



**Nottingham and
Nottinghamshire**
Integrated Care Board

Annex B: Scheme of Reservation and Delegation

Version	Effective Date	Changes
1.0	1 July 2022	First version Scheme of Reservation and Delegation on establishment of the ICB.
1.1	1 April 2023	Minor changes made to the wording in sections 2.48, 5.1, 5.2, 5.3 and 5.5 Amendments to reflect: - Delegation of Primary and Prescribed Dental Services, Primary Ophthalmic Services, and Pharmaceutical Services to the ICB from NHS England. - Establishment of joint working arrangements across the five East Midlands ICBs, and with NHS England.
1.2	24 July 2023 and 3 August 2023	Dis-establishment of Human Resources Sub-Committee and Primary Medical Services Contracting Sub-Committee.
1.3	11 January 2024	Amendments to address requirements of the NHS Provider Selection Regime.
1.4	1 April 2024	Amendments to reflect: - Delegation of 59 Specialised Acute Services to the ICB from NHS England. - Amendment of joint working arrangements across the five East Midlands ICBs.
1.5	1 October 2024	Amendments to reflect new Board composition and revised executive portfolios. Change in name for Remuneration and Human Resources Committee. Arrangements for signature of contracts added.
1.6	9 January 2025	Amendments to reflect updated Standing Financial Instructions.
2.0	20 November 2025	New version Scheme of Reservation and Delegation (SoRD) to reflect the alignment of governance arrangements resulting from the commencement of formal partnership working between NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB and NHS Nottingham and Nottinghamshire ICB.
2.1	1 April 2026	Updated Operational Scheme of Delegation for primary care delegated functions. Updated delegated financial limits relating to the approval of requisitions/purchase orders and invoices in the ICB's financial ledger.
2.2	30 July 2026	Amendment to section 4.12 of the Primary Care Operational Scheme of Delegation regarding decisions on variations to the boundaries of Primary Medical Services providers.
2.3	17 September 2026	Minor amendments to 5.21 and 7.4 of the Scheme of Reservation and Delegation.

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1. Introduction

1.1 General

- 1.1.1 The NHS Act 2006, as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022 (“**the 2006 Act**”) sets out the statutory framework in which the Integrated Care Board (“**the ICB**”) operates. The ICB’s statutory powers, functions and duties are conferred, in the main, by the 2006 Act; however, additional responsibilities for other functions may be conferred through delegation to the ICB from other bodies (such as NHS England or other ICBs).
- 1.1.2 The Board can delegate functions and decisions to a committee or sub-committee of the Board.
- 1.1.3 The Board can also delegate functions and decisions to an individual member of the Board or an employee.
- 1.1.4 ICBs can agree with certain other statutory organisations (such as NHS trusts/foundation trusts and local authorities) that they will exercise their functions on behalf of the ICB or jointly with the ICB. This power is governed by secondary legislation and by NHS England statutory guidance.
- 1.1.5 The default arrangement is that functions will be exercised by the ICB unless they are explicitly delegated.
- 1.1.6 The ICB, regardless of any delegation arrangements it has made, remains legally accountable for the exercise of its functions.
- 1.1.7 This Scheme of Reservation and Delegation sets out for NHS Nottingham and Nottinghamshire ICB which functions, duties and powers (including those delegated to it by other bodies) are:
 - (a) Reserved to the Board, so that only the Board may make these decisions.
 - (b) Delegated to committees and sub-committees that have been established by the Board.
 - (c) Delegated to individuals (Board members or ICB employees).
 - (d) Delegated to other statutory bodies using the ICB’s legal powers (under sections 65Z5, 65Z6 and 75 of the 2006 Act) to delegate functions to one or more other organisations or to a joint committee with one or more other organisations.
- 1.1.8 In line with the ICB’s Standing Orders, the powers that are reserved or delegated to the Board, may for an urgent decision be exercised by the Chair and Chief Executive subject to every effort having made to consult with as many members of the Board as possible in the given circumstances.

- 1.1.9 Where authority is delegated to executive members of the Board, they may, in certain circumstances, decide to further delegate the authority. The ICB's lead for governance shall be notified in writing in all instances where authority is further delegated.
- 1.1.10 Should any difficulties arise regarding the interpretation or application of any of the Scheme of Reservation and Delegation then the advice of the ICB's lead for governance must be sought before acting. The users of this Scheme of Reservation and Delegation should also be familiar with and comply with the provisions of the ICB's Constitution, Standing Orders and Standing Financial Instructions.

1.2 Non-compliance with Scheme of Reservation and Delegation

- 1.2.1 All members of the Board, its committees and sub-committees, and the ICB's employees and other workers are required to comply with this Scheme of Reservation and Delegation.
- 1.2.2 Failure to comply with this Scheme of Reservation and Delegation may be regarded as a disciplinary matter that could result in dismissal.
- 1.2.3 If for any reason this Scheme of Reservation and Delegation is 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 Committee. All individuals as defined at 1.2.1 have a duty to disclose any non-compliance with this Scheme of Reservation and Delegation to the Chief Executive as soon as possible. If the Chief Executive is responsible for the non-compliance, then this should instead be reported to the ICB's lead for governance.

1.3 Review and amendment of Scheme of Reservation and Delegation

- 1.3.1 To ensure that this Scheme of Reservation and Delegation remain up-to-date and relevant, the ICB's lead for governance will ensure that it reflects any variations made to the ICB's Constitution, Standing Orders and Standing Financial Instructions, and any delegations made by the Board, on an ongoing basis and at least annually to ensure it continues to support effective decision-making.
- 1.3.2 The Board will approve all amendments to the Scheme of Reservation and Delegation.

2. Matters reserved by the Board

Ref.	Reserved matter	Reserved by	Additional information	Reference
2.1	Endorse applications to NHS England to vary the ICB's Constitution.	Board	Formal approval required by NHS England before variations can be implemented.	Constitution, paragraph 1.6.2
2.2	Endorse applications to NHS England to vary the ICB's Standing Orders.	Board	Formal approval required by NHS England before variations can be implemented.	Constitution, paragraph 1.6.2 and SO 2.1.3
2.3	Approve the Standing Financial Instructions.	Board	Following review and scrutiny by the Audit Committee	Constitution, section 1.7 and SFI 1.3.2
2.4	Approve the Scheme of Reservation and Delegation.	Board	Amendments to the SoRD to be proposed by the Chair or Chief Executive.	Constitution, paragraph 4.4.2
2.5	Review the skills, knowledge and experience of Board members (when taken together) to ensure the Board can effectively carry out its functions.	Board	-	Constitution, paragraph 2.2.5
2.6	Appoint a Non-Executive member of the Board as Deputy Chair.	Board	Subject to approval by the Chair. No individual shall hold the position of Chair of the Audit Committee and Deputy Chair at the same time.	Constitution, paragraph 3.14.1 and 3.14.2
2.7	Appoint the Senior Non-Executive Member of the Board.	Board	Subject to approval by the Chair.	Constitution, paragraph 3.14.3

Ref.	Reserved matter	Reserved by	Additional information	Reference
2.8	Appoint committees of the Board, including agreement of their terms of reference.	Board	See also 4.3 of this SoRD regarding the appointment of individuals as members of committees of the Board that exercise ICB commissioning functions.	Constitution, paragraph 4.6.1
2.9	Appoint sub-committees of the Board, including agreement of their terms of reference.	Board (or committees of the Board, if empowered to do so by the Board)	Any powers to established sub-committees will be included within the relevant committees' terms of reference. See also 4.3 of this SoRD regarding the appointment of individuals as members of sub-committees of the Board that exercise ICB commissioning functions.	Constitution, paragraph 4.6.1
2.10	Set the vision and values for the ICB.	Board	-	-
2.11	Approve arrangements for ICB functions to be exercised by or jointly with any one or more other body as defined by the 2006 Act (another ICB, an NHS trust, an NHS foundation trust, NHS England, a local authority, combined authority or any other prescribed body) under section 65Z5 of the NHS Act 2006 (as amended).	Board	To include establishment of joint committees and/or pooled funds. Delegations will be subject to regulations.	Constitution, paragraph 4.3.2, 4.3.3 and 4.7.3
2.12	Approve arrangements for the ICB to enter into partnership arrangements with a local authority under section 75 of the 2006 Act (as amended), under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions.	Board	To include the establishment of pooled funds.	Constitution, paragraph 4.3.2 and 4.3.3

Ref.	Reserved matter	Reserved by	Additional information	Reference
2.13	Approve the Standards of Business Conduct Policy, which incorporates the policy and procedures for the identification and management of conflicts of interest.	Board	-	Constitution, paragraph 6.1.2
2.14	Appoint the Conflicts of Interest Guardian.	Board	To be a Non-Executive member.	Constitution, paragraph 6.1.6
2.15	Appoint the external auditor.	Board	The Auditor Panel will advise the Board on the selection and appointment process in line with the Local Audit and Accountability Act 2014. The Executive Director of Finance will commission the procurement of external audit services.	SFI 3.2.1 and 3.2.2
2.16	Approve the Population Health Strategy.	Board	To be prepared in line with any directions or guidance issued by NHS England.	-
2.17	Approve the Strategic Commissioning Plan.	Board	To be prepared in line with any directions or guidance issued by NHS England.	-
2.18	Approve the Operational Plan (including revenue and capital plans).	Board	To be prepared in line with any directions or guidance issued by NHS England.	SFI 5.2.1 and 5.2.2
2.19	Approve the annual budgets.	Board	The annual budgets will be prepared within the limits of available funds.	SFI 5.3.1

Ref.	Reserved matter	Reserved by	Additional information	Reference
2.20	Approve the Risk Management Policy.	Board	-	-
2.21	Approve the Equality, Diversity and Inclusion (EDI) Policy.	Board	-	-
2.22	Approve the Freedom to Speak Up Policy.	Board	-	-
2.23	Appoint Non-Executive Lead for Freedom to Speak Up.	Board	To be a Non-Executive member.	-
2.24	Appoint Health and Wellbeing Guardian.	Board	To be a Non-Executive member.	-

3. Matters delegated by the Board to its committees and sub-committees

Ref.	Delegated matter	Delegated to	Additional information	Reference
3.1	Appoint sub-committees of the Board, including agreement of their terms of reference.	Committees of the Board (if empowered to do so by the Board)	Any powers to established sub-committees will be included within the relevant committees' terms of reference. See also 4.3 of this SoRD regarding the appointment of individuals as members of sub-committees of the Board that exercise ICB commissioning functions.	Constitution, paragraph 4.6.1
3.2	Review of all instances of non-compliance with Standing Orders.	Audit Committee	-	SO 3.1.6
3.3	Review of all decisions made by the Chair and Chief Executive on behalf of the Board under emergency powers.	Audit Committee	-	SO 4.9.7
3.4	Review of all instances where Standing Orders are suspended.	Audit Committee	-	SO 5.1.3
3.5	Review of all instances of non-compliance with Standing Financial Instructions.	Audit Committee	-	SFI 1.2.2
3.6	Approve arrangements for the provision of internal audit services.	Audit Committee	Arrangements to be proposed by the Executive Director of Finance who will commission the procurement of internal audit services.	SFI 3.1.2 and 3.1.3
3.7	Approve arrangements for the provision of counter fraud, bribery and corruption services.	Audit Committee	The Executive Director of Finance will commission the procurement of counter fraud, bribery and corruption services.	SFI 4.1.3

Ref.	Delegated matter	Delegated to	Additional information	Reference
3.8	Approve the use of procurement or other card services by the ICB, including: • The types of card services that should be allowed on each account (debit, procurement, etc.). • The types of transactions that should be permitted on each card. • The individuals who should be issued with a card. • The overall credit and individual transaction limits to be associated with each card.	Audit Committee	See SoRD section 6 for delegated financial limits.	SFI 6.2.1
3.9	Review all instances where: • Provider representations have been received in relation to procurement and contract award decisions for healthcare services. • Competitive tendering requirements have been waived for non-healthcare services.	Audit Committee	-	SFI 9.2.2 and 9.2.4
3.10	Approve all write-offs arising from losses.	Audit Committee	-	SFI 12.4.3
3.11	Approve the Annual Report and Accounts.	Audit Committee	To be prepared in line with legal requirements and any directions issued by NHS England. The Annual Report and Accounts must be published.	SFI 13.3.1 and 13.3.2
3.12	Approve ICB policies relating to: • Development and Management of Policy Documents. • Statutory and Mandatory Training. • Fraud, Bribery and Corruption. • Information Governance, Records Management and Data Quality. • Freedom of Information (FOI) and Environmental Information Regulations (EIR) • Health, Safety and Security	Audit Committee	-	-

Ref.	Delegated matter	Delegated to	Additional information	Reference
	- Incident Reporting and Management - Emergency Preparedness, Resilience and Response (EPRR)			
3.13	Review of all instances of non-compliance with Scheme of Reservation and Delegation.	Audit Committee	-	SoRD 1.2.3
3.14	Approve investments and disinvestments in healthcare and non-healthcare services.	Commissioning Executive Group	Resource allocation decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.	SFI 9.1
3.15	Approve procurement and provider selection processes and associated contract awards and contract modifications for healthcare and non-healthcare contracts.	Commissioning Executive Group	Procurement/provider selection and contract award/modification decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.	SFI 9.2 and 9.3
3.16	Approve ICB capital investments.	Finance and Performance Committee	-	SFI 10.1.4
3.17	Approve the remuneration, allowances and terms of appointment for Non-Executive members of the Board.	Non-Executive Remuneration Panel	The Chair's remuneration, allowances and terms of appointment will be approved by NHS England.	Constitution, paragraph 3.17.1 and 3.17.3

Ref.	Delegated matter	Delegated to	Additional information	Reference
3.18	Approve ICB policies relating to: • Complaints. • Patient Safety Incident Response • Safeguarding Children and Adults.	Quality and Service Improvement Committee	-	-
3.19	Approve the remuneration, allowances and terms of appointment for: • Members of the Board, except for the Chair and Non-Executive members. • Any members of the Board's committees and sub-committees that are not members of the Board or employees. • Other very senior managers. • Individuals engaged on a contract for service.	Remuneration and Human Resource Committee	SFIs stipulate that the NHS Agenda for Change terms and conditions of service will apply in full to all staff directly employed by the ICB, except for Executive Directors and other very senior managers.	Constitution, paragraph 3.17.1, 3.17.2 and 8.1.6 and SFI 8.1.1
3.20	Approve exit payments, other than special severance payments.	Remuneration and Human Resource Committee	In line with national guidance and seeking HM Treasury pre-approval if required	-
3.21	Approve ICB policies relating to human resources.	Remuneration and Human Resource Committee	-	-
3.22	Approve ICB policies relating to: • Public Involvement and Engagement. • Procurement and Provider Selection. • Continuing Healthcare and Joint Packages of Care. • Individual Funding Requests. • Personal Health Budgets and Integrated Personal Budgets. • Other specific commissioning policies.	Strategic Commissioning Committee	Relevant policies will include governance arrangements for the approval of associated expenditure.	-

4. Operational Scheme of Delegation: Primary Care Delegated Functions

The ICB has established the following Operational Scheme of Delegation to define arrangements for discharging the primary care delegated functions as set out within the NHS England to ICB Delegation Agreement:

No.	Delegated matter	Delegated to	Additional information
4.1	Oversee arrangements for the strategic planning and commissioning of delegated primary care services (including primary medical care services, primary dental services and prescribed dental services, primary ophthalmic services, and pharmaceutical services and local pharmaceutical services) for the population served by the ICB.	Strategic Commissioning Committee	This will be satisfied via regular assurance reports to the Strategic Commissioning Committee setting out the work of the Primary Care Commissioning Group.
4.2	Approve an annual report for the ICB on the exercise of the delegated functions, in line with the NHS England Primary Care Delegation Assurance Framework.	Strategic Commissioning Committee	Associated disclosures to be included within ICB Annual Reports.
4.3	Oversee arrangements for the management of the delegated funds in relation to primary medical care services, primary dental services and prescribed dental services, primary ophthalmic services, and pharmaceutical services and local pharmaceutical services (and ensuring robust arrangements are in place for the recovery of overpayments).	Primary Care Commissioning Group	Assurance reports regarding the management of delegated funds will be reported to the Finance and Performance Committee.
4.4	Handling complaints made in respect of primary medical care services, primary dental services and prescribed dental services, primary ophthalmic services, and pharmaceutical services and local pharmaceutical services (in accordance with the Complaints Regulations).	Director of Quality, Safety and Improvement (and nominated officers within the Complaints Team)	The Director of Quality, Safety and Improvement will define operational delegations to staff within their team, as appropriate to roles and responsibilities. Assurance reports regarding the Primary Medical Care Services complaints handling will be

No.	Delegated matter	Delegated to	Additional information
			reported to the Quality and Service Improvement Committee.
Primary Medical Care Services			
4.5	Oversee arrangements for: • Planning, and undertaking reviews of, Primary Medical Services in the area covered by the ICB, including carrying out needs assessments. • The management of Primary Medical Services contracts. • The management of poorly performing Primary Medical Services providers. • The commissioning and management of contracts for the provision of primary medical services on an urgent basis. • The commissioning and management of contracts for the provision of ancillary support services.	Primary Care Commissioning Group	Assurance reports regarding the quality of Primary Medical Care Services will be reported to the Quality and Service Improvement Committee.
4.6	Decisions regarding the design and commissioning of Enhanced Services, Directed Enhanced Services, and any Local Incentive Schemes, and subsequent oversight of implementation and performance.	Primary Care Commissioning Group	The ICB must comply with any Mandated Guidance in relation to the design and commissioning of Enhanced Services. The ICB may design and offer Local Incentive Schemes for Primary Medical Services Providers, sensitive to the differing needs of their particular communities. This includes in addition to or as an alternative to

No.	Delegated matter	Delegated to	Additional information
			the national contractual frameworks (including as an alternative to QOF or Enhanced Services), provided that such schemes are voluntary, and the ICB continues to offer the national schemes. Any decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.
4.7	Decisions regarding discretionary payments or discretionary support to be made to Primary Medical Services Providers.	Primary Care Commissioning Group	The ICB must exercise its discretion to determine the level of payment or type of support to Primary Medical Services Providers, in accordance with any relevant Mandated Guidance. The ICB must make these decisions in a consistent, open and transparent way. Any decisions that are considered to set precedent, or are novel, contentious or

No.	Delegated matter	Delegated to	Additional information
			repercussive in nature can be escalated to the Strategic Commissioning Committee.
4.8	Decisions regarding the procurement and award of new Primary Medical Services contracts (in accordance with any procurement protocol or Guidance issued by NHS England from time to time). NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.	Primary Care Commissioning Group	The ICB must act in accordance with relevant Mandated Guidance and procurement and contractual obligations. Any decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.
4.9	Decisions regarding the procurement and award of contracts for urgent care services (including home visits as required) for patients registered out of area. NOTE: For the purposes of the above matter, urgent care means the provision of primary medical services on an urgent basis.	Primary Care Commissioning Group	The ICB must ensure compliance with any Mandated Guidance in relation to the design and commissioning of these services. Any decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.

No.	Delegated matter	Delegated to	Additional information
4.10	Decisions regarding the procurement and award of ancillary support services contracts, such as are required to support the effective discharge of the delegated functions relating to Primary Medical Services, including but not limited to the following: • Collection and disposal of clinical waste. • Provision of translation and interpretation services. • Occupational health services. NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.	Primary Care Commissioning Group	The ICB must ensure compliance with any Mandated Guidance in relation to the design and commissioning of these services. Any decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Strategic Commissioning Committee.
4.11	Decisions regarding Primary Medical Services provider mergers and Primary Medical Services provider closures, including closures of branch surgeries (including decisions regarding the dispersal of patient lists, as relevant).	Primary Care Commissioning Group	The ICB must act in accordance with relevant Mandated Guidance and procurement and contractual obligations. This will include undertaking all necessary consultation (as appropriate and proportionate to the circumstances), including consulting with the impacted registered populations and the relevant Local Medical Committee.
4.12	Decisions regarding variations to the boundaries of Primary Medical Services providers.	Director of Strategic and Specialised Commissioning (and	The Director of Strategic and Specialised Commissioning will define operational delegations to

No.	Delegated matter	Delegated to	Additional information
		nominated officers within the Primary Care Commissioning Team)	staff within their team, as appropriate to roles and responsibilities. Any boundary variation decisions that are considered to be material, set precedent, or are novel, contentious or repercussive in nature can be escalated to the Primary Care Commissioning Group.
4.13	Operationally steer the management of Primary Medical Services contracts, making operational contract management decisions as may be required, including: • Reviewing the performance of Primary Medical Services contracts, including in respect of quality standards, incentives and the QOF, observance of service specifications, and monitoring of activity and finance (ensuring that value for money is obtained and double payments avoided). • Assessing quality and outcomes (including clinical effectiveness, patient experience, patient safety and addressing inequalities). • Managing variations to Primary Medical Services contracts or services in accordance with national policy, service user needs and clinical developments. • Agreeing information and reporting requirements and managing information breaches. • Agreeing local prices, managing agreements or proposals for local variations and local modifications. • Conducting review meetings and undertaking contract management including the issuing of contract queries and agreeing any remedial action plan or related contract management processes.	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary Care Commissioning Team)	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team, as appropriate to roles and responsibilities. Any contract variation decisions that are considered to be material, set precedent, or are novel, contentious or repercussive in nature can be escalated to the Primary Care Commissioning Group.

No.	Delegated matter	Delegated to	Additional information
	Complying with and implementing any relevant Mandated Guidance issued from time to time.		
4.14	Operationally steer the management of poorly performing Primary Medical Services providers, including: - Ensuring regular and effective liaison and collaboration with the CQC, ensuring that information on general practice is shared and discussed in an appropriate and timely manner. - Ensuring that any risks identified are managed and escalated where necessary. - Responding to CQC assessments of Primary Medical Services providers where improvement is required. - Ensuring that quality summits take place when Primary Medical Services providers are placed into special measures, to ensure the development and monitoring of appropriate improvement plans. - Taking appropriate contractual action, including (without limitation) in response to CQC findings. - Undertaking any investigations relating (among other things) to whistleblowing claims and infection control and considering intelligence from patient complaints.	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary Care Commissioning Team)	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team, as appropriate to roles and responsibilities. For the avoidance of doubt, this excludes any decisions in relation to the Performers List (NHS England Reserved Function).
4.15	Operationally steer the management and maintenance of the primary care estate, including by: - Ensuring strategic estates planning is in place. - Working collaboratively with landlords and tenants to maximise the use of existing estate. - Effective asset management practices including (without limitation) regularisation of the occupation of the estate, lease events, rent reviews and up-to-date documentation management. - Seeking the resolution of premises disputes in a timely manner. - Liaising where appropriate with NHS Property Services Limited and Community Health Partnerships Limited.	Director of Finance - System, Strategy and Planning (and nominated officers within the Estates Team)	The Director of Finance - System, Strategy and Planning will define operational delegations to staff within the Estates Team, as appropriate to roles and responsibilities. Assurance reports regarding primary care estates management will be reported to

No.	Delegated matter	Delegated to	Additional information
			the Finance and Performance Committee. The Primary Care Commissioning Group will also maintain an overview of the primary care estate.
4.16	Decisions regarding Premises Costs Directions functions, including decisions concerning: • Applications for new payments under the Premises Costs Directions (whether such payments are to be made by way of grants or in respect of recurring premises costs). • Revisions to existing payments being made under the Premises Costs Directions. NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.	Executive Director of Finance or Director of Finance - System, Strategy and Planning	The ICB must comply with the National Health Service (General Medical Services Premises Costs) Directions 2024. Any decisions that are considered to be material, set precedent, or are novel, contentious or repercussive in nature can be escalated to the Finance and Performance Committee. Assurance reports regarding primary care estates management will be reported to the Finance and Performance Committee.
4.17	Approval of new General Practice premises leases and extensions to existing General Practice premises leases.	Executive Director of Finance or Director of Finance - System,	Assurance reports regarding primary care estates management will be reported to

No.	Delegated matter	Delegated to	Additional information
		Strategy and Planning	the Finance and Performance Committee.
Primary Dental Services and Prescribed Dental Services			
4.18	Oversee arrangements for: - Planning, and undertaking reviews of, Primary Dental Services and Prescribed Dental Services in the area covered by the ICB, including carrying out needs assessments. - The commissioning and management of Primary Dental Services and Prescribed Dental Services for the population served by the ICB. - Achieving greater integration of dentists into Integrated Care Systems at the Primary Care Network level. - The management of Dental Services providers and providers of Prescribed Dental Services providing inadequate standards of patient care. - The commissioning and management of contracts for the provision of ancillary support services.	Primary Care Commissioning Group	-
4.19	Decisions regarding the establishment of new Dental Services Providers and new providers of Prescribed Dental Services in the area covered by the ICB.	Primary Care Commissioning Group	-
4.20	Decisions regarding the procurement and award of new Dental Services Contracts and new contracts for Prescribed Dental Services. NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.	Primary Care Commissioning Group	-
4.21	Decisions regarding the procurement and award of ancillary support services contracts, such as are required to support the effective discharge of the delegated functions relating to Primary Dental Services and Prescribed Dental Services, including but not limited to the following:	Primary Care Commissioning Group	-

No.	Delegated matter	Delegated to	Additional information
	• Provision of translation and interpretation services. • Occupational health services. NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.		
4.22	Operationally steer the management of Dental Services contracts, contracts for Prescribed Dental Services, and contracts for the provision of ancillary support services, making operational contract management decisions as may be required, including: <u>Dental Services contracts</u> • Reviewing performance of Primary Dental Services contracts, in respect of quality standards, incentives, observance of service specifications, and monitoring of activity and finance (ensuring that value for money is obtained and double payments avoided under any Primary Dental Services Contracts and reducing the number of contracts which are under-delivering so that funds can be reallocated to meet local oral health needs). • Making decisions in relation to closure of practices and/or reallocation of units of dental activity (UDA). • Assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety). • Managing variations to the relevant Primary Dental Services contract or services in accordance with national policy, service user needs and clinical developments. • Conducting review meetings and taking timely action to issue contract queries, agree any remedial action plans, enforce contractual breaches, serve notices or provide discretionary support. • Undertaking annual contract activity negotiations, including agreeing local prices, managing	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary Care Commissioning Team)	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team, as appropriate to roles and responsibilities. Any contract variation or discretionary support decisions that are considered to be material, set precedent, or are novel, contentious or repercussive in nature can be escalated to the Primary Care Commissioning Group.

No.	Delegated matter	Delegated to	Additional information
	agreements or proposals for local variations and local modifications. - Allocating sufficient resources for undertaking contract mediation. - Undertaking the annual reconciliation of monies claimed by providers against the services provided under any contract for the provision of Dental Care Services. - Complying with and implementing any relevant Mandated Guidance issued from time to time. <u>Contracts for Prescribed Dental Services</u> - Complying with all current and future relevant national Mandated Guidance regarding contract reviews. - Monitoring contract performance and prescribed care dental spending, with a view to ensuring the delivery of agreed contract activity, and the reallocation of unused resources to meet the local oral health needs. - Monitoring contract performance with a view to addressing patient safety concerns and promoting patient safety.		
4.23	Operationally steer the management of Dental Services providers and providers of Prescribed Dental Services providing inadequate standards of patient care, including: - Ensuring regular and effective liaison and collaboration with the CQC, ensuring that information is shared and discussed in an appropriate and timely manner. - Ensuring that any risks identified are managed and escalated where necessary. - Responding to CQC assessments of Dental Services providers and providers of Prescribed Dental Services where improvement is required, taking appropriate contractual action as required. - Ensuring that quality summits take place where a Dental Services Provider or provider of Prescribed Dental Services is placed into special measures, to ensure the development and monitoring of an appropriate improvement plan.	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary Care Commissioning Team)	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team, as appropriate to roles and responsibilities. For the avoidance of doubt, this excludes any decisions in relation to the Performers List (NHS England Reserved Function).

No.	Delegated matter	Delegated to	Additional information
Primary Ophthalmic Services			
4.24	Oversee arrangements for: • Undertaking reviews of Primary Ophthalmic Services in the area covered by the ICB. • The commissioning of Primary Ophthalmic Services for the population served by the ICB, seeking to address any unmet needs which may be met through the delivery of Primary Ophthalmic Services. • Achieving greater integration of optometrists into Integrated Care Systems at the Primary Care Network level. • The commissioning and management of Primary Ophthalmic Services contracts. • The commissioning and management of contracts for the provision of ancillary support services.	Primary Care Commissioning Group	-
4.25	Decisions regarding the procurement and award of new Primary Ophthalmic Services contracts. NOTE: This is subject to decision-making limits set out within the NHS England to ICB Delegation Agreements.	Primary Care Commissioning Group	-
4.26	Decisions regarding the procurement and award of ancillary support services contracts, such as are required to support the effective discharge of the delegated functions relating to Primary Ophthalmic Services, including but not limited to the following: • Provision of translation and interpretation services. • Occupational health services.	Primary Care Commissioning Group	-
4.27	Operationally steer the management of Primary Ophthalmic Services contracts and contracts for the provision of ancillary support services, making operational contract management decisions as may be required, including: • Reviewing the performance of Primary Ophthalmic Services contracts, in respect of quality standards, incentives, observance of service specifications, and monitoring of activity and finance	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team,

No.	Delegated matter	Delegated to	Additional information
	(ensuring that value for money is obtained and double payments avoided under any Primary Ophthalmic Services Contracts). - Assessing quality and outcomes (including clinical effectiveness, patient experience and patient safety). - Managing variations to the relevant Primary Ophthalmic Services Contract or services in accordance with national policy, service user needs and clinical developments. - Conducting review meetings and taking timely action to issue contract queries, agree any remedial action plans, enforce contractual breaches, serve notices or provide discretionary support. - Complying with and implementing any relevant Mandated Guidance issued from time to time.	Care Commissioning Team)	as appropriate to roles and responsibilities. Any contract variation or discretionary support decisions that are considered to be material, set precedent, or are novel, contentious or repercussive in nature can be escalated to the Primary Care Commissioning Group.
Pharmaceutical Services and Local Pharmaceutical Services			
4.28	Oversee arrangements for: - The commissioning and management of contracts for Pharmaceutical Services and Local Pharmaceutical Services. - Achieving greater integration of pharmacists into Integrated Care Systems at the Primary Care Network level. - The commissioning and management of contracts for the provision of ancillary support services.	Primary Care Commissioning Group	-
4.29	Decisions regarding the procurement and award of ancillary support services contracts, such as are required to support the effective discharge of the delegated functions relating to Pharmaceutical Services, including but not limited to the following: - Collection and disposal of clinical waste. - Provision of translation and interpretation services. - Occupational health services.	Primary Care Commissioning Group	-

No.	Delegated matter	Delegated to	Additional information
4.30	Decisions as set out in Chapter 2 of the NHS England Pharmacy Manual where the decision-maker is listed as the “Committee”, the “Committee or PLDP”, or “Officer or Committee”.	Pharmaceutical Services Regulations Committee	Defined by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.
4.31	Decisions as set out in Chapter 2 of the NHS England Pharmacy Manual where the decision-maker is listed as “Officer”, or “Officer or Committee”.	Senior Commissioning Lead for Primary Care (or suitable nominated deputy)	Defined by the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended.
4.32	Operationally steer: - The preparation, maintenance and submission for publication by NHS England, lists of persons, other than medical practitioners or dental practitioners, who have undertaken to provide pharmaceutical services from premises situated within the area covered by the ICB. - The management of Pharmaceutical Services Contracts and contracts for the provision of ancillary support services, making operational contract management decisions as may be required.	Director of Strategic and Specialised Commissioning (and nominated officers within the Primary Care Commissioning Team)	The Director of Strategic and Specialised Commissioning will define operational delegations to staff within their team, as appropriate to roles and responsibilities.

5. Matters delegated to individuals

Ref.	Delegated matter	Delegated to	Additional information	Reference
5.1	Ensure that at least one Board member has knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness.	Chair	-	Constitution, paragraph 2.2.4
5.2	Approve the appointments, and re-appointments where relevant, of all Ordinary Members of the Board.	Chair	The Chair is appointed by NHS England, subject to approval by the Secretary of State for Health and Social Care The Chief Executive is appointed by the Chair, subject to approval by NHS England.	Constitution, paragraphs 3.5.5(c), 3.6.5(c), 3.7.5(c), 3.8.2, 3.9.3, 3.10.3, 3.11.3, 3.12.3 and 3.13.3
5.3	Approve the appointment of all individuals as members of committees and sub-committees of the Board that exercise ICB commissioning functions.	Chair	The Chair will not approve an individual to such a committee or sub-committee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the individual's involvement with the private healthcare sector or otherwise.	Constitution, paragraph 4.6.6
5.4	Decision to suspend Standing Orders.	Chair (or person presiding over a meeting of the Board)	To be exercised in discussion with at least two other Board members, only in exceptional circumstances.	SO 5.1.1

Ref.	Delegated matter	Delegated to	Additional information	Reference
5.5	Appoint an Executive member of the Board as Deputy Chief Executive.	Chief Executive	-	Constitution, paragraph 3.15.1
5.6	Assign Budget Holder responsibilities.	Chief Executive	Budget Holders are defined as Executive Directors A list of designated Budget Holders is maintained by the Finance Directorate	SFI 5.4.1
5.7	Decisions relating to the ICB's operating model.	Chief Executive	Including 'make, buy, share' decisions.	-
5.8	Appoint Accountable Emergency Officer (AEO).	Chief Executive	To be an Executive Director.	-
5.9	Appoint the Senior Information Risk Owner (SIRO).	Chief Executive	To be an Executive Director.	-
5.10	Appoint the Caldicott Guardian.	Chief Executive	To be an Executive Director.	-
5.11	Approve all types of special payments (other than special severance payments for which the ICB has no delegated authority).	Chief Executive or Executive Director of Finance	In line with the ICB's delegated limits, as set out in HM Treasury/NHS England guidance.	SFI 12.3.3
5.12	Commit or spend revenue resources in relation to settling legal matters.	Chief Executive or Executive Director of Finance	-	SFI 14.1.3
5.13	Approve ICB headquarters estate and lease arrangements.	Chief Executive or Executive Director of Finance	-	SFI 10.3

Ref.	Delegated matter	Delegated to	Additional information	Reference
5.14	Approve the ICB's banking arrangements.	Executive Director of Finance	-	SFI 6.1.1
5.15	Approve designated bank account signatories.	Executive Director of Finance	A list of designated bank account signatories is maintained by the Finance Directorate.	SFI 6.1.5
5.16	Approve payment mechanisms other than by bank credit transfer.	Executive Director of Finance	Or by officers nominated by the Executive Director of Finance.	SFI 9.4.4
5.17	Approve of prepayments that fall outside of normal business practice (advance payments).	Executive Director of Finance	Only permitted in exceptional circumstances.	SFI 9.5.1
5.18	Execution of a document by seal.	Executive Directors (including the Chief Executive)	The seal will be affixed in the presence of two officers of the ICB, to include either the Chief Executive or any other executive member of the Board.	SO 6.1.3
5.19	Execution of a document by signature.	Executive Directors (including the Chief Executive)	Where the document is a necessary step in legal proceedings on behalf of the ICB.	SO 6.2.1
5.20	Approval of requests for competition waivers for non-healthcare goods, services and works.	Executive Directors (including the Chief Executive)	-	SFI 9.2.4

Ref.	Delegated matter	Delegated to	Additional information	Reference
5.21	Approve payroll transactions, including new starters (and salary justifications where relevant), changes in circumstances, terminations, and staff expenses.	Executive Directors (including the Chief Executive) (Budget Holders)	Budget Holders will define further delegated payroll approval limits to staff within their directorates, as appropriate to roles and responsibilities and in line with their Budget Holder responsibilities. A list of payroll signatories is maintained by the Human Resources Team.	SFI 8.4.2
5.22	Make urgent financial decisions relating to the ICB within the ICB unit of planning and other NHS organisations within the health community as appropriate during a major incident.	Gold On Call Silver On Call	The Department of Health and Social Care defines a major incident as an event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.	-
5.23	Assign Budget Manager responsibilities.	Budget Holders	A list of designated Budget Managers is maintained by the Finance Directorate.	SFI 5.4.2
5.24	Approve variations to the funded establishment of relevant Directorate.	Budget Holders	Budget Holders are defined as Executive Directors Subject to Chief Executive agreement in the context of the ICB's total running cost allocation.	SFI 8.2.2

Ref.	Delegated matter	Delegated to	Additional information	Reference
5.25	Approve requests for evaluations of pay bandings for new or existing posts.	Budget Holders	Budget Holders are defined as Executive Directors	SFI 8.3.4
5.26	Appoint Deputy Caldicott Guardian.	Caldicott Guardian	-	-
5.27	Appoint the Deputy SIRO.	SIRO	-	-
5.28	Appoint Information Asset Owners.	SIRO	-	-

6. Functions and decisions delegated to other statutory bodies or to be exercised jointly

Ref.	Delegated matter	Delegated to	Additional information
6.1	Agreement between Nottingham and Nottinghamshire ICB and Nottinghamshire County Council relating to the commissioning of health and social care services within the Nottinghamshire County Better Care Fund: a) Exercise NHS functions to the extent necessary for the purposes of performing the obligations under the Agreement and management of the Nottinghamshire Better Care Pooled Fund. b) Decisions relating to the Nottinghamshire Better Care Fund Plan.	a) Nottinghamshire County Council b) Nottinghamshire County Health and Wellbeing Board	Agreement under section 75 of the NHS Act 2006 (as amended)
6.2	Agreement between Nottingham and Nottinghamshire ICB and Nottingham City Council relating to the commissioning of health and social care services within the Nottingham City Better Care Fund: a) Exercise NHS functions to the extent necessary for the purposes of performing the obligations under the Agreement and management of the Nottingham City Better Care Pooled Fund. b) Decisions relating to the Nottingham City Better Care Fund Plan.	a) Nottingham City Council b) Nottingham City Health and Wellbeing Board	Agreement under section 75 of the NHS Act 2006 (as amended)
6.3	Agreement for the integration and provision of Integrated Community Equipment Loan Services: a) Exercise NHS functions to the extent necessary for the purposes of performing the obligations under the Agreement. b) Commissioning, procurement and management of the Integrated Community Equipment Loan Services (ICELS) and management of the ICELS pooled fund and the purchasing of medical/nursing equipment.	Nottinghamshire County Council	Agreement under section 75 of the NHS Act 2006 (as amended) Decisions around significant contract variations are delegated to the ICELS Partnership Board

Ref.	Delegated matter	Delegated to	Additional information
6.4	Agreement for the funding and management of Sexual Violence Hub and Therapy Support Service, Independent Sexual Violence Support Service (including the Survivor Support Service) and Sexual Violence Engagement Manager in Nottinghamshire: a) Commissioning, procurement and management of sexual violence support services.	Police and Crime Commissioner for Nottinghamshire	Agreement under section 75 of the NHS Act 2006 (as amended)
6.6	Agreement for the Community Infection Prevention Service for Nottinghamshire County: a) Exercise NHS functions to the extent necessary for the purposes of performing the obligations under the Agreement. b) Act as lead commissioner for the service. c) Management of the pooled fund.	Nottinghamshire County Council	Agreement under section 75 of the NHS Act 2006 (as amended)
6.7	Collaboration Agreement between NHS Birmingham and Solihull ICB, NHS Black Country ICB, NHS Coventry and Warwickshire ICB, NHS Derby and Derbyshire ICB, NHS Herefordshire and Worcestershire ICB, NHS Leicester, Leicestershire and Rutland ICB, NHS Lincolnshire ICB, NHS Northamptonshire ICB, NHS Nottingham and Nottinghamshire ICB, NHS Shropshire, Telford and Wrekin ICB, NHS Staffordshire and Stoke-on-Trent ICB, and NHS England: a) Jointly exercise the ICBs' delegated commissioning functions relating to specialised acute, mental health, learning disability and autism services. b) Collaboratively commission the associated retained commissioning functions of NHS England.	Midlands Joint and Collaborative Commissioning Committee	Agreement under section 65Z5 of the NHS Act 2006 (as amended), in line with the relevant NHS England to ICB Delegation Agreements.

7. Delegations where financial limits apply

Ref.	Delegated matter	Financial limit	Delegated to	Additional information	Reference
Requisitions/purchase orders and invoices					
7.1	Approval of requisitions/purchase orders and invoices (in financial ledger)	Unlimited	Executive Directors (including the Chief Executive) (Budget Holders)	Budget Holders will define further delegated financial approval limits to staff within their directorates, as appropriate to roles and responsibilities and in line with their Budget Holder responsibilities. The Budget Holders remain accountable for ensuring alignment with contractual agreements and expectations, and hence for budgetary control. A list of approved officers and their delegated limits is maintained by the Finance Directorate.	SFI 9.4
Contract signatures					
7.2	Executing a contract by signature	Up to £1,000,000 (total contract value for new contracts, or total additional value for contract modifications or contract extensions)	Executive Directors	Following approval in line with SoRD ref 3.15.	-
		£1,000,001 and above (total contract value for new contracts, or total additional value for contract modifications or contract extensions)	Chief Executive	Following approval in line with SoRD ref 3.15.	-

Ref.	Delegated matter	Financial limit	Delegated to	Additional information	Reference
		Nil value (annual updates to latest version of standard contract/national variation, or minor variations)	Executive Director of Finance (or nominated member of Senior Leadership Team)	Minor variations include (but are not limited to) a name change, or an agreed change to a policy or service specification)	-
Use of medicines					
7.3	Approval for adding medicines to the formulary (including those subject to NICE Technology Appraisals).	Up to £100,000	Area Prescribing Committee (APC)	-	-
		£100,001 and above	Chief Executive (or Deputy Chief Executive in their absence)	-	-
Off-payroll and agency workers					
7.4	Approval of off-payroll and agency worker appointments	Non-clinical agency/off payroll worker – of any value	Chief Executive or Executive Director of Finance	Subject to NHS England approval	SFI 8.5
		Clinical agency/off payroll worker, less than £500 per day and £50,000 in total	Members of the Senior Leadership Team	Unless the role is of significant influence (see below) Senior Leadership Team members are defined as postholders that report directly to the Executive Directors	SFI 8.5
		Clinical agency/off payroll worker, less than £750 per day and £50,000 in total	Executive Directors (including the Chief Executive)	Unless the role is of significant influence (see below)	SFI 8.5
		More than £750 per day or more than £50,000 in total	Chief Executive or Executive Director of Finance	Subject to NHS England approval	SFI 8.5
		Role of significant influence	Chief Executive	Subject to NHS England approval	SFI 8.5
Consultancy expenditure					

Ref.	Delegated matter	Financial limit	Delegated to	Additional information	Reference
7.5	Approval of consultancy expenditure	Up to £49,999	Executive Directors (including the Chief Executive)	-	SFI 8.5
		£50,000 and above	Chief Executive or Executive Director of Finance	Subject to NHS England approval	SFI 8.5