be used fully until this data issue is resolved. - Gastro has gone live. - Re-phasing of savings currently being undertaken. - STP Blueteq meeting 26.9.18.
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<b>Position on previous Governing Body report:</b>	Not on report
<b>Position on current Governing Body report:</b>	8

## Acute Commissioning Risk Report

<b>Reference:</b>	A - 15/034
<b>Entry Date:</b>	
<b>Review Date:</b>	11/09/2018
<b>Risk Status:</b>	Action Required

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase ò - Decrease
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**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	3	4	12		3	4	12	↔		1	3	3

<b>Executive Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Lucy Baker, Acting Director of Acute Commissioning
<b>Overseeing Committee:</b>	EMT
<b>Risk Source:</b>	

**Risk Description (including the effect if the risk):**  
Service provision for PPCI and acute stroke services may be restructured impacting on the population of Wiltshire following a network review.

**Existing Controls / Assurance:**  
Attendance at network meetings to understand proposal and impact.  
Update at STP Stroke Summit June 2018.

<b>Actions required to mitigate risk:</b> Discussions with acute providers to confirm impact and plans following network options appraisal.	<b>Due Date:</b> 30/09/2018	<b>Progress against actions:</b> 1. Submissions to network review by CCG and providers. 2. STP clinical leadership group to discuss. 3. No update provided from clinical network on next steps and timeframes post publishing of recommendations. Update to be obtained from network.
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<b>Position on previous Governing Body report:</b>	8
<b>Position on current Governing Body report:</b>	9

## Acute Commissioning Risk Report

<b>Reference:</b>	A - 17/071
<b>Entry Date:</b>	25/07/2017
<b>Review Date:</b>	28/08/2018
<b>Risk Status:</b>	Accepted

<b>Risk Rating Abbreviations</b> L - Likelihood C - Consequence T - Total	<b>Movement Symbols</b> These are contained within the movement drop down list. ó - No change ñ - Increase õ - Decrease
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**Risk Rating**  
Refer to risk matrix tab when recording Likelihood and Consequence scores.

Initial Score	L	C	T	Current Score	L	C	T	M	Target Score	L	C	T
	4	3	12		4	3	12	↔		2	2	4

<b>Executive Lead:</b>	Lucy Baker - Acting Director of Acute Commissioning
<b>Operational Lead:</b>	Lucy Baker - Acting Director of Acute Commissioning
<b>Overseeing Committee:</b>	MSK Board
<b>Risk Source:</b>	MSK STP Workbook

**Risk Description (including the effect if the risk):**  
**MSK** - The provider does not deliver an effective, high quality service through capacity or capability constraints.

**Existing Controls / Assurance:**  
 MSK Board  
 CCG Governance / Assurance

<b>Actions required to mitigate risk:</b> 1. Accessible services in the right place which meet need/priorities	<b>Due Date</b> 31/03/2019	<b>Progress against actions:</b> During the mobilisation phase the CCG will seek assurance from WH&C that they will seek to work in partnership with other organisations to enhance their capacity. This will include working with Wiltshire Council to deliver leisure based services. Levers and penalties will be built into both the mobilisation and delivery phases to ensure that the CCG is able to address performance issues as they arise. E.g Milestones built into mobilisation phases for release of investment funding.
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<b>Position on previous Governing Body report:</b>	9
<b>Position on current Governing Body report:</b>	10

# NHS Wiltshire Clinical Commissioning Group - Board Assurance Framework & Action Plan September 2018

Principal strategic objective	Issue impacting on achievement of strategic objective	Key controls and systems supporting issue management	Positive assurances of controls (the available evidence on the effectiveness of the controls / systems)	Gaps in controls and systems (or weak controls and systems)	Gaps in assurance (poor evidence of effectiveness of controls and systems)	Date of Last Review	Director Lead	Action Plan	By when	Status	Comments/Updates
<b>A: To improve the quality of healthcare and outcomes and reduce inequalities</b>											
A.01	Range of risks associated with business continuity across local community and including the CCG as a separate organisation including: Severe weather; Disruption to transport infrastructure (incident/fuel supply); Disease pandemic; Telecommunications infrastructure failure.	Participation in Local Health Resilience Partnership at executive and working group level; Contributing through LHRP to risk management through LHR Forum; LRF Joint plans (e.g. Fuel, Telecommunications); Health Protection Unit; LRF Warning & Informing Strategy; LRF Major Incident & Recovery Plan; Refreshed CCG Business Impact Assessments (BIA).	LHRP workplan and meetings; Community Risk Register; Involvement with EPRR exercise; Internal Audit and Business Continuity arrangements. Compliance with Core Standards for EPRR.	Action cards for service continuity.  Interdependencies with CSU and Property Services.  Resilient telephony in SGH	None	03/09/2018	Chief Operating Officer	Action Cards developed.  Interdependencies agreed and actioned.  Replacement telephone system in SGH	Oct 18  Oct 18  TBC	Amber	Gaps in control drawn from Feb'18 Internal Audit report.
A.02	Provider organisations failing to provide harm free care to Wiltshire residents.	Contracts for commissioned services with quality schedule (for NHS and non-NHS providers); Clinical Quality Review Meetings (for NHS and non-NHS providers); Incident reporting requirement and mechanisms; CQC registration and review; Safety thermometer; Quality & Clinical Governance Committee; Oversight by Q&CG of CQC reports and safety notices; Quality visits.	Monthly Integrated Performance Report to Governing Body including patient safety information; Monitoring of SI data at Q&CG; CCG participating in surveillance for highlighted providers. Routine Contract Review Meetings of Provider performance through CSU Annual process of confirm and challenge meetings with providers to ensure compliance with EPRR including their business continuity arrangements	None	None	03/09/2018	Director of Quality	No further action needed		Green	
A.03	Objective setting process is not adhered to in all directorates which could lead to personal development requirements failing to be identified and cross CCG training not being purchased to address needs. Staff may be unable to effectively undertake their role and/or any training purchased may not be purchased in the most cost effective manner.	Appraisal and objective setting timetable 6 Monthly Workforce report L&D Policy L&D Panel receives applications for support Appraisal/PDP monitoring tool available to managers on ConsultOD	Previous Internal Audit of appraisal and objective setting process.	Reports on ConsultOD indicate low compliance	None	03/09/2018	Interim Accountable Officer	No further action needed		Amber	Timetables for objectives and appraisals reset and reissued.
<b>B: To improve the patient's experience of local health services</b>											
B.01	Failure to fully engage with communities to influence service development	CCG Communication and Engagement Strategy; Lay Member role; Website; Governing Body meetings held in public at various locations around Wiltshire; Active involvement of Healthwatch; Acknowledgement of petitions; Equality & Diversity Strategy; Stakeholder Event June 2017; PPG development work.	Locality Stakeholder days; Public consultations on developments; Healthwatch feedback; Internal audit of stakeholder engagement presented to AAC Nov'16.	Engagement Plan for STP	None	03/09/2018	Interim Accountable Officer	Engagement capacity review and business case.  Engagement strategy produced.	TBC	Amber	
<b>C: To work collaboratively with Wiltshire Council and partner organisations on integrated commissioning and delivery of services</b>											
C.01	The definition for an Integrated Care System and how it works across STPs is still unclear. This might lead to incorrect assumptions, wasted effort and/or lack of progress.	Limited guidance	None	None	None	03/09/2018	Interim Accountable Officer	No further action needed		Green	STP Leadership Group agreement to definitions and boundaries of ICS and Integrated Care Alliances in place.
C.02	Achieving integrated commissioning to support the strategic objectives of CCG, the 5 Year Strategy and Better Care Fund.	Governing body reports; Joint Commissioning Board; Director of Integration; Integrated Performance Report; Engagement with Sustainable Transformation Partnership (STP) Board; S75 agreement; Emergent Sustainable Transformation Plan (Dec'16); Joint working Group (agreed ToR). Interim joint structure for Community, Mental Health, learning Disabilities and Childrens Commissioning.	Governing Body minutes; Positive relationships at Health & Wellbeing Board; Assessment of Integrated Team performance summer 2016.	None	None	03/09/2018	Interim Accountable Officer	No further action needed		Green	

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C.03	Failure of partner organisations in commissioning of services on behalf of CCG in regard to financial expenditure and patient safety.	Signed Memorandum of Understanding Service Specifications Monthly performance meetings between CCG Lead and Wiltshire Council Lead Joint Business Agreement agreed by JCB; Better Care Plan governance arrangements; Outcome reports for commissioned services; Director of Integration post. Updated s75 agreement approved by Wiltshire Council and CCG at Health & Wellbeing Board; Internal audit of Better Care Plan Q4 16/17.	JCB as an assuring body; Performance risk assessed, detail included in JBA; Findings of follow-up audit of Better Care Plan.	None	None	03/09/2018	Chief Finance Officer / Director of Quality / Director of Integration	No further action needed		Green	
C.04	Key partner/contractors/providers may be unable to provide commissioned services.	Contracts for commissioned services with KPI; Contract performance arrangements (CSU support); Contract Managers; Integrated Performance Report; Systems Resilience Group; Provider licensing by NHS Improvement.	Governing Body members receive Integrated Performance Report on a monthly basis.  Monthly Contract Governance Forum with CSU.	None	None	03/09/2018	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
C.05	Lack of available workforce in the local health system to support transformation agenda.	Each organisation monitoring key workforce gaps and taking remedial action eg overseas recruitment; Health Education England workforce planning; UWE courses for community and primary care staff in place; Wiltshire Institute of Health & Social Care; Workforce Action Group (system wide) looking at operational collaborative solutions concentrating on efficiency, learning & development and recruitment; Monitoring of provider vacancy rates at contract performance meetings; Workforce key work stream in STP and monitored at STP Leadership Group; Analysis of GP staffing; CCG Workforce Lead.	None	None	None	03/09/2018	Director of Integration / Group Directors	No further action needed		Green	
C.06	Capacity and capability of CCG staff to deliver against the 5 year plan	Objective setting, PDP and appraisal system and timetable; Learning & Development Policy; Central oversight of requests for staff development from April 2016 at L&D Panel; Project Governance Framework; Workforce report; Staff Survey and action plan.	Staff survey results; Workforce report (turnover, sickness absence and objective setting data) to Governing Body on six monthly basis.	None	None	03/09/2018	Chief Operating Officer	No further action needed		Green	
<b>D: To encourage and support people to be responsible for managing and improving their own health and wellbeing</b>											
D.01	The greater involvement of the CCG in the health promotion agenda is contingent on engagement with Wiltshire Council Public Health.	Health & Wellbeing Board; Memorandum of Understanding (MoU) with Public Health - Refreshed 16/17; STP workstream; CCG public campaigns.	Minutes of Health & Wellbeing Board.	None	None	03/09/2018	Chief Operating Officer	No further action needed		Green	
<b>E: To support the resilience of primary care across Wiltshire</b>											
E.01	Full delegated commissioning of Primary Care wef April 2017 with no transfer of staff or resources from NHSE which impacts on multiple areas of the CCG (Primary Care, Finance, Quality & Communications).	Primary Care Commissioning Committee; NHSE documented arrangements; Update at Governing Body Mar'17; Discussion of risks at AAC Mar'17; Internal Audit of Conflict of Interests arrangements Aug'18; CCG post now in place.	Internal Audit findings of governance and budget monitoring processes.	Delegation Agreement; CCG staff resource.	None	03/09/2018	Director of Primary Care & Urgent Care	Business case for additional capacity dependent on above.	Jun-18	Amber	

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E.02	A number of GP practices across Wiltshire are at risk due to the ongoing availability of GPs and practice staff. This may lead to poor service to registered population, possible closures and increased pressure on neighbouring practices and urgent care.	Monitoring of GP practice provision. Locum arrangements. GP Practice contracts. GP Forward Plan.	None	None	None	03/09/2018	Director of Urgent and Primary Care	Ongoing assessment of vulnerable practices and identification of actions.  Development of Primary Care Provider proposal building on "at scale" discussions.	Ongoing  TBC	Amber	Business case for provider at scale options March 18.
<b>F: To contribute towards a financially sustainable and responsive health and care economy</b>											
F.01	Implementation of the General Data Protection Regulations by 2018.	Information Governance Group; Primary Care Information Governance Group; SCW CSU Information Governance support; Existing Information Governance Framework; Information Governance Toolkit; PwC assessment of GDPR readiness (Jan'18); GDPR action schedule.	Information Governance Toolkit annual compliance assessment. PwC readiness assessment.	National NHS Guidance  Compliance with new DSP toolkit	None	03/09/2018	Chief Finance Officer / Director of Quality	Actions to be undertaken on various aspects of GDPR in light of PwC readiness report.  Completion of DSP toolkit	Mar 19	Amber	Specific guidance is being drafted by the ICO/IG Alliance. This process isn't as advanced as hoped and guidance is still awaited.
F.02	The CCG is unable to deliver on all QIPP targets	Regular monitoring of QIPP delivery at Governing Body by means of Integrated Performance Report; Finance & Performance Committee (every two months); Directorate Dashboards; Detailed project workbooks.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	Uptake in directorates of PMO discipline Internal arrangements for oversight of performance	None	03/09/2018	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
F.03	CCG unable to meet the financial targets	Financial Strategy; 5-year Strategy/2yr Operational Plan; Financial management systems; Finance & Performance Committee; Audit & Assurance Committee; Integrated Performance Report; Internal Audit; External Audit; Organisational QIPP Plan; Contracts for commissioned services; Secondary Uses Service (SUS) data correctly attributed to CCG or NHSE; Signed Provider contracts 17/18; Financial Plans for 17/18.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring.	Limited Transformational QIPP plans especially for Urgent Care to support savings required in 19/20	None	03/09/2018	Chief Finance Officer / Chief Operating Officer / Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning	No further action needed		Green	
F.04	CCG unable to deliver against NHS Constitution	5-year Strategy/2yr Operational Plan; Integrated Performance Report; Finance & Performance Committee; Quality Report at Q&CG Committee; Contract quality schedules to hold providers to account for performance; STP development; RTT delivery group/steering board.	Governing Body members receive Integrated Performance Report on a monthly basis; Finance & Performance Committee monitoring; CRM meetings reviewing providers performance data; Q&CG discussion of provider performance against targets; Reports from RTT delivery group/steering board; NHSE assurance framework.	Integrated performance management arrangements	None	03/09/2018	Director of Primary Care & Urgent Care / Community & Joint Commissioning Director / Acting Director of Acute Commissioning / Director of Quality / Director of Integration / Chief Operating Officer	No further action needed		Green	

## **Detailed Scheme of Delegation August 2018**

### **Wiltshire Clinical Commissioning Group**

#### **Purpose and Scope**

The Scheme of Delegation is a key document which defines the delegated responsibilities across the organisation. It supports the delivery of the CCG's Prime Financial Policies, which are contained within the Constitution.

The CCG is governed by the Governing Body and is supported by the CCG's Management Team and a number of Committees. Certain powers and responsibilities are delegated by the Governing Body to Committees (which are detailed in their Terms of Reference) and to individual employees of the CCG (these are outlined in this Scheme of Delegation). The CCG's Scheme of Reservation shows the responsibilities retained by the Governing Body and Committees.

Only the following committees can make decisions for the CCG, in line with their Terms of Reference, the Scheme of Reservation and the Scheme of Delegation:

1. Governing Body
2. Audit and Assurance Committee
3. Primary Care Commissioning Committee
4. Exceptions and Prior Approvals Committee
5. Finance and Performance Committee
6. Quality and Governance Committee

The following committees have delegated powers to make recommendations, as outlined in the following text:

1. Clinical Executive Committee
2. Remuneration Committee.



The Accountable Officer is the lead officer of the organisation and retains the CCG accountability for delegated functions. During periods of absence (annual leave, sickness, etc.), the functions and decisions delegated to the Accountable Officer, can be taken by the Chief Operating Officer (COO) or Chief Financial Officer (CFO). Similarly, in the absence of the CFO, decisions are delegated to the Deputy Chief Financial Officer, with the support of the Accountable Officer.

For the purpose of this document, the word 'employee' includes all employees of the CCG, clinicians, bank and agency staff, and contractors, including management consultants employed by the CCG. Anyone employing contractors, agency staff or management consultants are required to make them aware of the provisions of this Scheme of Delegation.

The CCG structure is designed to enable the CCG to discharge its responsibilities. It is divided into a number of separate directorates:

Executive

Finance and Information

Corporate Services

Quality

Acute Commissioning

Primary and Urgent Care

Community and Joint Specialist Commissioning

The head of each directorate reports directly to the Chief Operating Officer, who, in turn, reports to the Accountable Officer, and will have delegated responsibilities. The exception to this is the Chief Financial Officer, who reports directly to the Accountable Officer. In the scheme of delegation which follows, the directorate head is referred to as the "Executive Director". Where the scheme of delegation refers to GPs, it is intended that only executive GPs with employment contracts with the CCG will be given delegated authority under the scheme of delegation.

### On call managers

Where a member of staff is nominated as being on-call in response to out of hours health incident's for the CCG for that period, if they do not already have an expenditure approval limit, they will be authorised to commit up to £25,000 of non-pay expenditure in order to resolve an urgent out of hours need. This limit is increased to £100,000 during a declared major emergency or system escalation.

GENERAL AREA	DELEGATED MATTER	DELEGATED TO:
<b>(1) BUDGET MANAGEMENT</b>	Production of balanced, annual budget	Chief Financial Officer
	Agreement of assumptions and guidance to be used in the construction of the annual budget	Finance and Performance Committee
	Production of annual Operating Plan	Accountable Officer
	Approve annual operating plan, budget, medium term financial plan, and other relevant plans	Retained by Governing Body
	Responsibility to keep expenditure within budgets and to ensure that budgets are only used for the type of expenditure for which they have been set: <ol style="list-style-type: none"> <li>1. At individual budget level (Pay and Non Pay)</li> <li>2. At directorate level</li> <li>3. All Other Areas</li> </ol>	<ol style="list-style-type: none"> <li>1. Budget Holder, as defined by the Executive Director</li> <li>2. Executive Director</li> <li>3. Chief Financial Officer</li> </ol>
	Achievement of annual Operating Plan	Accountable Officer
	Budget virements for income and expenditure >£500,000	Chief Financial Officer, and notified to Governing Body
	Budget virements for income and expenditure between £25,000 and £500,000	Chief Financial Officer or Deputy Chief Financial Officer or Accountable Officer or Chief Operating Officer.
	Budget virements for income and expenditure below £25,000	Executive Director

	Movements from reserves/ assignment of allocations to directorate budgets.	Chief Financial Officer
<b>(2) MAINTENANCE AND OPERATION OF BANK ACCOUNTS</b>	Approval of banking arrangements	Chief Financial Officer (Notified to Audit and Assurance Committee)
	Variation to approved signatories	2 of Accountable Officer, Chief Financial Officer or Deputy Chief Financial Officer
	Approving payments from GBS bank account (RFT and BACS payments)	1 of Chief Financial Officer, Deputy Chief Financial Officer, Chief Accountant or Financial Accountant.
	Approving cheque payments from GBS Bank account	1 of Chief Financial Officer, Deputy Chief Financial Officer, Chief Accountant or Financial Accountant.
	Drawdown of cash to meet CCG requirements (monthly)	Chief Financial Officer or Deputy Chief Financial Officer
	Approval of same-day urgent payments	Chief Financial Officer or Deputy Chief Financial Officer
<b>(3) PETTY CASH</b>	Issuing of petty cash up to £50 per claim	Petty Cash Holder (as delegated by Chief Financial Officer)
	Issuing of petty cash above £50 per claim	Chief Financial Officer
<b>(4) NON PAY REVENUE EXPENDITURE</b>	Approval of business cases to support service pilots, new services or investment up to £150,000 (for implementation within the year or from the next financial year)	Accountable Officer or Chief Financial Officer
	Approval of business cases to support service pilots, new services or investment up from £150,000 to	Initial Approval – Executive Management Team

	£500,000 (for implementation within the year or from the next financial year)	Recommendation for approval -- Clinical Executive Group, with the Accountable Officer and Chief Financial Officer in attendance and voting (or nominated deputies) Final approval – Accountable Officer and Chief Financial Officer.
	Approval of business cases to support service pilots, new services or investment up over £500,000 (for implementation within the year or from the next financial year)	Initial Approval -Executive Management Team, Recommendation for approval -- Clinical Executive Group, with the Accountable Officer and Chief Financial Officer in attendance and voting (or nominated deputies) Final approval - Governing Body.
	Negotiation of annual contracts, taking into account new services and investments, and assuming achievement of Value For Money.	Executive Directors to lead with final sign off by Chief Financial Officer
	Approval of purchase orders and invoices with no purchase order >£150,000	Accountable Officer or Chief Operating Officer or Chief Financial Officer or Deputy Chief Financial Officer
	Approval of purchase orders and invoices with no purchase order <£150,000	Executive Directors
	Authority to delegate approval of purchase orders and invoices without purchase order is delegated to Executive Directors. Executive Directors are authorised to delegate	Executive Directors

	<p>the following approval limits to staff within their directorate as appropriate and in line with directorate need:            Level 4 &lt;£50k            Level 3 &lt;£25k            Level 2 &lt;£5k            Level 1 &lt;£1k</p>	
	<p>Approval of Continuing Healthcare Packages, Adult Personal Health Budget packages and Mental Health/LD placements, up to £50,000 annually per patient (£960 a week)</p>	<p>Associate Director Safeguarding , CHC and Specialist Placements</p>
	<p>Approval of Continuing Healthcare Packages, Adult Personal Health Budget packages and Mental Health/LD placements, between £50,000 and £150,000 per patient (from £960 a week to £2,880 per week)</p>	<p>Director of Nursing and Quality and Associate Director Safeguarding, CHC and Specialist Placements</p>
	<p>Approval of Continuing Healthcare Packages, Adult Personal Health Budget packages and Mental Health/LD placements, over £150,000 annually per patient (over £2,880 per week)</p>	<p>Director of Nursing and Quality and Accountable Officer or Chief Operating Officer or Chief Financial Officer or Deputy Chief Financial Officer</p>
	<p>Approval of Children’s Personal Health Budgets:            - up to £50,000 annually (£960 per week)            - Over £50,000 annually (£960 per week)</p>	<ul style="list-style-type: none"> <li>- Director of Community and Joint Specialist Commissioning.</li> <li>- Director of Community and Joint Specialist Commissioning and</li> </ul>

		Chief Financial Officer
	Commitment to fund exceptional treatments or care up to £100,000 per case	Exceptions and Prior Approvals Panel
	Commitment to fund exceptional treatments or care over £100,000 per case	Exception and Prior Approvals Panel and Chief Financial Officer or Deputy Financial Officer
	Approval of prepayments, as part of year end process (excluding subscriptions and training course fees)	Chief Financial Officer or Deputy Chief Financial Officer
	Payments including payroll deductions, Pension Pay overs & other payroll deductions (known as balance sheet payments).	Chief Financial Officer or Deputy Chief Financial Officer or Chief Accountant or Financial Accountant
<b>(5) CAPITAL SCHEMES AND PROPERTY ARRANGEMENTS</b>	Approval of capital schemes or property arrangements, with financial or service implications for the CCG: <ul style="list-style-type: none"> <li>- All values up to £500,000</li> <li>- Over £500,000</li> </ul>	Chief Financial Officer Chief Financial Officer and Governing Body
	Disposal of property, plant and equipment	Chief Financial Officer
	Authorisation, granting and termination of leases for all leases – All values	Chief Financial Officer
<b>(6) QUOTATION, TENDER and CONTRACT PROCEDURES</b>	Establishment of a contract or SLA for all commissioned services of the CCG, which provide value for money and reflect CCG intentions.	Executive Directors.
	Maintenance of a contracts register	Executive Directors.
	Where no suitable nationally	No requirement to obtain quotes or

	negotiated framework agreements/contracts are available for use: -Purchase of goods or service contracts up to £ £5,000	tender but best value must be demonstrated
	-Purchase of goods or service contracts over £5,000	3 written quotations unless less than 3 potential suppliers exist
	-Purchase of goods or service contracts over £50,000	3 formal tenders through Procurement Team unless less than 3 potential suppliers exist
	-Purchase of goods or service contracts above EU OJEU limits	EU OJEU process using Procurement Team
	Opening of tenders (if procurement not being managed by CSU procurement)	2 Members of Executive Management Team
	Approval to accept tender/quote other than the lowest that met the award criteria	Chief Financial Officer
	Awarding of contract	Contract value <£500,000 – Chief Financial Officer. Contract value >£500,000 – Governing Body
	Waiving of quotations and tenders	Chief Financial Officer and reported to Audit and Assurance Committee
	Decision to terminate a contract before term has ended	Any 2 of: Accountable Officer, Chief Operating Officer or Chief Financial Officer
	Contract signature (all values)	Accountable Officer or Chief Operating Officer or Chief Financial Officer. Where 2 signatories are needed, and one of the delegated officers is unavailable, authority is given to the



		Deputy Chief Financial Officer.
<b>(7) INCOME COLLECTION</b>	Approval of sales orders: Up to £5,000	Senior Finance Manager – Acute Commissioning
	Up to £25,000	Chief Accountant
	Over £25,000	Chief Financial Officer or Deputy Chief Financial Officer
	Cancellation of invoices relating to current financial year and/or previous financial years, where invoice is to be re-raised for the same value, due to errors on original invoice.	Chief Financial Officer or Deputy Chief Financial Officer or Chief Accountant or Senior Finance Manager – Acute Commissioning.
	Cancellation of invoices relating to current financial year or previous financial years, where invoice is NOT subsequently re-raised due to the original invoice being incorrectly raised and funds not due to the CCG.	Chief Financial Officer or Deputy Chief Financial Officer
	Write off of non-pay bad debt relating to current or previous year all values	Chief Financial Officer or Deputy Chief Financial Officer reported to Audit and Assurance Committee.
	Authority to pursue legal action for bad debts	Chief Financial Officer
	Write off of salary overpayment debt all values	Chief Financial Officer or Deputy Chief Financial Officer reported to Audit and Assurance Committee.
	Approval of bad debt provision annually	Deputy Chief Financial Officer or Chief Financial Officer
<b>(8) RECRUITMENT OF STAFF, PAY AND LEAVE</b>	Approval of Recruitment Request forms	Executive Director and Chief Financial Officer or Deputy Chief Financial Officer

	Appointment of staff	Executive Directors
	Appointment of staff on paygrade above scale minimum	Chief Financial Officer on receipt of written justification from budget holder/executive director
	Changes to staff structure (i.e. new posts, directorate changes).	Executive Management Team following submission of business case
	Maintenance of authorised signatory list	Financial Accountant
	Authorisation of overtime	Executive Directors
	Approval for salary advances	Chief Financial Officer or Deputy Chief Financial Officer
	Approval to carry forward in excess of 5 days annual leave in exceptional circumstances	Chief Financial Officer
	Approval of application for ill health retirement	Accountable Officer or Chief Operating Officer
	Decisions on redundancy	Accountable Officer or Chief Operating Officer and Chief Financial Officer
	Decisions on suspension and dismissal	Executive Directors in line with CCG disciplinary policy.
<b>(9) ENGAGEMENT OF STAFF NOT ON THE ESTABLISHMENT</b>	Engagement of consultancy services, and off-payroll workers, at a rate of less than £600 per day excluding VAT and expenses	Chief Financial Officer OR Accountable Officer
	Engagement of bank or agency staff, outside the criteria outlined below - Authority to engage off-payroll staff who meet any of the following criteria: - Cost greater than £600 per day, excluding VAT and expenses OR	Executive Director or budget holder with responsibility for pay related expenditure within directorate. - Business Case to be submitted to NHS England using standard pro-forma, before engaging. Business Case must be approved by the AO and

	- Are engaged for a period greater than six months, regardless of cost per day AND Are in roles of significant influence (AO or directors)	CFO before submission. NHS England approves the engagement.
	Authority to appoint staff to post not on the establishment	Executive Management Team approval and Chief Financial Officer
<b>(10) PROCEDURAL DOCUMENTS</b>	Oversight of the framework of up to date operational policies	Chief Operating Officer
	Oversight of the framework of up to date financial policies and procedures	Chief Financial Officer.
<b>(11) INSURANCE AND LEGAL</b>	Ensuring appropriate insurance cover is in place for: <ul style="list-style-type: none"> <li>• Property and assets</li> <li>• Public Liability</li> <li>• Employee liability</li> </ul>	Chief Financial Officer
	Reporting and handling insurance claims	Chief Operating Officer
	Management of legal claims and advice, including the signing of legal documents (admission, waivers, settlements, court order response)	Chief Operating Officer
	Engagement of CCG's solicitors	Executive Directors via Chief Operating Officer
<b>(12) AUDIT</b>	Approval of annual work plans for external audit, internal audit and counter fraud service.	Audit and Assurance Committee
	Ensuring that plans are delivered within specification and timescale	Chief Financial Officer
	Implementation of audit or counter fraud service recommendations	Appropriate Executive Director and designated officer.

<b>(13) REPORTING OF INCIDENTS TO THE POLICE</b>	Where a fraud is involved	Chief Financial Officer or Accountable Officer or Chief Operating Officer
	All other cases where a criminal offence is suspected	Chief Operating Officer
<b>(14) PRIMARY CARE</b>	Approval of expenditure in line with Statement of Financial Entitlement for GP contracts (relating to locum reimbursement, clinical waste, rent)	Deputy Director of Primary Care
	Approval of non-standard expenditure requests that do not meet the criteria laid out in the Statement of Financial Entitlement for GPs. (e.g. claims for locum reimbursement made after start of absence period).	Deputy Director of Primary Care and Director of Primary and Urgent Care
	Approval of decisions relating to the commissioning of primary medical services – including (but not limited to) design of contracts, decisions on practice mergers, establishment of new GP practices, etc.	Business case reviewed by Executive Management Team Approval by Primary Care Commissioning Committee Final approval by Chief Financial Officer.
	Approval of payments submitted to Primary Care Support England (PCSE)	Chief Financial Officer or Deputy Chief Financial Officer
<b>(15) OTHER</b>	Approval of CCG Constitution, Standing Orders, Prime Financial Policies, Scheme of Delegation, Scheme of Reservation	Retained by Governing Body
	Approval of CCG Strategies	Retained by Governing Body
	Approval of CCG policies as follows: Health and Safety Risk Management	Audit & Assurance Committee, with ratification by Governing Body

	Major Incident Standards of Business Conduct Commissioning Policies (with legal, budget or public interest implications)	
	Approval of other policies and procedures	Audit & Assurance Committee Finance and Information Committee Quality and Clinical Governance Committee Remuneration Committee Primary Care Commissioning Committee
	Maintenance of register of interests, and register of gifts, hospitality and sponsorship	Chief Operating Officer
	Conflicts of Interest: - reported at Committee meetings - passed on by Committee Chairs and more complex issues,	- Relevant Committee chair - Conflicts of Interest Guardian
	Maintenance of Losses and Special Payments Register	Chief Financial Officer
	Reporting of losses through fraud and theft etc.	Chief Financial Officer, reported to Audit and Assurance Committee
	Ex gratia payments to patients or staff for loss of personal effects, all values	Accountable Officer or Chief Operating Officer or Chief Financial Officer, reported to Audit and Assurance Committee
	Approval of individual compensation payments (staff or former staff)	Accountable Officer or Chief Operating Officer or Chief Financial Officer,

	<£50,000	reported to Audit and Assurance Committee
	Approval of individual compensation payments (staff or former staff) >£50,000	Accountable Officer or Chief Operating Officer or Chief Financial Officer , then ratified by Governing Body
	Approval of individual compensation payments (patients or former patients) Non NHS Resolution<£50,000	Accountable Officer or Chief Operating Officer or Chief Financial Officer, reported to Audit and Assurance Committee
	Approval of individual compensation payments (patients or former patients) Non NHS Resolution>£10,000 or all NHS Resolution.	Accountable Officer or Chief Operating Officer or Chief Financial Officer , then ratified by Governing Body
	Compensation payments made under legal obligation	Accountable Officer or Chief Operating Officer or Chief Financial Officer , then ratified by Governing Body
	Sealing of documents	Accountable Officer or Chief Operating Officer or Chief Financial Officer, ratified by Governing Body