

# **STANDING FINANCIAL INSTRUCTIONS**

## 10. INTRODUCTION

### 10.1 General

- 10.1.1 These Standing Financial Instructions (SFIs) are issued in support of the Prime Financial Policies contained in the Constitution. They shall have effect as if incorporated in the Standing Orders (SOs).
- 10.1.2 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by the CCG. They are designed to ensure that the CCG's financial transactions are carried out in accordance with the law and with Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Schedule of Decisions Reserved to the Governing Body and the Scheme of Reservation and Delegation adopted by the CCG.
- 10.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the CCG. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Chief Financial Officer.
- 10.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Chief Financial Officer must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the CCG's Standing Orders.
- 10.1.5 **The failure to comply with Standing Financial Instructions and standing orders can in certain circumstances be regarded as a disciplinary matter that could result in dismissal.**
- 10.1.6 **Overriding Standing Financial Instructions**—If for any reason these Standing Financial Instructions are not complied with full details of the non-compliance and any justification for non-compliance and the circumstances around the non-compliance shall be reported to the next formal meeting of the Audit and Quality Committee for referring action or ratification. All members of the Governing Body and staff have a duty to disclose any non-compliance with these Standing Financial Instructions to the Chief Financial Officer as soon as possible.
- 10.1.7 In addition to the Interpretation and Definitions in the Constitution and Standing Financial Instructions, these definitions will apply to the Standing Financial Instructions:
- (a) wherever the term "**Legal Advisor**" is used, means the properly qualified person appointed by the Primary Care Trust to provide legal advice.
  - (b) wherever the title "**Accountable Officer**", "**Chief Financial Officer**", or other nominated officer is used in these Standing Financial Instructions, it shall be deemed to include such other Directors or employees who have been duly authorized to represent them.
  - (c) wherever the term "**employee**" is used and where the context permits, it shall be deemed to include employees of third parties contracted to the CCG when acting on behalf of the CCG.

## 10.2 Responsibilities and delegation

### 10.2.1 The CCG Body

The Governing Body exercises financial supervision and control by:

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

10.2.2 The Governing Body has resolved that certain powers and decisions may only be exercised by the Governing Body in formal session. These are set out in the 'Schedule of Matters Reserved to the Group' document.

### 10.2.3 The Accountable Officer and Chief Financial Officer

The Accountable Officer and Chief Financial Officer will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

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

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

### 10.2.5 The Chief Financial Officer

The Chief Financial Officer is responsible for:

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

and, without prejudice to any other functions of the CCG, and employees of the CCG the duties of the Chief Financial Officer include:

- (d) the provision of financial advice to other members of the Governing Body and employees;

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

#### 10.2.6 **Governing Body Members, and Employees**

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

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

#### 10.2.7 **Contractors and their employees**

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

- 10.2.8 For all members of the Governing Body and any employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Governing Body and employees discharge their duties must be to the satisfaction of the Chief Financial Officer.

## 11. AUDIT

### 11.1 Audit and Quality Committee

11.1.1 An independent Audit Committee (whether stand-alone or is part of an Audit and Quality committee) is a central means by which a Governing Body ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Governing Body. In accordance with Standing Orders the Governing Body shall formally establish an Audit Committee, with clearly defined terms of reference and to perform the following tasks:

- (a) Ensuring there is an effective internal audit function established by management, that meets mandatory ~~Public Sector–NHS~~ Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Accountable Officer and Governing Body;
- (b) Reviewing the work and findings of the external auditor, considering the implications of and management's responses to their work;  
~~appointed by the Audit Commission and considering the implications of and management's responses to their work;~~
- (c) Reviewing the findings of other significant assurance functions, both internal and external to the organisation, and considering the implications for the governance of the organisation;
- (d) ensuring that the systems for financial reporting to the Governing Body, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Governing Body;
- (e) Reviewing financial and information systems and monitoring the integrity of —the financial statements and reviewing significant financial reporting judgments;
- (f) Reviewing the establishment and maintenance of an effective system of audit Audit, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (g) Monitoring compliance with Standing Orders and Standing Financial Instructions;
- (h) Reviewing schedules of losses and compensations and making recommendations to the Governing Body;
- (i) Review the annual report and financial statements prior to submission to the Governing Body focusing particularly on;
  - (i) the wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee;
  - (ii) changes in, and compliance with, accounting policies and practices;
  - (iii) unadjusted mis-statements in the financial statements;
  - (iv) major judgmental areas;
  - (v) significant adjustments resulting from audit.
- (j) Reviewing the annual financial statements and recommend their approval to the Governing Body;
- (k) Reviewing the external auditors report on the financial statements and the annual management letter;
- (l) Conducting a review of the CCGs major accounting policies;

- (m) Reviewing any incident of fraud or corruption or possible breach of ethical standards or legal or statutory requirements that could have a significant impact on the CCGs published financial accounts or reputation;
- (n) Reviewing any objectives and effectiveness of the internal audit services including its working relationship with external auditors;
- (o) Reviewing major findings from internal and external audit reports and ensure appropriate action is taken;
- (p) Reviewing 'value for money' audits reporting on the effectiveness and efficiency of the selected departments or activities;
- (q) Reviewing the mechanisms and levels of authority (e.g. Standing Orders, Standing Financial Instructions, Delegated limits) and make recommendations to the CCG Governing Body;
- (r) Reviewing the scope of both internal and external audit including the agreement on the number of audits per year for approval by the CCG Governing Body;
- (s) Investigating any matter within its terms of reference, having the right of access to any information relating to the particular matter under investigation;
- (t) Reviewing waivers to Standing Orders;
- (u) Reviewing hospitality and sponsorship registers;
- (v) Reviewing the information prepared to support the controls assurance statements prepared on behalf of the Governing Body and advising the Governing Body accordingly.

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

11.1.3 Where the Audit Committee considers there is evidence of ultra vires transactions, evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chairman of Audit Committee should raise the matter at a full meeting of the Governing Body.

## **11.2 Chief Financial Officer**

11.2.1 The Chief Financial Officer is responsible for:

- (a) ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) ensuring that the Internal Audit function is adequate and meets the NHS mandatory audit standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;
- (c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

- (d) ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee. The report must cover:
    - (i) a clear opinion on the effectiveness of internal control in accordance with current assurance framework guidance issued by the Department of Health and Social Care including for example compliance with control criteria and standards;
    - (ii) major internal financial control weaknesses discovered;
    - (iii) progress on the implementation of Internal Audit recommendations;
    - (iv) progress against plan over the previous year;
    - (iv) strategic audit plan covering the coming three years;
    - (vi) a detailed plan for the coming year.
- 11.2.2 The Chief Financial Officer or designated internal or external auditor is entitled without necessarily giving prior notice to require and receive:
- (a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
  - (b) access at all reasonable times to any land, premises or –members of the Governing Body or employee of the CCG;
  - (c) the production of any cash, stores or other property of the CCG under a member of the Governing Body or an employee's control; and
  - (d) explanations concerning any matter under investigation.
- 11.3 Role of Internal Audit**
- 11.3.1 Internal Audit is an independent and objective appraisal service within an organisation which provides:
- (1) an independent and objective opinion to the Accountable Officer, the Governing Body, and the Audit Committee on the degree to which risk management, control and governance, support the achievement of the organisation's agreed objectives;
  - (2) an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements.
- 11.3.2 Internal Audit will review, appraise and report upon policies, procedures and operations in place to;
- (a) establish and monitor the achievement of the organisation's objectives; ;
  - (b) identify, assess and manage the risks to achieving the organisation's objectives;
  - (c) ensure the economical, effective and efficient use of resources;
  - (d) ensure compliance with established policies (including behavioral and ethical expectations), procedures, laws and regulations;

- (e) safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption;
- (f) ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

11.3.3 The Head of Internal Audit will provide to the Audit Committee;

- (a) A risk-based plan of internal audit work, agreed with management and approved by the Audit Committee, based upon the management's Assurance Framework that will enable the auditors to collect sufficient evidence to give an opinion on the adequacy and effective operation of the organisation;

- (b) Regular updates on the progress against plan;

- (c) Reports of management's progress on the implementation of action agreed as a result of internal audit findings;

(d) An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the Annual Governance Statement ;

~~Reports of management's progress on the implementation of action agreed — as a result of internal audit findings;~~

~~(d) An annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This opinion is used by the Governing Body to inform the SIC and by Strategic Health Authority as part of its performance management role;~~

~~(e) A report supporting CCG assurances to the Healthcare Commission on compliance with Standards for Better Health;~~

- (f) Additional reports as requested by the Audit Committee.

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

11.3.5 The Head of Internal Audit will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chairman and Accountable Officer of the CCG.

11.3.6 The Head of Internal Audit reports to the Audit Committee and is managed by the Chief Financial Officer. The reporting system for Internal Audit shall be agreed between the Chief Financial Officer, the Audit Committee and the Head of Internal Audit. The agreement shall be in writing and shall comply with the guidance on reporting contained in the Public Sector Internal Audit Standards~~NHS Internal Audit Standards~~. The reporting system shall be reviewed at least every three years.

11.3.7 The appointment and termination of the Head of Internal Audit and/or the Internal Audit Service must be approved by the Audit Committee.

## 11.4 External Audit

- 11.4.1 The External Auditor is appointed by the ~~CCG Audit Commission and paid for by the CCG~~. The Audit Committee must ensure a cost-efficient service. If there are any problems relating to the service provided by the External Auditor, then this should be raised direct with the External Auditor and escalated in accordance with their complaints procedure if appropriate ~~referred on to the Audit Commission if the issue cannot be resolved~~.

## 11.5 Fraud and Corruption

- 11.5.1 In line with their responsibilities, the CCG Accountable Officer and Chief Financial Officer shall monitor and ensure compliance with Directions issued by the Secretary of State for Health on fraud and corruption.
- 11.5.2 The CCG shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by the NHS Counter Fraud and Corruption Manual, and guidance.
- 11.5.3 The LCFS shall report to the CCG Chief Financial Officer and shall work with staff in the NHS Counter Fraud Service (NHS CFS) and the Operational Fraud Team (OFT) in accordance with the NHS Counter Fraud and Corruption Manual.
- 11.5.4 The Local Counter Fraud Specialist will provide a written report, at least annually, on counter fraud work within the CCG.

## 11.6 Security Management

- 11.6.1 In line with their responsibilities, the CCG Accountable Officer will monitor and ensure compliance with Directions issued by the Secretary of State for Health on NHS security management.
- 11.6.2 The CCG shall nominate a suitable person to carry out the duties of the Local Security Management Specialist (LSMS) as specified by the Secretary of State for Health guidance on NHS Security Management.

11.6.4 The Accountable Officer has overall responsibility for controlling and coordinating security. However, key tasks are delegated to the Security Management Director (SMD) and the appointed Local Security Management Specialist (LSMS).

## 12. RESOURCE LIMIT CONTROL

- 12.1.1 The CCG is required by statutory provisions not to exceed its Resource Limit. The Accountable Officer has overall executive responsibility for the CCG's activities and is responsible to the CCG for ensuring that it stays within its Resource Limit.
- 12.1.2 The Chief Financial Officer will:
- (a) provide monthly reports in the form required by the Secretary of State;

## 13. ALLOCATIONS, LOCAL DELIVERY PLAN, BUDGETS, BUDGETARY CONTROL AND MONITORING

### 13.1 Allocations

- 13.1.1 The Chief Financial Officer of the CCG will:
- (a) periodically review the basis and assumptions used by ~~the National Commissioning Board~~ NHS England for distributing allocations and ensure that these are reasonable and realistic and secure the CCG's entitlement to funds;

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

### **13.2 Preparation and Approval of Budgets**

13.2.1 Prior to the start of the financial year the Chief Financial Officer will, on behalf of the Accountable Officer, prepare and submit budgets for approval by the Governing Body. Such budgets will:

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

13.2.2 The Chief Financial Officer shall monitor financial performance against budget and plan, periodically review them, and report to the Governing Body.

13.2.3 All budget holders must provide information as required by the Chief Financial Officer to enable budgets to be compiled.

13.2.4 The Chief Financial Officer has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage successfully.

### **13.3 Budgetary Delegation**

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

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

13.3.2 The Accountable Officer and delegated budget holders must not exceed the budgetary total or virement limits set by the Governing Body.

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

13.3.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Accountable Officer, as advised by the Chief Financial Officer.

### **13.4 Budgetary Control and Reporting**

13.4.1 The Chief Financial Officer will devise and maintain systems of budgetary control. These will include:

- (a) monthly financial reports to the Governing Body in a form approved by the Governing Body containing:
  - (i) income and expenditure to date showing trends and forecast year-end position;
  - (ii) movements in working capital;
  - (iii) movements in cash and capital;
  - (iv) capital project spend and projected outturn against plan;
  - (v) explanations of any material variances from plan;
  - (vi) details of any corrective action where necessary and the Accountable Officer's and/or Chief Financial Officer's view of whether such actions are sufficient to correct the situation;
- (b) the issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;
- (c) investigation and reporting of variances from financial, workload and manpower budgets;
- (d) monitoring of management action to correct variances;
- (e) arrangements for the authorisation of budget transfers.

13.4.2 Each Budget Holder is responsible for ensuring that:

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

13.4.3 The Accountable Officer is responsible for identifying and implementing cost improvements and income generation initiatives in accordance with the requirements of the Local Delivery Plan and a balanced budget.

### **13.5 Capital Expenditure**

13.5.1 The general rules applying to delegation and reporting shall also apply to capital expenditure. .

### **13.6 Monitoring Returns**

13.6.1 The Accountable Officer is responsible for ensuring that the appropriate monitoring forms are submitted to the requisite monitoring organisation.

## 14. ANNUAL ACCOUNTS AND REPORTS

14.1 The Chief Financial Officer, on behalf of the CCG, will:

- (a) prepare financial returns in accordance with the accounting policies and guidance given by the Department of Health and Social Care and the Treasury, the CCG's accounting policies, and International Financial Reporting Standards;  
~~and the Treasury, the CCG's accounting policies, and generally accepted accounting practice;~~
- (b) prepare and submit annual financial reports to ~~the Department of Health~~NHS England certified in accordance with current guidelines;
- (c) submit financial returns to ~~the Department of Health~~NHS England for each financial year in accordance with the timetable prescribed by the Department of Health and Social Care.

14.2 The CCG's annual accounts must be audited by ~~an auditor appointed by the Audit Commission~~the External Auditor. The CCG's audited annual accounts must be presented to a public meeting and made available to the public.

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

## 15. BANK ACCOUNTS

### 15.1 General

15.1.1 The Chief Financial Officer is responsible for managing the signatories to the account, taking into account guidance / Directions issued from time to time by NHS England. The provision of banking services is controlled by NHS England, who delegate the responsibility for managing, operating and banking arrangements of the CCG's account to NHS Shared Business Services.

~~The Government Banking Service (GBS) provider of banking transaction services is the Royal Bank of Scotland Group (RBSG).~~

~~The Chief Financial Officer is responsible for managing the CCG's banking arrangements and for advising the CCG Governing Body on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Department of Health.~~

~~The Government Banking Service (GBS) changed its main provider of banking transaction services from the Bank of England to Citibank and the Royal Bank of Scotland Group (RBSG). Two banks have been engaged so that no single entity can see the full picture of the Government's overnight cash position.~~

15.1.2 The Governing Body shall approve the banking arrangements.

### 15.2 Bank and ~~Office of the Paymaster General (OPG) Accounts~~the Government Banking Service

15.2.1 The Chief Financial Officer is responsible for:

- (a) bank accounts;
- (b) ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;

~~establishing separate bank accounts for the CCG's non-exchequer funds;~~

(c) ~~reporting to the Governing Body all arrangements made with the CCG's bankers for accounts to be overdrawn; ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;~~

(d) ~~monitoring compliance with NHS England guidance on the level of cleared funds.  
reporting to the Governing Body all arrangements made with the CCG's bankers for accounts to be overdrawn;~~

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

### 15.3 Banking Procedures

15.3.1 The Chief Financial Officer will prepare detailed instructions on the management of the bank account which must include:  
~~operation of bank accounts which must include:~~

- (a) the conditions under which ~~the each~~ bank account is to be operated;
- (b) those authorised to sign cheques or other orders drawn on the CCG's accounts.

~~15.3.2 The Chief Financial Officer must advise the CCG's bankers in writing of the conditions under which each account will be operated.~~

### 15.4 Tendering and Review

15.4.1 The Chief Financial Officer will review the banking arrangements of the CCG at regular intervals to ensure they reflect best practice and represent best value for money by periodically seeking competitive tenders for the CCG's banking business.

15.4.2 Competitive tenders should be sought at least every 5 years. The results of the tendering exercise should be reported to the Governing Body.

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

### 16.1 Income Systems

16.1.1 The Chief Financial Officer is responsible for designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

16.1.2 The Chief Financial Officer is also responsible for the prompt banking of all monies received.

### 16.2 Fees and Charges

16.2.1 The CCG shall follow the Department of Health and Social Care's advice in the "Costing" Manual in setting prices for NHS service agreements.

16.2.2 The Chief Financial Officer is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Department of Health and Social Care or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

16.2.3 All employees must inform the Chief Financial Officer promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

### **16.3 Debt Recovery**

16.3.1 The Chief Financial Officer is responsible for the appropriate recovery action on all outstanding debts.

16.3.2 Income not received should be dealt with in accordance with losses procedures.

16.3.3 Overpayments should be detected (or preferably prevented) and recovery initiated.

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

16.4.1 The Chief Financial Officer is responsible for:

- (a) approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, and the procedures for keys:

~~the procedures for keys, and for coin-operated machines;~~

~~(d) prescribing systems and procedures for handling cash and negotiable securities on behalf of the CCG.~~

16.4.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs.

16.4.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Chief Financial Officer.

16.4.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the CCG is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the CCG from responsibility for any loss.

## 17. TENDERING AND CONTRACTING PROCEDURE

### 17.1 Duty to comply with Standing Orders and Standing Financial Instructions

The procedure for making all contracts by or on behalf of the CCG shall comply with these Standing Orders and Standing Financial Instructions.

### 17.2 European Union Directives Governing Public Procurement

- (a) Directives by the Council of the European Union promulgated by the Department of Health and Social Care (DHSC) prescribing procedures for awarding all forms of contracts shall have effect as if incorporated in these Standing Orders and Standing Financial Instructions.

### 17.3 Reverse eAuctions

The CCG should have policies and procedures in place for the control of all tendering activity carried out through Reverse eAuctions. For further guidance on Reverse eAuctions refer to [www.ogc.gov.uk Crown Commercial Services](http://www.ogc.gov.uk/Crown%20Commercial%20Services)

### 17.4 Capital Investment Manual and other Department of Health and Social Care Guidance

The CCG shall comply as far as is practicable with the requirements of the Department of Health "Capital Investment Manual" and "Estate code" in respect of capital investment and estate and property transactions.

### 17.5 Formal Competitive Tendering

#### 17.5.1 General Applicability

The CCG shall ensure that competitive tenders are invited for:

- the supply of goods, materials and manufactured articles;
- the rendering of services including all forms of management consultancy services (other than specialised services sought from or provided by the DH);
- for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); for disposals.

#### 17.5.2 Health Care Services

Where the CCG ~~elects to invite tenders for commissions~~ the supply of healthcare services these Standing Orders and Standing Financial Instructions shall apply, ~~as far as they are applicable to the tendering.~~

#### 17.5.3 Exceptions and instances where formal tendering need not be applied

Formal tendering procedures need not be applied where:

- (a) the estimated ~~full life cost expenditure or income~~ does not, or is not reasonably expected to, exceed **£100,000 including VAT**;
- (b) where the supply is proposed under special arrangements negotiated by the DH in which event the said special arrangements must be complied with;
- (c) regarding disposals as set out in Standing Financial Instructions;

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

- (d) in very exceptional circumstances where the Accountable Officer OR Chief Financial Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record;
- (e) where the requirement is covered by an existing contract;
- (f) where ~~Government Procurement Services~~ there are compliant framework agreements ~~are~~ in place that and have been approved by the Governing Body;
- (g) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members;
- (h) where the timescale genuinely precludes competitive tendering but failure to plan the work properly would not be regarded as a justification for a single tender;
- (i) ~~where specialist expertise is required and is available from only one source;~~
- (j) when the total value is below prevailing OJEU threshold and the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate;
- (k) there is a clear benefit to be gained from maintaining continuity with an earlier project and the value is below the prevailing OJEU threshold. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;
- (l) for the provision of legal advice and services that are below the prevailing OJEU threshold; providing that any legal firm or partnership commissioned by the CCG is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

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

- (m) where allowed and provided for in the Capital Investment Manual and below the prevailing OJEU threshold.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented. Approval must be obtained from the appropriate level of authority and recorded in an appropriate CCG record and reported to the Audit Committee.

#### 17.5.4. Fair and Adequate Competition

Where any exceptions set out in Standing Orders applies, the CCG shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

#### 17.5.5 List of Approved Firms

The CCG shall ensure that the firms/individuals invited to tender (and where appropriate, quote) are assessed for their competency and capability prior to the award of any contract.

#### 17.5.6 Building and Engineering Construction Works

Competitive Tendering cannot be waived for building and engineering construction works and maintenance (other than in accordance with Concode) without Departmental of Health approval.

#### 17.5.7 Items which subsequently breach thresholds after original approval

Items estimated to be below the limits set in this Standing Financial Instruction for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer, and be recorded in an appropriate CCG record.

### 17.6 Contracting/Tendering Procedure

#### 17.6.1 Invitation to ~~T~~tender

- (i) All invitations to tender shall state the date and time as being the latest time for the receipt of tenders.
- (ii) All invitations to tender shall state that no tender will be accepted unless:
  - ~~submitted in a plain sealed package or envelope bearing a pre-printed label supplied by the CCG (or the word "tender" followed by the subject to which it related) and the latest date and time for the receipt of such tender addressed to the Accountable Officer or nominated Manager;~~
  - ~~that tender envelopes/ packages shall not bear any names or marks indicating the sender. The use of courier/postal services must not identify the sender on the envelope or on any receipt so required by the deliverer.~~
  - ~~Where an e-tendering software package is used~~ the suppliers' response will be completed on-line and uploaded into a secure electronic mailbox until the opening time.
- (iii) Every tender for goods, materials, services or disposals shall embody such of the NHS Standard Contract Conditions as are applicable.
- (iv) Every tender for building or engineering works (except for maintenance work, when Estmancode guidance shall be followed) shall embody or be in the terms of the current edition of one of the Joint Contracts Tribunal Standard Forms of Building Contract or Department of the Environment (GC/Wks) Standard forms of contract amended to comply with Concode; or, when the content of the work is primarily engineering, the General Conditions of Contract recommended by the Institution of Mechanical and Electrical Engineers and the Association of

Consulting Engineers (Form A), or (in the case of civil engineering work) the General Conditions of Contract recommended by the Institute of Civil Engineers, the Association of Consulting Engineers and the Federation of Civil Engineering Contractors. These documents shall be modified and/or amplified to accord with Department of Health [and Social Care](#) guidance and, in minor respects, to cover special features of individual projects.

- (v) Every tender must have given, or give a written undertaking, not to engage in collusive tendering or other restrictive practice.

#### 17.6.2 Receipt and safe custody of tenders

~~The Accountable Officer or his/her nominated representative will be responsible for the receipt, endorsement and safe custody of tenders received until the time appointed for their opening.~~

~~Except Wwhere an electronic tendering package is used, the date and time of receipt of each tender shall be endorsed on the tender envelope/package.~~ Where an electronic tendering package is used the tender documents will be stored in the electronic mailbox until the closing date and time. An audit log within the e-tendering system will record the data and time the offer documents are received.

#### 17.6.3 Opening tenders and Register of tenders

- (i) ~~Except where an electronic tendering package is used, as soon as practicable after the date and time stated as being the latest time for the receipt of tenders, they shall be opened by two senior officers/managers designated by the Accountable Officer and not from the originating department. Where an electronic tendering package is used the tender documents will be opened electronically by two officers independent from the originating department.~~
- (ii) A member of the CCG Governing Body will be required to be one of the two approved persons present for the opening of tenders estimated above **£100,000**. The rules relating to the opening of tenders will need to be read in conjunction with any delegated authority set out in the CCG's Scheme of Delegation.
- (iii) The 'originating' Department will be taken to mean the Department sponsoring or commissioning the tender.
- (iv) The involvement of Finance Directorate staff in the preparation of a tender proposal will not preclude the Chief Financial Officer or any approved Senior Manager from the Finance Directorate from serving as one of the two senior managers to open tenders.
- (v) All Executive Director/Secretary/members will be authorised to open tenders regardless of whether they are from the originating department provided that the other authorised person opening the tenders with them is not from the originating department.

The CCG's Secretary will count as a Director for the purposes of opening tenders.

- (vi) ~~Except where an electronic tendering package is used, every tender received shall be marked with the date of opening and initialled by those present at the opening.~~ Where an electronic tendering package is used the details of the persons opening the documents will be recorded in the audit trail together with the date and time of the document opening.

- (vii) A register shall be maintained by the Accountable Officer, or a person authorised by him, to show for each set of competitive tender invitations despatched:
- the name of all firms individuals invited;
  - the names of firms individuals from which tenders have been received;
  - the date the tenders were received and opened;
  - the persons present at the opening;
  - the price shown on each tender;
  - a note where price alterations have been made on the tender and suitably initialed.
  - Where an electronic tendering package is used all actions are recorded within the system audit reports and shall act as the tender register.

Each entry to this register shall be signed by those present.

A note shall be made in the register if any one tender price has had so many alterations that it cannot be readily read or understood.

- (viii) Incomplete tenders, i.e. those from which information necessary for the adjudication of the tender is missing, and amended tenders i.e., those amended by the tenderer upon his/her own initiative either orally or in writing after the due time for receipt, but prior to the opening of other tenders, should be dealt with in the same way as late tenders. (Standing Order No. 17.6.5 below).

#### 17.6.4 Admissibility

- (i) If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Accountable Officer.
- (ii) Where only one tender is sought and/or received, the Accountable Officer and Chief Financial Officer shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money for the CCG.

#### 17.6.5 Late tenders

- (i) Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his/her nominated officer decides that there are exceptional circumstances i.e. despatched in good time but delayed through no fault of the tenderer.
- (ii) Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Accountable Officer or his/her nominated officer or if the process of evaluation and adjudication has not started.
- (iii) While decisions as to the admissibility of late, incomplete or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his/her nominated officer.

- (iv) Accepted late tenders will be reported to the Governing Body.

#### 17.6.6 Acceptance of formal tenders (See overlap with SFI No. 17.7)

- (i) Any discussions with a tenderer which are deemed necessary to clarify technical aspects of his/her tender before the award of a contract will not disqualify the tender.
- (ii) The lowest tender, if payment is to be made by the CCG, or the highest, if payment is to be received by the CCG, shall be accepted unless there are good and sufficient reasons to the contrary. Such reasons shall be set out in either the contract file, or other appropriate record.

It is accepted that for professional services such as management consultancy, the lowest price does not always represent the best value for money. Other factors affecting the success of a project include:

- (a) experience and qualifications of team members;
- (b) understanding of client's needs;
- (c) feasibility and credibility of proposed approach;
- (d) ability to complete the project on time.

Where other factors are taken into account in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) for not accepting the lowest tender clearly stated.

- (iii) No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with these Instructions except with the authorisation of the Accountable Officer.
- (iv) The use of these procedures must demonstrate that the award of the contract was:
  - (a) not in excess of the going market rate / price current at the time the contract was awarded;
  - (b) that best value for money was achieved.
- (v) All Tenders should be treated as confidential and should be retained for inspection.

#### 17.6.7 Tender reports to the CCG Governing Body

Reports to the CCG Governing Body will be made on an exceptional circumstance basis only.

#### 17.6.8 List of approved firms (see SFI No. 17.5.5)

- (a) **Responsibility for maintaining list**

A manager nominated by the Accountable Officer shall on behalf of the CCG maintain lists of approved firms from who tenders and quotations may be invited. These shall be kept under frequent review. The lists shall include all firms who have applied for permission to tender and as to whose technical and financial competence the CCG

is satisfied. All suppliers must be made aware of the CCG's terms and conditions of contract.

(b) **Building and Engineering Construction Works**

- (i) Invitations to tender shall be made only to firms included on the approved list of tenderers compiled in accordance with this Instruction or on the separate maintenance lists compiled in accordance with Estmancode guidance (Health Notice HN(78)147).
- ii) Firms included on the approved list of tenderers shall ensure that when engaging, training, promoting or dismissing employees or in any conditions of employment, shall not discriminate against any person because of colour, race, ethnic or national origins, religion or sex, and will comply with the provisions of the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976, and the Disabled Persons (Employment) Act 1944 and any amending and/or related legislation.
- iii) Firms shall conform at least with the requirements of the Health and Safety at Work Act and any amending and/or other related legislation concerned with the health, safety and welfare of workers and other persons, and to any relevant British Standard Code of Practice issued by the British Standard Institution. Firms must provide to the appropriate manager a copy of its safety policy and evidence of the safety of plant and equipment, when requested.

(c) **Financial Standing and Technical Competence of Contractors**

The Chief Financial Officer may make or institute any enquiries he/she deems appropriate concerning the financial standing and financial suitability of approved contractors. The Director with lead responsibility for clinical governance will similarly make such enquiries as is felt appropriate to be satisfied as to their technical/ medical competence.

17.6.9 **Exceptions to using approved contractors**

If in the opinion of the Accountable Officer and the Chief Financial Officer or the Director with lead responsibility for clinical governance it is impractical to use a potential contractor from the list of approved firms/individuals (for example where specialist services or skills are required and there are insufficient suitable potential contractors on the list), or where a list for whatever reason has not been prepared, the Accountable Officer should ensure that appropriate checks are carried out as to the technical and financial capability of those firms that are invited to tender or quote.

An appropriate record in the contract file should be made of the reasons for inviting a tender or quote other than from an approved list.

**17.7 Quotations: Competitive and non-competitive**

17.7.1 **General Position on quotations**

Quotations are required where formal tendering procedures are not adopted and where the intended expenditure or income exceeds, or is reasonably expected to exceed **£10,000** but not exceed **£100,000**.

#### 17.7.2 Competitive Quotations

- (i) Quotations should be obtained from at least **three** firms/ individuals based on specifications or terms of reference prepared by, or on behalf of, the CCG or PEC.
- (iii) Quotations should be in writing unless the Accountable Officer or his nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Confirmation of telephone quotations should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.
- (iii) All quotations should be treated as confidential and should be retained for inspection.
- (iv) The Accountable Officer or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest quotation if payment is to be made by the CCG, or the highest if payment is to be received by the CCG, then the choice made and the reasons why should be recorded in a permanent record.

#### 17.7.3 Non-Competitive Quotations

Non-competitive quotations in writing may be obtained in the following circumstances:

- (i) the supply of proprietary or other goods of a special character and the rendering of services of a special character, for which it is not, in the opinion of the Responsible Officer, possible or desirable to obtain competitive quotations;
- (ii) the supply of goods or manufactured articles of any kind which are required quickly and are not obtainable under existing contracts;
- (iii) miscellaneous services, supplies and disposals;
- (iv) where the goods or services are for building and engineering maintenance the responsible works manager must certify that the first two conditions of this SFI (i.e.: (i) and (ii) of this SFI) apply.
- (v) Where Government Procurement Services agreements are in place and have been agreed by the Governing Body.

#### 17.7.4 Quotations to be within Financial Limits

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the CCG and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Accountable Officer or Chief Financial Officer.

### 17.8 Authorisation of Tenders and Competitive Quotations

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows:

Chief Financial Officer up to **£750,000**

Accountable Officer	up to	<b>£1,500,000</b>
CCG Governing Body	over	<b>£1,500,000</b>

These levels of authorisation may be varied or changed and need to be read in conjunction with the CCG Governing Body's Scheme of Delegation.

Formal authorisation must be put in writing. In the case of authorisation by the CCG Governing Body this shall be recorded in their minutes.

### **17.9 Instances where formal competitive tendering or competitive quotation is not required**

Where competitive tendering or a competitive quotation is not required, the CCG should adopt one of the following alternatives:

- (a) the CCG shall use the ~~Government Procurement Service Framework Crown Commercial Services framework or any alternative legitimate framework provider~~ Contracts for procurement of all goods and services unless the Authorised Officer or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.
- (b) if the CCG does not use the ~~Government Procurement Service Crown Commercial Services or any legitimate framework providers~~ Framework Contracts - where tenders or quotations are not required, because expenditure is below the prescribed limit, the CCG shall procure goods and services in accordance with procurement procedures approved by the Chief Financial Officer.

### **17.10 Private Finance for capital procurement (see overlap with SFI No. 23)**

The CCG should normally market-test for PFI (Private Finance Initiative funding) when considering a capital procurement. When the Governing Body proposes, or is required, to use finance provided by the private sector the following should apply:

- (a) The Accountable Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers risk to the private sector.
- (b) Where the sum exceeds delegated limits, a business case must be referred to the appropriate Department of Health and Social Care for approval or treated as per current guidelines.
- (c) The proposal must be specifically agreed by the Governing Body of the CCG.
- (d) The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

### **17.11 Compliance requirements for all contracts**

The Governing Body may only enter into contracts on behalf of the CCG within the statutory powers delegated to it by the Secretary of State and shall comply with:

- (a) The CCG's Standing Orders and Standing Financial Instructions;
- (b) EU Directives and other statutory provisions;
- (c) Such of the NHS Standard Contract Conditions as are applicable;
- (d) 'Standards for Better Health';

- (e) Contracts with Foundation Trusts must be in a form compliant with appropriate NHS guidance;
- (f) Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited;
- (g) In all contracts made by the CCG, the Governing Body shall endeavour to obtain best value for money by use of all systems in place. The Accountable Officer shall nominate an officer who shall oversee and manage each contract on behalf of the CCG.

#### **17.12 Personnel and Agency or Temporary Staff Contracts**

The Accountable Officer shall nominate officers with delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts.

#### **17.13 Disposals (See overlap with SFI No. 25)**

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

- (a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Accountable Officer or his nominated officer;
- (b) obsolete or condemned articles and stores, which are below the OJEU threshold which may be disposed of in accordance with any supplies policy of the CCG;
- (c) items to be disposed of with an estimated sale value of less than **£100,000** for tendering and **£10,000** for quotations, these figures to be reviewed on a periodic basis;
- (d) items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract;
- (e) land or buildings concerning which DH guidance has been issued but subject to compliance with such guidance.

#### **17.14 In-house Services**

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

17.14.2 In all cases where the Governing Body or PEC determines that in-house services should be subject to competitive tendering the following groups shall be set up:

- (a) Specification group, comprising the Accountable Officer or nominated officer/s and specialist.
- (b) In-house tender group, comprising a nominee of the Accountable Officer and technical support.
- (c) Evaluation team, comprising normally a specialist officer, a supplies officer and a Chief Financial Officer representative. For services having a likely annual

expenditure exceeding **£1,000,000**, a non-officer member should be a member of the evaluation team.

- 17.14.3 All groups should work independently of each other and individual officers may be a member of more than one group but no member of the in-house tender group may participate in the evaluation of tenders.
- 17.14.4 The evaluation team shall make recommendations to the Governing Body or PEC.
- 17.14.5 The Accountable Officer shall nominate an officer to oversee and manage the contract on behalf of the CCG.

**17.15 Applicability of SFIs on Tendering and Contracting to funds held in trust (see overlap with SFI No. 28)**

These Instructions shall not only apply to expenditure from Exchequer funds but also to works, services and goods purchased from the CCG's trust funds and private resources.

**18. NHS SERVICE AGREEMENTS FOR PROVISION OF SERVICES (see overlap with SFI No. 17.13)**

**18.1 Service Level Agreements (SLAs)**

- 18.1.1 The Accountable Officer, as the Accountable Officer, is responsible for ensuring the CCG enters into suitable contracts with service commissioners for the provision of NHS services.

All contracts should aim to implement the agreed priorities contained within the Local Delivery Plan (LDP) and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Accountable Officer should take into account:

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

**18.2 Involving Partners and jointly managing risk**

A good contract will result from a dialogue of clinicians, users, carers, public health professionals and managers. It will reflect knowledge of local needs and inequalities. This will require the Accountable Officer to ensure that the CCG works with all partner agencies involved in both the delivery and the commissioning of the service required. The contract will apportion responsibility for handling a particular risk to the party or parties in the best position to influence the event and financial arrangements should reflect this. In this way the CCG can jointly manage risk with all interested parties. Due consideration in all provider/purchaser arrangements must be observed as the NHS moves toward a 'Patient-led NHS'.

**18.3 A 'Patient Led NHS' and 'Practice Based Commissioning'**

The Department of Health [and Social care](#) has published its document 'Creating a patient-led NHS' and 'Practice Based Commissioning' setting out the basis upon which the Government's major reform agenda will be carried forward.

### **A 'Patient-led NHS'**

Every aspect of the new system is designed to create a service which is patient-led, where:

- people have a far greater range of choices and of information and guidance to help make choices;
- there a stronger standards and safeguards for patients;
- NHS organisations are better at understanding patients and their needs, use new and different methodologies to do so and have better and more regular sources of information about preferences and satisfaction.

### **What services will look like**

In order to be patient-led, the NHS will develop new service models which build on current experience and innovation to:

- give patients more choice and control wherever possible;
- offer integrated networks for emergency, urgent and specialist care to ensure that everyone throughout the country has access to safe, high quality care;
- make sure that all services and all parts of the NHS contribute to health promotion, protection and improvement.

### **Securing services**

The NHS will develop the way it secures services for its patients. It will:

- promote more choice in acute care by offering choice to the patient both in number and type of provider;
- encourage development of new community and primary services alongside new practices;
- strengthen existing networks for emergency, urgent and specialist services;
- build on current practices in shared commissioning to create a far simpler contract management and administration system that can be professionally managed.

### **Changing the way the NHS works**

The NHS needs a change of culture as well as of systems to become truly patient-led, where:

- everything is measured by its impact on patients and type of provider
- the NHS is as concerned with health promotion and prevention as with sickness and injury;
- frontline staff have more authority and autonomy to better support the patient;

- barriers which create rigidity and inflexibility are tackled and codes of conduct and shared values are instilled into the culture.

### **Making the changes**

A Patient-led NHS needs effective organisations and incentives, with:

- a new development programme to help NHS Trusts become NHS Foundation Trusts;
- a similar structured programme to support CCGs in their development of 'Practice Based Commissioning';
- further development of Payment by Results to provide appropriate financial incentives for all services;
- greater integration of all the financial and quality incentives along with full utilisation of new human resources and IT programmes.

Commissioning a Patient-led NHS and Practice Based Commissioning are being rolled out by the Department of Health [and Social care](#) and full support and latest guidance may be accessed at <http://www.dh.gov.uk>

### **18.4 Reports to Governing Body on contracts**

The Accountable Officer, as the Accountable Officer, will need to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure against the contracts. This will include information on costing arrangements, which increasingly should be based upon Healthcare Resource Groups (HRGs). Where HRGs are unavailable for specific services, all parties should agree a common currency for across the range of contracts.

- 18.5** The CCG will reach decisions on whether it is legally required to (or best practice dictates that it should) procure health services through formal tendering and market testing exercises, or whether a more informal approach would be justifiable in the circumstances in accordance with the CCG Contestability Framework.

## **19. COMMISSIONING**

### **19.1 Role of the CCG in Commissioning Secondary Services**

- 19.1.1 The CCG has responsibilities for commissioning secondary services on behalf of the resident population. This will require the CCG to work in partnership with [NHS England](#)~~the National Commissioning Board~~, local NHS Trusts, CCGs, and FTs, local authority, users, carers and the voluntary sector.

### **19.2 Role of the Accountable Officer**

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

- 19.2.2 Contracts will be the key means of delivering objectives and therefore they need to have a wider scope. The CCG Accountable Officer will need to ensure that all SLAs;

- Meet the standards of service quality expected;
- Fit the relevant national service framework (if any);

- Enable the provision of reliable information on cost and volume of services;
- Fit the NHS National Performance Assessment Framework;
- that contracts build where appropriate on existing Joint Investment Plans;
- that contracts are based upon cost-effective services;
- that contracts are based on integrated care pathways.

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

19.2.4 Where the CCG makes arrangements for the provision of services by non-NHS providers it is the Accountable Officer, as the Accountable Officer, who is responsible for ensuring that the agreements put in place have due regard to the quality and cost-effectiveness of services provided. Before making any agreement with non-NHS providers, the CCG should explore fully the scope to make maximum cost-effective use of NHS facilities.

### **19.3 Role of the Chief Financial Officer**

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

19.3.2 The Chief Financial Officer must account for Out of Area Treatments/ Non Contract Activity financial adjustments in accordance with national guidelines

## **20. TERMS OF SERVICE, ALLOWANCES AND PAYMENT OF MEMBERS OF THE CCG GOVERNING BODY AND EXECUTIVE COMMITTEE AND EMPLOYEES**

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

20.1.1 In accordance with Standing Orders the Governing Body shall establish a Remuneration Committee, with clearly defined terms of reference, specifying which posts fall within its area of responsibility, its composition, and the arrangements for reporting.

20.1.2 The Committee will:

- (a) Determine appropriate remuneration and terms of service for the Accountable Officer, other officer members employed by the CCG and other senior employees including:
  - (i) all aspects of salary (including any performance-related elements/bonuses);
  - (ii) provisions for other benefits, including pensions and cars;
  - (iii) arrangements for termination of employment and other contractual terms;
- (b) make such recommendations to the Governing Body on the remuneration and terms of service of officer members of the Governing Body and [Clinical Commissioning Committee and Primary Care Commissioning Committee members](#) ~~PEC members~~ (and other senior employees) to ensure they are fairly rewarded for their individual contribution to the CCG - having proper regard to

the CCG's circumstances and performance and to the provisions of any national arrangements for such members and staff where appropriate;

- (c) advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

20.1.3 The Committee shall report in writing to the Governing Body the basis for its recommendations. The Governing Body shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration. Minutes of the Governing Body's meetings should record such decisions.

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

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

## **20.2 Funded Establishment**

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

20.2.2 The funded establishment of any department may not be varied without the approval of the Accountable Officer.

## **20.3 Staff Appointments**

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

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

20.3.2 The Governing Body will approve procedures presented by the Accountable Officer for the determination of commencing pay rates, condition of service, etc, for employees.

## **20.4 Processing Payroll**

20.4.1 The Chief Financial Officer is responsible for:

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

20.4.2 The Chief Financial Officer will issue instructions regarding:

- (a) verification and documentation of data;

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

20.4.3 Appropriately nominated managers have delegated responsibility for:

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

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

## **20.5 Contracts of Employment**

20.5.1 The Governing Body shall delegate responsibility to an officer for:

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

## **21. NON-PAY EXPENDITURE**

### **21.1 Delegation of Authority**

21.1.1 The Governing Body will approve the level of non-pay expenditure on an annual basis and the Accountable Officer will determine the level of delegation to budget managers.

21.1.2 The Accountable Officer will set out:

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

21.1.3 The Accountable Officer shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

### **21.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services (see overlap with Standing Financial Instruction No. 17)**

#### **21.2.1 Requisitioning**

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

#### **21.2.2 System of Payment and Payment Verification**

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

#### **21.2.3 The Chief Financial Officer will:**

- (a) advise the Governing Body regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
- (b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
  - (i) A list of Governing Body and PEC members/employees (including specimens of their signatures) authorised to certify invoices.
  - (ii) Certification that:
    - goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
  - in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;
  - where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
  - the account is arithmetically correct;
  - the account is in order for payment.
- (iii) A timetable and system for submission to the Chief Financial Officer of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.
- (iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.
- (e) be responsible for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions are set out in SFI No. 21.2.4 below.

#### 21.2.4 Prepayments

The CCG is prohibited by HM Treasury from drawing down cash in advance of need so prepayments are effectively forbidden. The only exceptions are where there is specific Department of Health and Social Care or NHS England guidance enabling payments in advance of need for specific circumstances or where a value for money case could be proven to HM Treasury, which must be referred to the Chief Financial Officer in the first instance.

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

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

#### 21.2.5 Official orders

Official Orders must:

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

### 21.2.6 Duties of Managers and Officers

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

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

**(This provision needs to be read in conjunction with Standing Order No. 6 and the principles outlined in the national guidance contained in HSG 93(5) "Standards of Business Conduct for NHS Staff"; the Code of Conduct for NHS Managers 2002); and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry.**

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

21.2.7 The Accountable Officer and Chief Financial Officer shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within Concode and Estatecode. The technical audit of these contracts shall be the responsibility of the relevant Director.

### **21.3 Joint Finance Arrangements with Local Authorities, Private and Voluntary Bodies (see overlap with Standing Order No. 9.1)**

21.3.1 Payments to local authorities, private and voluntary organisations made under the powers of section 28A of the NHS Act 1977 shall comply with procedures laid down by the Chief Financial Officer which shall be in accordance with that Acts. (See overlap with Standing Order No. 9.1)

## **~~22. FINANCIAL FRAMEWORK~~**

~~22.1 The Chief Financial Officer should ensure that members of the Governing Body and the PEC are aware of the Financial Framework. This document contains directions which the CCG must follow. It also contains directions to Strategic Health Authorities regarding resource and capital allocation and funding to CCGs. The Chief Financial Officer should also ensure that the direction and guidance in the framework is followed by the CCG.~~

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

### **23.1 Capital Investment**

23.1.1 The Accountable Officer:

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

23.1.2 For every capital expenditure proposal the Accountable Officer shall ensure:

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

23.1.3 For capital schemes where the contracts stipulate stage payments, the Accountable Officer will issue procedures for their management, incorporating the recommendations of Estatecode.

The Chief Financial Officer shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

- 23.1.4 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Accountable Officer shall issue to the manager responsible for any scheme:

- (a) specific authority to commit expenditure;
- (b) authority to proceed to tender ( see overlap with SFI No. 17.5);
- (c) approval to accept a successful tender (see overlap with SFI No. 17.5).

The Accountable Officer will issue a scheme of delegation for capital investment management in accordance with Estatecode guidance and the CCG's Standing Orders.

- 23.1.5 The Chief Financial Officer shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes. ~~These procedures shall fully take into account the delegated limits for capital schemes included in Annex C of HSC (1999) 246.~~

### **23.2 Private Finance (see overlap with SFI No. 17.10)**

- 23.2.1 The CCG should normally test for PFI when considering capital procurement. When the CCG proposes to use finance which is to be provided other than through its Allocations, the following procedures shall apply:

- (a) The Chief Financial Officer shall demonstrate that the use of private finance represents value for money and genuinely transfers significant risk to the private sector.
- (b) Where the sum involved exceeds delegated limits, the business case must be referred to the Department of Health and Social Care or in line with any current guidelines.
- (c) The proposal must be specifically agreed by the Governing Body.

### **23.3 Asset Registers**

- 23.3.1 The Accountable Officer is responsible for the maintenance of registers of assets, taking account of the advice of the Chief Financial Officer concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted once a year.

- 23.3.2 Each CCG shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be as specified in the *Capital Accounting Manual* as issued by the Department of Health.

- 23.3.3 Additions to the fixed asset register must be clearly identified to an appropriate budget holder and be validated by reference to:

- (a) properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- (b) stores, requisitions and wages records for own materials and labour including appropriate overheads;

- (c) lease agreements in respect of assets held under a finance lease and capitalised.
- 23.3.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 23.3.5 The Chief Financial Officer shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 23.3.6 The value of each asset shall be indexed to current values in accordance with methods specified in HM Treasury's Financial Reporting Manual (FReM).  
~~the *Capital Accounting Manual* issued by the Department of Health.~~
- 23.3.7 The Chief Financial Officer shall approve accounting policies to depreciate each asset, complying with the FReM.  
~~The value of each asset shall be depreciated using methods and rates as specified in the *Capital Accounting Manual* issued by the Department of Health.~~
- 23.3.8 The Chief Financial Officer of the CCG shall calculate and pay capital charges as specified in the ~~*Capital Accounting Manual* issued by the Department of Health.~~  
FReM.

#### 23.4 Security of Assets

- 23.4.1 The overall control of fixed assets is the responsibility of the Accountable Officer.
- 23.4.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Chief Financial Officer. This procedure shall make provision for:
- (a) recording managerial responsibility for each asset;
  - (b) identification of additions and disposals;
  - (c) identification of all repairs and maintenance expenses;
  - (d) physical security of assets;
  - (e) periodic verification of the existence of, condition of, and title to, assets recorded;
  - (f) identification and reporting of all costs associated with the retention of an asset;
  - (g) reporting, recording and safekeeping of cash, cheques, and negotiable instruments.
- 23.4.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Chief Financial Officer.
- 23.4.4 Whilst each employee and officer has a responsibility for the security of property of the CCG, it is the responsibility of Governing Body members and senior employees in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Governing Body. Any breach of agreed security practices must be reported in accordance with agreed procedures.
- 23.4.5 Any damage to the CCG's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Governing Body members and employees in accordance with the procedure for reporting losses.

23.4.6 Where practical, assets should be marked as CCG property.

### ~~23.5 — NHS LIFT~~

~~23.5 — A Primary Care Trust planning involvement with LIFT projects should access guidance from the joint DH and Partnerships UK website at [www.partnershipsforhealth.co.uk](http://www.partnershipsforhealth.co.uk).~~

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

### **24.1 General position**

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

- (a) kept to a minimum;
- (b) subjected to annual stock take;
- (c) valued at the lower of cost and net realizable value.

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

24.2.1 Subject to the responsibility of the Chief Financial Officer for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Accountable Officer. The day-to-day responsibility may be delegated by him/her to departmental employees and stores managers/keepers, subject to such delegation being entered in a record available to the Chief Financial Officer. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Officer; the control of any fuel oil and coal of a designated estates manager.

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

24.2.3 The Chief Financial Officer shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores and losses.

24.2.4 Stocktaking arrangements shall be agreed with the Chief Financial Officer and there shall be a physical check covering all items in store at least once a year.

24.2.5 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Chief Financial Officer.

24.2.6 The designated Manager shall be responsible for a system approved by the Chief Financial Officer for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated Officer shall report to the Chief Financial Officer any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI No. 25 Disposals and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

### **24.3 Goods supplied by NHS Logistics**

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

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

### **25.1 Disposals and Condemnations**

#### **25.1.1 Procedures**

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

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

25.1.3 All unserviceable articles shall be:

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

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

### **25.2 Losses and Special Payments**

#### **25.2.1 Procedures**

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

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

#### **25.2.3 Suspected fraud**

The Chief Financial Officer must notify the NHS CFS and the External Auditor of all frauds.

25.2.4 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Chief Financial Officer must immediately notify:

- (a) the Governing Body, and
- (b) the External Auditor.

25.2.5 Within limits delegated to it by the Department of Health and Social care, the Governing Body shall approve the writing-off of losses.

- 25.2.6 The Chief Financial Officer shall be authorised to take any necessary steps to safeguard the CCG's interests in bankruptcies and company liquidations.
- 25.2.7 For any loss, the Chief Financial Officer should consider whether any insurance claim can be made.
- 25.2.8 The Chief Financial Officer shall maintain a Losses and Special Payments Register in which write-off action is recorded.
- 25.2.9 No special payments exceeding delegated limits shall be made without the prior approval of the Department of Health and Social Care.
- 25.2.10 All losses and special payments must be reported to the Audit Committee at every meeting.

## **26. INFORMATION TECHNOLOGY**

### **26.1 Responsibilities and Duties of the Chief Financial Officer**

- 26.1.1 The Chief Financial Officer, who is responsible for the accuracy and security of the computerised financial data of the CCG, shall:
- (a) devise and implement any necessary procedures to ensure adequate (reasonable) protection of the CCG's data, programs and computer hardware for which the Director is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act 1998;
  - (b) ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
  - (c) ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
  - (d) ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as the Director may consider necessary are being carried out.
- 26.1.2 The Chief Financial Officer shall need to ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation.
- 26.1.3 The Head of Information Governance shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about our CCG that we make publicly available.

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

- 26.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which the majority of CCG in the Region wish to sponsor jointly) all responsible directors and employees will send to the Chief Financial Officer:

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

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

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

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

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

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

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

## **27. PATIENTS' PROPERTY**

27.1 The CCG has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.

27.2 The Accountable Officer is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by:

- Notices and information booklets (**subject to sensitivity guidance**);
- Hospital admission documentation and property records;
- The oral advice of administrative and nursing staff responsible for admissions.

that the CCG will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.

27.3 The Chief Financial Officer must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

- 27.4 Where Department of Health and Social Care instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Chief Financial Officer.
- 27.5 In all cases where property of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments, Act 1965), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.
- 27.6 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 27.7 Where patients' property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

## **28. FUNDS HELD ON TRUST**

### **28.1 Corporate Trustee**

- (1) Standing Order No. 2.9 outlines the CCG's responsibilities as a corporate trustee for the management of funds it holds on trust, along with SO 4.9.4 that defines the need for compliance with Charities Commission latest guidance and best practice.
- (2) The discharge of the CCG's corporate trustee responsibilities are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.

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

### **28.2 Accountability to Charity Commission and Secretary of State for Health**

- (1) The trustee responsibilities must be discharged separately and full recognition given to the CCG's dual accountabilities to the Charity Commission for charitable funds held on trust and to the Secretary of State for all funds held on trust.
- (2) The Schedule of Matters Reserved to the Governing Body and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All CCG Governing Body members and CCG officers must take account of that guidance before taking action.

### **28.3 Applicability of Standing Financial Instructions to funds held on Trust**

- (1) In so far as it is possible to do so, most of the sections of these Standing Financial Instructions will apply to the management of funds held on trust. (See overlap with SFI No. 17.16).

- (2) The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

## **29. ACCEPTANCE OF GIFTS BY STAFF AND LINK TO STANDARDS OF BUSINESS CONDUCT (see overlap with SO No. 6 and SFI No. 21.2.6 (d))**

The Chief Financial Officer shall ensure that all staff are made aware of the CCG policy on acceptance of gifts and other benefits in kind by staff. This policy follows the guidance contained in the Department of Health [and Social care](#) circular HSG (93) 5 'Standards of Business Conduct for NHS Staff'; the Code of Conduct for NHS Managers 2002; and the ABPI Code of Professional Conduct relating to hospitality/gifts from pharmaceutical/external industry and is also deemed to be an integral part of these Standing Orders and Standing Financial Instructions (see overlap with SO No. 6).

## **30. PAYMENTS TO INDEPENDENT CONTRACTORS**

### **30.1 Role of the CCG**

The CCG will approve additions to, and deletions from, approved lists of contractors, taking into account the health needs of the local population, and the access to existing services. All applications and resignations received shall be dealt with equitably, within any time limits laid down in the contractors NHS terms and conditions of service.

### **30.2 Duties of the Accountable Officer**

The Accountable Officer shall:

- (a) ensure that lists of all contractors, for which the CCG is responsible, are maintained in an up to date condition;
- (b) ensure that systems are in place to deal with applications, resignations, inspection of premises, etc, within the appropriate contractor's terms and conditions of service.

### **30.3 Duties of the Chief Financial Officer**

The Chief Financial Officer shall:

- (a) ensure that contractors who are included on a Primary Care Trust's approved lists receive payments;
- (b) maintain a system of payments such that all valid contractors' claims are paid promptly and correctly, and are supported by the appropriate documentation and signatures;
- (c) ensure that regular independent verification of claims is undertaken, to confirm that:
  - (i) rules have been correctly and consistently applied;
  - (ii) overpayments are detected (or preferably prevented) and recovery initiated;

- (iii) suspicions of possible fraud are identified and subsequently dealt with in line with the Secretary of State for Health's Directions on the management of fraud and corruption.
- (d) ensure that arrangements are in place to identify contractors receiving exceptionally high, low or no payments, and highlight these for further investigation; and

## **31. RETENTION OF RECORDS**

- 31.1 The Accountable Officer shall be responsible for maintaining archives for all records required to be retained in accordance with NHS Code of Practice - Records Management 2006.
- 31.2 The records held in archives shall be capable of retrieval by authorised persons.
- 31.3 Records held in accordance with NHS Code of Practice - Records Management 2006 shall only be destroyed at the express instigation of the Accountable Officer. Detail shall be maintained of records so destroyed.

## **32. RISK MANAGEMENT AND INSURANCE**

### **32.1 Programme of Risk Management**

The Accountable Officer shall ensure that the CCG has a programme of risk management, in accordance with current Department of Health and Social Care assurance framework requirements, which must be approved and monitored by the Governing Body.

The programme of risk management shall include:

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

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

## 32.2 Insurance: Risk Pooling Schemes administered by NHSLA

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

## 32.3 Insurance arrangements with commercial insurers

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

- (1) for **insuring motor vehicles** owned by the CCG including insuring third party liability arising from their use;
- (2) where the CCG is involved with a consortium in a **Private Finance Initiative contract** and the other consortium members require that commercial insurance arrangements are entered into;
- (3) where **income generation activities** take place. Income generation activities should normally be insured against all risks using commercial insurance. If the income generation activity is also an activity normally carried out by the CCG for a NHS purpose the activity may be covered in the risk pool. Confirmation of coverage in the risk pool must be obtained from the Litigation Authority. In any case of doubt concerning a CCG's powers to enter into commercial insurance arrangements the Finance Director should consult the Department of Health and Social care.

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

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

## **SECTION E**

### **DETAILED DELEGATION LIMITS**

### 33. INTRODUCTION

#### 33.1 General

33.1.1 The Detailed Delegation Limits outlined at paragraph 33.1.8 below represents the lowest level to which authority within the CCG is delegated.

33.1.2 All items must be carried out in accordance with the Constitution and other Governance documents.

33.1.3 Delegation to lower levels or to other offices is not permitted without the specific authority in writing of the Chief Officer or Chief Finance Officer.

33.1.4 Standard levels of Delegated Authority are shown in the table below with more detail shown on the following pages:

33.1.5

Ref	Limits	CCG
A	> £75,000	Chief Officer / Director on Call
B	> £75,000	Chief Finance Officer/ Deputy Director of Finance
C	< £75,000	Responsible Executive Director (NonChief Finance Officer)
D	< £75,000	Director of Service Delivery
E	< £75,000	FNC / CHC Lead
F	< £30,000	Responsible Deputy Director (Non Deputy Chief Finance Officer)
G	< £20,000	Senior Manager
H	< £10,000	Budget Holder
I	< £1,000	Delegated Authoriser
J	<£225,000	Head of Primary Care (PMS/GMS payment schedule only)

33.1.6 Directors/ Managers at each level have delegated authority for all lower levels of delegation.

33.1.7 In the absence of the relevant manager, authority should be delegated up to the next level.

33.1.8 The Detailed Scheme of Delegation is as follows:

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
<b>1</b>	<b>DELEGATED BUDGETS</b>			
<b>1.1</b>	<b>Responsibility to keep expenditure within budget</b>			
	Individual budget level		Budget Holder	H
	Directorate level		Executive Director	C
	All other areas		Chief Finance Officer	B
	Overall Financial Plan		Chief Officer	A
<b>1.2</b>	<b>Virement within Budgets</b>			
	Within Directorate	< £50,000	Executive Director	C
		> £50,000	Chief Finance Officer	B
	From Reserves or Additional Income	All	Chief Finance Officer	B
<b>2</b>	<b>MAINTENANCE OF BANK ACCOUNTS</b>		Nominated Senior Manager – Finance	G
<b>3</b>	<b>NON-PAY EXPENDITURE</b>			
<b>3.1</b>	<b>Covered by Delegated Budgets</b>			
		<£1,000	Delegated Authoriser	I
		<£10,000	Budget Holder	H
		<£20,000	Senior Manager	G
		<£30,000	Responsible Deputy Director (Non Finance)	F
		<£75,000	FNC / CHC Lead	E
		<£75,000	Director of Service Delivery	D
		<£75,000	Responsible Executive Director (Non Finance)	C
		>£75,000	Chief Finance Officer/ Deputy Director of Finance	B
		>£75,000	Chief Officer	A
		<£225,000	Head of Primary Care (PMS/GMS payment schedule only)	J

	Area of Delegation		Delegated Limit	Authority Delegated to:	Ref.
3.2	<b>Budgets Adjustment</b>	<b>Outside NHS</b> <£200,000 <£400,000 >£400,000	<b>Within NHS</b> < £2,000,000 < £4,000,000 > £4,000,000	Chief Finance Officer Chief Officer CCG Governing Body	B A N/A
3.3	<b>All Contracts, Leases, Agreements etc</b>		All	Chief Finance Officer	B
3.4	<b>IT and Telecommunications Equipment</b>		All	Chief Finance Officer/ Deputy Director of Finance	B
3.5	<b>Commissioning</b> Agreement and sign-off of <u>SLA Contracts, Agreements</u> or <del>contract</del> variations		All	Chief Finance Officer	B
4	<b>CAPITAL EXPENDITURE - FOLLOWING SHA APPROVED PLAN</b> Expenditure		< £20,000 < £30,000 < £75,000 > £75,000	Senior Manager Deputy Director Executive Director Chief Finance Officer	G F C
5	<b>TENDERS</b> Purchased not covered by Government Procurement Service		> £10,000 > £100,000	3 quotations Formal tenders	N/A N/A
	Opening of tenders		All	One Director + Senior Manager	C+G

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
	Authority to waive above requirements (e.g. single source tenders)	< £250,000 < £500,000 > £500,000	Chief Finance Officer Chief Officer CCG Governing Body	B A N/A
	Authority to accept other than lowest tender/ quotation	< £250,000 < £500,000 > £500,000	Chief Finance Officer Chief Officer CCG Governing Body	B A N/A
	Acceptance of a tender	< £750,000 < £1,500,000 > £1,500,000	Chief Finance Officer Chief Officer CCG Governing Body	B A N/A
<b>6</b>	<b>PERSONNEL AND PAY</b>			
<b>6.1</b>	<b>Appointment of Staff</b>			
	Funded post (i.e. within existing budgets + agreed with Chief Officer)		Senior Managers	G
	New posts		Chief Officer	A
	Booking of Bank/ Agency staff:		Senior Managers	G
	<b>Pay and Expenses</b>			
<b>6.2</b>	Re-grading	All	Director of Engagement and Development	C
	Overtime	All	Deputy Director	F
	Time/ attendance records	All	Budget Holder	H
	Travel and Subsistence Claims	All	Budget Holder	H
<b>6.3</b>	<b>Redundancy</b>	All	Director of Engagement and Development & Chief Finance officer	B + C
<b>6.4</b>	<b>Ill Health Retirement</b>	All	Director of Engagement and Development & Chief Finance Officer	B + C
<b>6.5</b>	<b>Dismissal</b>	All	Director of Engagement and Development & Executive Director	B

	Area of Delegation		Delegated Limit	Authority Delegated to:	Ref.
6.6	<b>Leave/ Absences</b>				
	Approval Approval of carry forward Special Leave arrangements		All > 5 days All	Line Manager Executive Director Executive Director	N/A C C
	Study Leave/ Training Course: - Funded from Central Budget - Funded from Delegated Budgets		< £10,000 > £10,000	Director of Engagement and Development Chief Officer	C A
6.7	<b>Removal Expenses</b>		All	Director of Engagement and Development	C
6.8	<b>Granting/ renewal of lease car</b>		All	Director of Engagement and Development	C
6.9	<b>Mobile telephone user</b>		All	Budget Holder	H
7	<b>LOSSES AND COMPENSATION</b>				
	Ex Gratia Payments + all other losses, write-off, compensation payments etc		All	Chief Finance Officer	B
8	<b>WRITING OFF EXPENDITURE &amp; CREDIT NOTES</b>	<b>Outside NHS</b>	<b>Within NHS</b>		
		<£50,000	<£500,000	Chief Finance Officer/ Deputy Director of Finance	B
		<£100,000	< £1,000,000	Chief Officer	A
		>£100,000	> £1,000,000	CCG Governing Body	N/A
9	<b>PETTY CASH PAYMENTS</b>				
			< £50 < £150 > £150	Budget Holder Senior Manager Chief Finance Officer	H G B
10	<b>HOSPITALITY RECEIVED</b>				
			> £50	To be registered with the Governing Body Secretary	N/A

	Area of Delegation	Delegated Limit	Authority Delegated to:	Ref.
11	<b>RELATIONSHIPS WITH MEDIA</b>  Within hours Outside hours	All All	Responsible Director + Communications Team Director on Call + Communications Team	C+ C+
12	<b>SEALING OF DOCUMENTS</b>  Following agreement & contract in line with scheme of delegation	All	Director + Senior Manager	C + G