

Subject: Clinical Procurement Framework
Author: Sarah Foster
Lead Executive: Simon Bell, CFO
Date of meeting: Tuesday 12th January 2016
Requirement: Approval

1.0	Situation
	<p>The Governing Body is asked to approve the final version of the</p> <ul style="list-style-type: none"> • Procurement framework • Terms of Reference for the Procurement Committee
2.0	Background
	<p>NHS Kernows Procurement Framework expired on 31st October 2014 and was removed from the Internet.</p> <p>An amended draft framework was presented to Governing Body on 10th November 2015 and the amendments that were recommended, at that time, were incorporated and presented to the Procurement Committee on 19th November 2015. The documentation was then published on the CCGs public facing website for consultation on 25th November 2015 for a short period before returning the framework to Governing Body in December for final ratification.</p> <p>Following feedback from the public the consultation time was extended to 31st December 2015.</p> <p>It should be noted that:</p> <ul style="list-style-type: none"> • Procurement is not a policy/strategy that CCGs have to consult on. • The framework that was discussed in November 2015 is the same one that was previously published on the CCG website, for the period 1st April 2013 to 31st October 2014 and is only updated with changes in the CCG structure and or legislative change.
3.0	Assessment
	<p>Comments have been received from the following organisations:</p> <p> Tamar Valley PPG Manor Surgery, Redruth Healthwatch Cornwall West Cornwall Healthwatch Camelford Dr's PPG Rosedean House Surgery, Liskeard Keep Our NHS Public, Cornwall </p>

	<p>There are two consistent themes in the comments/responses received from the consultation:</p> <ol style="list-style-type: none"> 1. The documentation is not public facing and therefore contains a number of NHS acronyms and administrative language. <p>The framework document that went for public consultation was written for an internal NHS audience. It is not necessary for CCGs to consult on frameworks of this nature and initially it had not been NHS Kernow's intention to hold a public consultation on this updated and amended document from 2013.</p> <p>To address this issue NHS Kernow is in the process of preparing a subsequent document that will support the framework and addresses the specific procurement regulations and the NHS requirements on competition and choice raised within this consultation. It is anticipated this document will be ready for public consumption in February and the document will be launched at an invitation event from contributors to the consultation held in December.</p> <ol style="list-style-type: none"> 2. Public and Service User engagement s paramount throughout any service change/procurement. <p>NHS Kernow has received consistent feedback regarding engagement and as a result are in the process of creating a specific engagement group that deal specifically with service changes and procurement requirements. This group is an addition to the current engagement and service user group already established.</p>
4.0	Recommendations
	<p>Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the updated framework and agree publication on NHS Kernow's website • Approve the amended draft constitution of the Procurement Committee, and terms of reference.

5.0	Details of stakeholder engagement, including quality and patient experience impact
	The Procurement Framework was published under NHS Kernow's consultation area of the website on 25 th November 2015 and the consultation was extended to 31 st December 2015.
6.0	Are there any equality and human rights implications?
	This framework is compatible with and will ensure procurements adhere to, requirements under equality and diversity. There are no negative impacts of this proposal in terms of equality and human rights.
7.0	Financial implications
	Financial implications relate to the resource required to administer and resource the procurement framework, and will need to be met from within existing management constraints. Individual procurements will be handled on a case by case basis.
8.0	Identify any risks or issues associated with this initiative
	The main risk relates to NHS Kernow not having a clear procurement framework against which decisions can be made. The framework will mitigate risks relating to legal challenges of procurement decisions, and ensure our procurements deliver against statutory and legal obligations.

Appendix 1 – Procurement Framework

Appendix 2 – Amended Terms of Reference

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**PROCUREMENT FRAMEWORK FOR MANAGING
COMMISSIONING CHANGES**

New Version Number	Control Change Date	Amended by
Version: Draft V5	10 th November 2015	
Version: Draft V6	18 th November 2015	Sarah Foster after review of Draft 5 by Governing Body discussion on 10/11/15
Version: Draft V6	20 th November 2015	Sarah Foster after review of Draft 6 by Procurement Committee 19/11/15
Version: Final	4 th January 2016	Sarah Foster after consultation completed 30/12/15.

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PROCUREMENT FRAMEWORK FOR MANAGING COMMISSIONING CHANGES

INTRODUCTION

This framework sets out NHS Kernow's management of major changes to the commissioning of services. Applying a consistent approach for the gathering of evidence, exploration of options and governance, ensuring compliance to all relevant laws and guidance is key to the successful commissioning of services. NHS Kernow is committed to providing high quality clinical services that meet the needs of local communities as set out in its Corporate Objectives and Annual Delivery Plan agreed by the Governing Body. NHS Kernow will look at all options and engage as appropriate to secure the best services for the local population.

GUIDING PRINCIPLES

NHS Kernow recognises the importance in making decisions about the service it commissions in a way that does not call into question the decision that has been made or the process followed. NHS Kernow will commission services in a manner that is transparent, non-discriminatory and fair way with a view to

- Meeting the needs of the people who use the services
- Improving the quality of the services
- Improving efficiency in the provision of the services

In doing so the CCG is committed to

- Engaging with providers and service users about its commissioning proposals and take their responses into account
- Where appropriate, undertake formal engagement and consultation
- Act in a proportionate and transparent way
- Treat providers equally and in a non-discriminatory way, including by not treating a provider or a type of provider more favourably than any other provider in particular on the basis of ownership.

LEGISLATION

Where NHS Kernow intends to work collaboratively with an existing provider to effect a major change, it will evidence how due process has been followed to ensure all risks and benefits have been appropriately evaluated adhering to all relevant national and regional guidelines.

When NHS Kernow intends to procure a new contract by testing the market for competition, it will ensure compliance with EU Procurement Directives as implemented by UK Law and national guidance from NHS England, NHS Improvement and Crown Commercial Services, namely:-

- 2015 Public Procurement Regulations
 - 2015 Light Touch Guidance - Crown Commercial Services
 - Public Supply Contracts Regulations 2006
 - Public Contract Amendment Regulations 2009
 - Public Procurement (Miscellaneous Amendments) Regulations 2011
- Bribery Act 2010
- The Equality Act 2010 (Section 149)
- The Public Service (Social Value) Act 2012
- The NHS (Procurement, Patient Choice and Competition) Regulations 2013 which support interpretation of Section 75 of the Health and Social Care Act 2012 (11.03.13).
 - Also within the Act - Section 140 Managing Conflicts of Interest
- Procurement Guide for Commissioners of NHS funded services (DH, 30 July 2010)
- The Principles and Rules for Cooperation and Competition (PRCC, July 2010)
- Framework for Managing Choice, Co-Operation and Competition (May 2008)
- Procurement of Healthcare (Clinical) services, briefings 1-4 (NHS Commissioning Board, Sept 2012)
- Managing conflicts of interests: Guidance for clinical commissioning groups (NHS England, March 2013)
- A fair playing field for the benefit of NHS patients: Monitor's independent review for the Secretary of State for Health (March 2013)
- Commissioning Contracting for Integrated Care (Kings Fund Nov 2014)
- NHS Constitution

FINANCIAL CONTROLS

NHS Kernow's constitution sets out the financial limits for the management best value on any purchases carried out on the CCGs behalf.

DELIVERING BETTER VALUE

NHS Kernow will ensure all commissioned services aim to deliver value for money ensuring best quality and price for the service supplied.

GOVERNANCE

To ensure thoroughness, consistency and to provide assurance to the Governing Body, a Procurement Committee, reporting to the Governing Body, will oversee the delivery of each project as the organisation's accountable group.

To ensure NHS Kernow has acted fairly and within the regulations and best practice guidance, each procurement commissioning change will be presented to the procurement committee for decision to proceed, auditable governance procedures must be followed to ensure that due process to minimise the risk of legal challenge of any potential or unsuccessful bidders.

Where NHS Kernow decides to procure a clinical service collaboratively with another CCG or organisation, a lead or joint commissioner will need to be identified and their governance arrangements must be used to oversee the process.

PROCUREMENT COMMITTEE

A Procurement Committee reporting directly to the Governing Body is established to ensure robust and transparent decision making regarding the identification and delivery of major commissioning changes. A regular report will be provided at Governing Body and will include assurance on Conflicts of Interests.

PROJECT STEERING GROUP (TASK & FINISH)

Formed to manage each project, this group exists for the life of the individual project and disbands after the contract is mobilised. Specific job roles from various departments will be a core group who sit on all projects and evaluation panels to ensure consistency and continuity of approach. A standard Terms of Reference to govern the duties and responsibilities and actions of the group will be used. This group will seek appropriate clinical and professional involvement as required. This group will also be responsible for ensuring robust public engagement is sought, as appropriate for the project and manage conflicts of interests.

RESOURCES

A few procurement projects may be running simultaneously and other projects will be drawing from the same resources.

Some activities can be outsourced to external procurement organisations but not all activities, it is recognised that the resource available internally is limited and careful management and timetabling of procurements will be required to avoid 'overload' in certain areas particularly Clinical Governance, Information Governance, Information Management & Technology, Informatics, Health & Safety, Procurement, Programmes, Estates. Reference to the workplan of current projects will be essential in deciding how to proceed with any new projects about to start and the management of the existing projects to avoid project slippage

CONFLICTS OF INTEREST

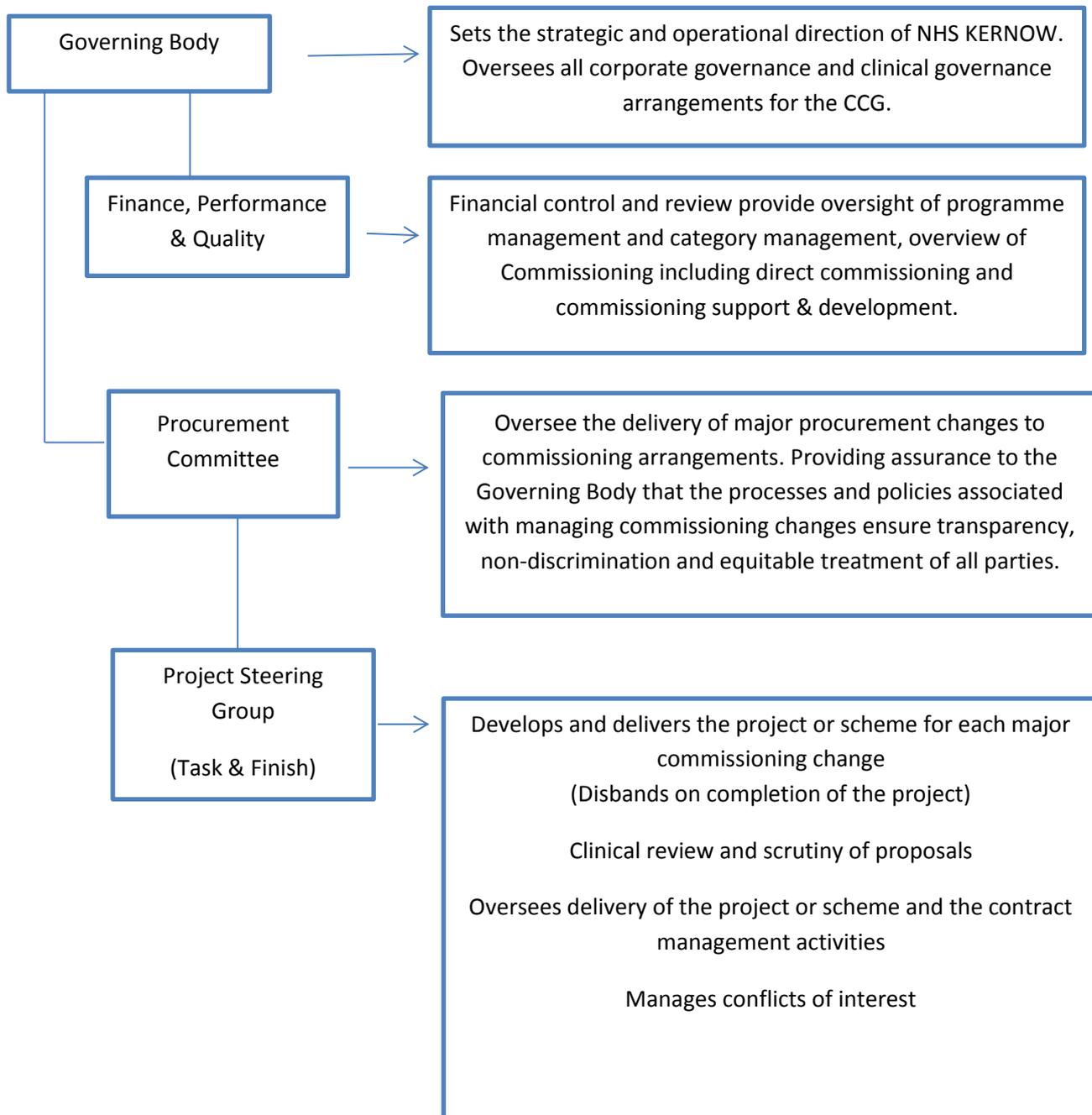
NHS KERNOW recognises that conflicts of interest may arise in relating to managing a major commissioning change. For example:

- Where a proposed competitive tender is likely to attract bids from organisations in which a member of a decision making body has a financial or material interest, this interest must be declared and the group member will be excluded from relevant parts of those meetings and evaluations.
- Where a member of the Procurement Committee or key evaluation member are a member of staff or on the Board of the incumbent provider, this interest must be declared and the group member will be excluded from the relevant parts of those meetings and evaluations.

To ensure active management of this issue, NHS KERNOW will maintain registers of interest, for all procurement assessment panel members. Each member will sign a Declaration of Interest form and NHS Kernow will keep records as to how conflicts of interest have been managed in line with section 140 of The National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition) regulations 2013.

GOVERNANCE STRUCTURE

The diagram below sets out NHS KERNOWs governance structure for major commissioning changes.



PROCUREMENT POLICY

Any procurement will be conducted in accordance with the following:-

General Fairness & Transparency: In accordance with Clause 6.2 General Duties of its Constitution (NHS Kernow Constitution), NHS Kernow will be clear and transparent in all communications with providers about the CCG's commissioning intentions, decisions (or not) to tender, advertising of opportunities, procurement evaluation criteria, publication of decisions and mechanisms for feedback.

Efficiency: NHS Kernow will ensure that the procurement process is as efficient and time effective as possible for both Commissioners and Providers; as an outcome, all procurements will aim to improve productivity, efficiency and effectiveness of services whilst maintaining and seeking to improve clinical quality.

Quality: NHS Kernow Commissioners will procure services to meet patient needs which are of the highest possible quality standard, and use appropriate measurable performance indicators to monitor provider performance. NHS Kernow will ensure that the contract awarded as the result of a procurement process, as well as the procurement process itself, encourages all providers to deliver continual improvement in the quality of services that they are commissioned to provided.

Continuity: NHS Kernow will continue to work in partnership with key providers of NHS services to continually test these services to ensure that the current providers deliver best value for money.

Equality of Treatment and non-discrimination – NHS Kernow will clearly identify those services which will be put out to competitive tender, and to ensure that all sectors and providers (NHS and non NHS) will be treated equitably in terms of procurement rules, access to information, timescales financial and quality assurance checks, and pricing and payment regimes.

Proportionality: by means of advice, guidance and support, NHS Kernow commissioners will use procurement processes that are proportionate to the value, complexity and risk/benefit to patients of services procured. Different procurement routes for different types of services will enable this, potential costs to bidders will also be considered when assessing which procurement route to follow.

Consistency: NHS Kernow will apply national and local principles and rules consistently to all clinical procurements that they undertake.

Professional Conduct: NHS Kernow will ensure that all procurement personnel who undertake procurements will be subject to Professional Code of Conduct as published by the Chartered Institute of Purchasing and Supply (CIPS).

NHS KERNOW/ Major Commissioning Changes Framework

Author: Julie Davies

Version: Final January 2016

EQUALITY & NON-DISCRIMINATION

The Health and Social Care Act 2012 Section 14z2 requires CCGs to ensure public involvement and consultation. The Public Services (Social Values) Act 2012 requires CCGs to ensure improvement in economic social and environmental wellbeing of the area and how any procurement would secure that improvement.

NHS Kernow will not discriminate and will promote equality of opportunity and pay particular attention to those groups or sections of society with poorer health and life expectancy. Public Sector Equalities Duties 2012 S149 promotes integration and the use of protected characteristics. NHS Kernow will evidence through an Economic, Social and Environmental Impact Assessment for any proposed tender how it can evidence improvement to the wellbeing of the area.

BRIBERY

On July 1st 2011, the Bribery Act 2010 came into force, a commercial organisation may be criminally liable for corrupt acts carried out on its behalf by third parties, and subject to potentially unlimited fines. In order to comply with the Bribery Act 2010 legislation, the CCG has put into place mechanisms to establish and maintain adequate procedures that prevent bribery.

To further comply with the Act a proper, thorough assessment of risk is essential during the procurement process. Where a proposed competitive tender is likely the CCG shall assess the level of risk and conduct a proportionate level of due diligence in order to take all necessary precautions to ensure that the CCG only forms business relationships with reputable and qualified partners and representatives.

MAJOR COMMISSIONING CHANGE PROCESS

The process for managing a major commissioning change within NHS Kernow covers 4 key stages:-

1. Pre- procurement phase (review and plan for change)
2. Collaboration or Competition
3. Mobilisation of the change
4. Contract and performance management

PRE-PROCUREMENT PHASE

Each commissioning change will commence with a Project Initiation Document outlining the findings following a review of the current state and where a commissioning view is that change is required.

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The Procurement Committee will review and endorse further work-up to a full business case for allowing a major commissioning change or advise on what further information is required to re-consider the project at a later date.

Development of a full business case will utilise a range of skills of individuals within the organisation and the development of a Project Steering Group as a Task and Finish Group will be established to oversee its delivery.

The Business Case evidence will include:-

An Outline Business Case

- Project Initiation Document
- Provider Engagement
- Service Review
- Contract Review
- Case for Change (draft)

Development into a Full Business Case

- All OBC content plus
- Market Assessment/Procurement strategy
- Service Redesign plans
- Case for Change (after full engagement)
- Service Model delivery options
- Procurement delivery options
- Contracting Strategy
- Stakeholder Engagement & Comms. Plans
- Co-operate or Competition Decision options
- 20 questions evidence

A Major change commissioning project process has been developed to navigate through each of the key areas above to ensure consistency of approach, full compliance with all legislation, best practice guidance, and clarity for the individual in the organisation who is responsible for each task.

COLLABORATION OR COMPETITION

The Procurement Committee will need to consider the content of the full business case and decide the best option from either collaborating with the existing Provider or running a procurement to test the current and alternative Providers.

In particular the NHS (Procurement, Patient Choice & Competition) Regulations 2013 place a specific duty on NHS Kernow to procure services that are:

- Most capable of securing the needs of patients, improving the quality and efficiency of services.

- Provide best value for money

These Regulations also make it clear that:

- Where it can be robustly demonstrated that only one provider is capable of providing a particular service, there is no requirement to put a contract out to competitive tender.
- Monitor has no power to force the competitive tendering of services. Decisions about how and when to introduce competition to improve services are solely up to CCGs. However, a court continues to retain the power to force a competitive tendering process to be undertaken by issuing an injunction if it determines that a CCG has acted unlawfully and is in breach of EU Procurement Regulations.
- Competition should not trump integration; commissioners are free to use integration where it is in the interests of patients. However, competition and integration should be seen as complementary rather than mutually exclusive. A well-designed competitive process can be used to achieve integration.
- The over-arching legally binding objectives of procurement are to secure the needs of patients and improve quality and efficiency.
- Legal advice on the interpretation of these regulations recognises that each situation is unique and requires due and careful consideration of all the circumstances. It is recommended that:
 - It can be inferred from the 2013 Regulations that there is an obligation to advertise (or competitively tender) where the services to which the contract relates are not capable of being provided by only one provider (Regulation 5).
- The “single provider” test is a hard evidential burden to satisfy. The circumstances under which the test may be met include for example:
 - i) that the provider is the only provider with the skills or capability to deliver the services
 - ii) that the provider is for reasons of patient safety, the only provider capable of delivering that service or
 - iii) following a reconfiguration services are required to be provided in a certain location by a particular provider.

COLLABORATION

When the CCG is satisfied it can meet the requirements of the Single Provider evidence a Collaboration/Co-operation Commissioning Change Project Process will be followed. Notifications to the market (VEAT Notices or Contract Award Notices) cannot be issued without the Procurement Committee’s approval

COMPETITION

When considering whether or not a service should be competitively tendered, NHS Kernow will ensure that any decision taken complies with the Regulations and Guidance set out in this Framework. The financial control limits, the scale of the procurement, the degree to

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which the service specification and funding model has been developed and the number of potential providers for the service.

Notifications to the market (Prior Information Notices or Adverts) cannot be issued without the Procurement Committee's approval.

The Procurement Committee will agree with the Procurement Team which is the most appropriate organisation to run each procurement based on the following:

Contract Value £	NHS KERNOW Responsibility	External	Comments
As per constitution	<p>To ensure quotations are received in line with SFI's/SFO's requirements, using standard templates with a clear audit trail.</p> <p>Are there any benefits to NHS Kernow in collaborating or outsourcing the work?</p> <p>In House if:-</p> <p>Service is solely for a service for Cornwall & Isles of Scilly and</p> <ul style="list-style-type: none"> • NHS Kernow has capacity to manage • It relates to integration of services with Cornwall Council • Provider/Suppliers would be discouraged to bid if the tender covered a larger geography • The Specification is unique to Cornwall • Specialist Procurement skills/experience 	<p>Tenders could be carried out on NHS KERNOW's behalf by :-</p> <p>The local CSU</p> <p>Another CSU</p> <p>Accessing a Framework Agreement and running mini competition in house</p> <p>Cornwall Supplies</p> <p>Consideration needs to be given to</p> <ul style="list-style-type: none"> • Capacity – does the external organisation have the resource capacity? • Expertise –does the external organisation have the expertise? • Timing – is one of the external organisations running a similar procurement for another CCG? Economies of scale to collaborate. • Scope and/or Scale 	<p>Proportionate effort, value and risk may determine the organisation best to carry out the tender process on NHS Kernow's behalf.</p> <p>No requirement for OJEU notice where 2015 Light Touch Regime applies</p>

	<p>sit within NHS Kernow</p> <ul style="list-style-type: none"> • There would be a conflict of interest if outsourced 	<p>– Would Providers be encouraged to bid if the tender covered a larger geography or wider remit?</p> <p>NHS Kernow can adopt a more generic Specification to accommodate a collaborative approach?</p>	
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NHS Kernow’s Procurement Department will prepare a work plan of approved projects for the Procurement Committee and provide updates of progress on all in house and outsourced projects.

MOBILISATION AND IMPLEMENTATION OF THE CHANGE

NHS Kernow is committed to ensuring new services and changes to services are fully implemented following a major commissioning change. Working with the outgoing Provider to ensure a smooth exit strategy that is seamless to patients and protects patient safety. Working with the new Provider to ensure smooth transition, applying appropriate resources to ensure communication to relevant groups, operational procedures are set up and financial and contractual processes are in place.

CONTRACT AND PERFORMANCE MANAGEMENT

Contract and Performance management will take over responsibility for the new contracted service after the commencement date of the new contract. Until that point the new service remains the responsibility of the Project Steering Group and the decommissioning of the old service remains the responsibility of the Contracts Team.

APPENDICES (under development)

Appendix 1 Procurement Committee Terms of Reference and responsibilities

Appendix 2 Commissioning Change Project Process



Appendix 3 Procurement Routes



Appendix 4 Business Case content

Appendix 5 Procurement Team roles and responsibilities relating to commissioning change

Appendix 6 Procurement Steering Group Terms of Reference and responsibilities

Appendix 7 High level procurement timetable

Appendix 8 Procurement Project Plan

Appendix 9 Mobilisation and Decommissioning Process

Appendix 10 Contract Management Process

TERMS OF REFERENCE

NHS Kernow Clinical Commissioning Group Procurement Committee Draft Terms of Reference

1. Introduction

The Procurement Committee ('the committee') has been established by the Governing Body, to ensure robust and transparent decision making regarding procurement of services. These terms of reference set out the background to the establishment of this committee, the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the Constitution.

2. Purpose

The aim of the committee is to:

- a. provide a robust and transparent decision making process for procurement to ensure all decisions are robust and stand up to challenge or scrutiny;
- b. provide assurance to the Governing Body on the procurement process from end to end;
- c. ensure that procurement of such services contributes to the delivery of CCG strategic objectives and supports the CCG's Commissioning Intentions;
- d. identify and recommend the best procurement method when commissioning services;
- e. ensure that services commissioned are:
 - free of bias
 - deliverable
 - meet current standards
 - have measurable outcomes
- f. identify potential savings;
- g. mitigate the possibility of conflicts of interest in the procurement of clinical services
- h. provide assurance to the Governing Body that procurement practice for these services is in accordance with legislation and NHS policy.

1. Membership

Governing Body Member for Patient and Public Involvement	Chair Voting member
Vice Chair and GP member	Voting member
Chief Finance Officer	Voting member
Deputy Managing Director	Voting member
Director of Commissioning	Non Voting Member
Deputy Director – Informatics, Performance & Contract Management	Non Voting Member
Procurement Senior Manager	Non Voting Member

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Additional Members will be drawn from the Governing Body and Executive Team to suit the needs of the issues under consideration. Other attendees may be invited as required but will not be a member nor hold voting rights.

Independent advice may be sought as required.

The manager and clinician leading the proposal for procurement will be invited to attend to present the business case commencing procurement, the completed conflicts of interest template, and answer questions from the committee but will be excluded from the decision-making. Others such as Commissioning Support Unit leads may be invited as relevant to the agenda.

2. Quorum

The Quorum shall be at least two of the three permanent core members with voting rights. At least one Executive Director member and one non-executive/clinical Governing Body member (identified in the core membership in paragraph 1) must be present in order for the committee to be quorate. Deputies nominated by the Member Executive may attend for the Core Member and count towards quoracy and exercise their principals' vote.

In the absence of the Chair, the Vice Chair will deputise to chair the committee.

3. Decision Making

A decision put to the vote shall be decided by a simple majority of voting members present; in the event of no majority the Chair shall have a second or casting vote.

Virtual approval will be possible with members expressing their approval by email to the secretary, with the same number of responses required to be quorate.

4. Frequency and Notice of Meetings

Meetings will be held monthly

5. Authority

The Committee will make the final decision regarding procurement and report this to the full Governing Body.

6. Remit and Responsibilities of the Committee

- a. To receive, discuss and approve business cases with a completed Conflicts of Interest template, for all NHS-funded procurements that may result in a service being commissioned
- b. To ensure that business cases:
 - include options appraisal and identification of key risks;
 - propose a specific NHS procurement route to be used in accordance with appropriate NHS guidance;
- c. make clear how the health care services to be commissioned / re-commissioned support the achievement of the CCG strategic plan;
- d. To authorise the procurement routes for services with reference to the Corporate Governance Framework Manual and Standing Financial Instructions, ensuring that fair and adequate competition and patient choice is facilitated.
- e. To ensure that procurement for services is in accordance with legislation and NHS policy.

- f. To assign a Senior Responsible Officer to oversee the delivery of each procurement project.
- g. To authorise progression of each procurement project through key milestones/gateways (both in-house and externally run procurements)
- h. To agree whose resource will run the each procurement (in-house or outsourced)
- i. To authorise the creation and close of dedicated Project Steering Groups to deliver each procurement

The Committee will link explicitly with the Financial Performance and Quality Committee (FP&Q) and the Transformation Programme Team who will ensure that the total allocation and source of funding is clear and that the duration of the funding stream is confirmed and covers the proposed contract period. These committees will have common interests and will ensure appropriate briefings at relevant meetings.

- a. To discuss and agree proposed variations to contracts where required.
- b. To note any new procurement guidelines and regulations relating to NHS procurements.
- c. To review lessons learned from procurements considered and, as a result, to recommend changes to practice and procedures where necessary.

7. Operating Procedures

- a. The Procurement Committee will endorse the process by which each procurement project which may result in services being commissioned from a primary care provider is to be managed to reach contract award stage
- b. The Committee will review the authorisation to proceed given to any procurement projects that may result in services being provided and which arise at short notice in advance of a face-to-face meeting. This authorisation will be given by the Managing Director and/or the Chief Finance Officer on an exception basis only.
- c. The Committee will monitor progress of on-going procurements and the benefits realised following contract award and mobilisation, using reports provided by the commissioners and contract.
- d. The Committee will review primary care market management issues to ensure that any emerging service monopoly is subject to a contestability exercise, and to ensure that existing providers are acting competitively and are delivering the best outcomes for the best price.
- e. The Chief Finance Officer will act as secretary for the Committee and ensure administration support is provided.

8. Legal Services

Legal advice will be secured as required.

9. Accountability

The Procurement Committee is a sub-committee of the Governing Body. It will report on every meeting to the Governing Body.

10. Monitoring Arrangements and Review Date

The Committees performance will be monitored annually via agreed Key Performance Indicators to ensure its effectiveness in discharging its duties against the Terms of Reference.

The Committees Terms of Reference will be reviewed annually.