

Scheme of Reservation and Delegation

July 2023

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving Body	Approval Date	Date Published on Website
1.0	Executive Director of Corporate Affairs	New Document	Integrated Care Board	1 July 2022	1 July 2022
2.0	Executive Director of Corporate Affairs	Amendments following Q4 Governance Review 2022/23	Integrated Care Board	March 2023	March 2023
3.0	Executive Director of Corporate Affairs	Changes to delegations of policies	Integrated Care Board	July 2023	July 2023

Scheme of Reservation and Delegation (SoRD)

The arrangements made by NHS Humber and North Yorkshire Integrated Care Board for the reservation and delegation of decisions are set out in this scheme of reservation and delegation and shall have effect as if incorporated into the ICB's Constitution and Standing Orders.

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

The SoRD should be read in conjunction with the Operational Scheme of Delegation which supports the SORD and sets out approved financial delegated limits and detailed operational delegations to ICB staff.

Key

Reserved To:	
ICB	ICB Board
AC	Audit Committee
QC	Quality Committee
RC	Remuneration Committee
FPD	Finance, Performance & Delivery Executive Committee
DEC	Digital Executive Committee
EC	Executive Committee
PCs	Place Committees
Ch	Chair
CE	Chief Executive
COO / DCE	Chief Operating Officer / Deputy Chief Executive
EDFI	Executive Director of Finance & Investment
EDNQ	Executive Director of Nursing & Quality
EDCPS	Executive Director of Clinical & Professional Services
EDCA	Executive Director of Corporate Affairs
ED	Executive Director
PDs	Place Directors
HOPC	Heads of Primary Care
PCT	Primary Care Teams
JCs	Joint Committees
IGG	Information Governance Group
HSG	Health & Safety Group

Reference:	
Co	Constitution
SO	Standing Orders
ToR	Terms of Reference
SoRD	Scheme of Reservation and Delegation
OSD	Operational Scheme of Delegation

REF	Decision/Responsibilities	Reserved to ICB Board	Delegated to a Committee or Sub-Committee	Delegated to an Individual (Subject to OSD)	Delegated to Others (Subject to OSD)	Supporting Notes
REGULATION AND CONTROL						
Co 4.3.2	Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Any such arrangements would be subject to the achievement of the requirements set out in Regulations.	✓				
Co 4.3.2	Under section 75 of the 2006 Act, as amended, the ICB may enter partnership arrangements with a local authority including the establishment of the ICB and local authority pooled fund	✓				
ICB	May determine any matter it wishes, for which it has delegated or statutory authority, in full session within its statutory powers.	✓				
SO 4.9	Where neither practical or reasonable to call an urgent Board meeting, urgent decisions may be exercised by the Chair, or a Non-executive Director in the absence of the Chair, having first consulted two other Members of the Board, one of whom shall be either Chief Executive or Executive Director of Finance and Investment or Chief Operating Officer.			✓		
SO 4.9	Ratification of urgent decisions made under section 4.9 of the Standing Orders	✓	(AC oversight)			
SO 5	Approval of Suspension of Standing Orders		(AC oversight)	✓ (Ch)		
SO 6	Authorisation to authenticate the use of the Seal for executing documents / authorised signatory to execute a document on behalf of the ICB: Any two of the following: a) the Chief Executive;			✓ (CE / Ch / EDFI / Other ED)		

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	b) the Chair; c) the Executive Director of Finance and Investment; d) another Executive Director of the ICB.					
Co 1.6	Consider and approve applications to NHS England on changes to the Constitution and Standing Orders.	✓				
SO 3.6	Review and action of any non-compliance of the Standing Orders	✓	(with AC ratification)			
Co 1.7.3	Approve the ICB Governance Handbook, including: <ul style="list-style-type: none"> • Scheme of Reservation and Delegation (SORD) • Operational Scheme of Delegation (OSD) • Standing Financial Instructions • Terms of Reference of ICB Committees 	✓				
Co 2	Approve the appointment of Ordinary Board members.			✓ (Ch)		
Co 3	Approve the appointment of Partner Members			✓ (Ch)		
Co 3	Approve the appointment of the following Executive Directors: <ul style="list-style-type: none"> • ED Clinical & Professional Services (Medical Director) • ED Nursing & Quality • ED Finance & Investment • Chief Operating Officer 			✓ (CE)		
Co 4.7	Agree Any Functions Delegated to other statutory bodies	✓				
Co 4.0	Approve the arrangements for discharging the ICB's functions including but not limited to:	✓				

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	<ul style="list-style-type: none"> a) Having regard to and acting in a way that promotes the NHS Constitution b) Exercising its functions effectively, efficiently and economically. c) Duties in relation to children including safeguarding and promoting welfare. d) Adult safeguarding and carers (the Care Act 2014) e) Equality, including the public-sector equality duty f) Information law g) Provisions of the Civil Contingencies Act 2004. h) Improvement in quality of services. i) Reducing inequalities. j) Obtaining appropriate advice. k) Duty to have regard to effect of decisions. l) Public involvement and consultation. m) Financial duties. n) Having regard to assessments and strategies 					
ICB	Approves the ICB Annual Report, Annual Governance Statement and Accounts	✓				
ICB	Exercise or delegate those functions of the ICB which have not been retained as reserved by the ICB Board or delegated to its Committees and sub-committees or delegated to named other individuals as set out in this document.			✓ (CE)		
ICB	Establish governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.	✓	✓ (Assured by FPD)			

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ICB / Place	Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		
STRATEGY AND PLANNING						
ICB	Agree a plan to meet the health and healthcare needs of the population within Humber and North Yorkshire, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.	✓				
Place	Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		
ICB	Allocate resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital)	✓				
Place	Allocate the delegated resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue/capital)		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		
Place	Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers. B) convening and supporting providers (working both at scale and at		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		

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	<p>place) to lead major service transformation programmes to achieve agreed outcomes.</p> <p>c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships.</p> <p>Including through investment in PCN management support, data and digital capabilities, workforce development and estates.</p> <p>d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care</p>					
ICB	Approve the ICB operating structure	✓				
Place	Approve the operating structure in each place			✓ (Developed by PDs)		
ICB	Agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.	✓				
ICB	Agree system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.	✓				
ICB	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.	✓				

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ICB	Agree arrangements for planning responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.	✓				
PARTNERSHIP WORKING						
ICB	Agree joint working arrangements with partners that embed collaboration as the basis for delivery within the ICB plan.	✓				
ICB / Place	Agree joint working arrangements with partners that embed collaboration as the basis for delivery within the place plan.		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		
Co 4.7.1	Approve arrangements for co-ordinating the commissioning of services with other ICBs or with local authorities, where appropriate.	✓				
Co 4.3.2	Approve arrangements for risk sharing and /or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006).	✓				
Place	Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006).		✓ (Place JCs, where established and to the extent set out in agreed TOR / MOU)	✓ (or PDs where Place JC not established)		Pooled budgets will require Joint Committee to enable s75 pooled budget

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EMPLOYMENT AND REMUNERATION						
Co 8	Have oversight of the ICB's responsibilities as an employer including adopting a Code of Conduct and Behaviours	✓				
RC ToR	Approve the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities.		✓ (RC)			
RC ToR	Approve the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and to other persons providing services to the ICB.		✓ (RC)			
RC ToR	Approve human resources policies for ICB employees and for other persons working on behalf of the ICB.		✓ (RC)			
OPERATIONAL BUSINESS AND RISK MANAGEMENT						
ICB	Approve ICB operational policies (i.e. excluding those defined as clinical or finance)	✓				
FPD ToR	Approve ICB financial policies		✓ (FPD)			
ICB	Approval of accounts	✓				
QC ToR	Approve ICB clinical policies and clinical pathways		✓ (QC)			
QC ToR	Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓ (QC)			
ICB	Approve place-based arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	✓				
Co 6	Approve arrangements for managing conflicts of interest.	✓				
ICB	Approve ICB risk management arrangements	✓				

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ICB	Agree implementation in place of the ICB risk management arrangements.	✓				
Co 7.4.3	Approve arrangements for complying with the NHS Provider Selection Regime.	✓				
Co 7	Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime	✓				
AC ToR	Report and provide assurance to the Board on the effectiveness of ICB governance arrangements.		✓ (AC)			
AC ToR	Receive the annual governance letter from the External Auditor and advise the Board of proposed action.		✓ (AC)			
AC ToR	Approve the internal audit, external audit and counter-fraud plans and any changes to the provision or delivery of related services (other than the appointment or removal of the external auditor where authority is reserved to the Board).		✓ (AC)			
C 4.7	Agree Any Functions Delegated to other statutory bodies	✓				
ICB	Approval of policies which set the tone / culture of the organisation, and which have an impact wider than the ICB	✓				
ICB	Approval of HR and Remuneration policies		✓ (RC)			
ICB	Approval of Digital and Information Technology policies		✓ (DEC)			
ICB	Approval of Operational and Corporate policies		✓ (advisement with EC)	✓ (CE – under advisement)		
ICB	Approval of Information Governance related policies		✓ (advisement with IGG)	✓ (EDCA (SIRO) – under advisement)		

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ICB	Approval of Health and Safety related policies		✓(advisement with HSG)	✓(EDCA – under advisement)		
OTHER						
ICB	Approval of individual funding requests (IFR), in accordance with the ICB policy				✓ IFR Panel	

Primary Medical Services Contracts – Scheme of Reservation and Delegation (SoRD)

The ICB Director of Primary Care and Commissioning and ICB Place Directors have delegated authority to make decisions with regard to Primary Medical Services contractual matters in accordance with the agreed ICB operating framework for these functions. They therefore have authority to sign documents on behalf of the ICB where this is aligned to the OSD and budgetary framework.

General Ophthalmic Services (GOS) – Scheme of Reservation and Delegation (SoRD)

The ICB Director of Primary Care and Commissioning has delegated authority to make decisions with regard to General Ophthalmic Services in accordance with the agreed ICB operating framework for these functions. They therefore have authority to sign documents on behalf of the ICB, and specifically on behalf of the portfolio remit of the Deputy Chief Executive / Chief Operating Officer, where this is aligned to the OSD and budgetary framework.

Community Pharmacy Services – Scheme of Reservation and Delegation (SoRD)

The ICB Director of Primary Care and Commissioning has delegated authority to make decisions with regard to Community Pharmacy Services in accordance with the agreed ICB operating framework for these functions. They therefore have authority to sign documents on behalf of the ICB, and specifically on behalf of the portfolio remit of the Deputy Chief Executive / Chief Operating Officer, where this is aligned to the OSD and budgetary framework.

General Dental Services – Scheme of Reservation and Delegation (SoRD)

The ICB Director of Primary Care and Commissioning has delegated authority to make decisions with regard to General Dental Services in accordance with the agreed ICB operating framework for these functions. They therefore have authority to sign documents on behalf of the ICB, and specifically on behalf of the portfolio remit of the Deputy Chief Executive / Chief Operating Officer, where this is aligned to the OSD and budgetary framework.

FOOT NOTES

1. Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund. Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.
2. The Health and Care Act sets out that new regulations will make provisions in relation to the arrangement of healthcare services in England. This is known as the Provider Selection Regime. The Provider Selection Regime will be a new set of rules for arranging healthcare services, which is intended to give decision makers a flexible, proportionate decision-making process for selecting providers to deliver healthcare services to the public. Due to timing constraints, the Provider Selection Regime will not be established at the same time as Integrated Care Boards (ICBs). The Provider Selection Regime is established as soon as possible after the establishment of ICBs, subject to Parliamentary approvals and scheduling. The Provider Selection Regime would replace the existing procurement rules for healthcare services.