

**WOLVERHAMPTON CCG**

**GOVERNING BODY**

**12<sup>th</sup> September 2017**

**Agenda item 10**

<b>TITLE OF REPORT:</b>	<b>CCG Procurement Policy</b>
<b>AUTHOR(s) OF REPORT:</b>	Vic Middlemiss – Head of Contracting and Procurement
<b>MANAGEMENT LEAD:</b>	Vic Middlemiss - Head of Contracting and Procurement
<b>PURPOSE OF REPORT:</b>	To present to the Governing Body an updated Procurement Policy for Healthcare Services and to formally request approval of the amended version.
<b>ACTION REQUIRED:</b>	<input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public meeting
<b>KEY POINTS:</b>	<ul style="list-style-type: none"> <li>• The procurement policy has been updated to incorporate changes resulting from the introduction of Public Contract Regulations 2015.</li> <li>• These technical changes have been provided by Arden and GEM Contract Support Unit.</li> <li>• The CCG has also taken the opportunity update other areas of the policy</li> <li>• Consultation of the changes has involved internal circulation to commissioning colleagues and presentation at Senior Management Team (V 1.6).</li> <li>• It then went to Commissioning Committee (V 1.7) and an amendment requested to GP List-based services in Section 4.2 to simply the narrative.</li> <li>• Commissioning Committee endorsed V 1.8 at the July 2017 meeting, with the above change incorporated.</li> </ul>



<p><b>RECOMMENDATION:</b></p>	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Approve V 1.8 of the Procurement Policy (attached as an appendix to the report).</li> </ul>
<p><b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b></p>	
<p>1. Improving the quality and safety of the services we commission</p>	<p>This policy is consistent with the objective of ensuring the ongoing improvement of quality patient services and ensuring that patients are always at the centre of all our commissioning decisions.</p>
<p>2. Reducing Health Inequalities in Wolverhampton</p>	<p>Deliver our strategy to innovate, lead and transform the way local health care is delivered, supporting emerging clinical groupings and fostering strong local partnerships to achieve this</p> <p>Deliver new models of care that support care closer to home, improve management of Long Term Conditions and deliver more integrated services in Primary Care and Community settings.</p>
<p>3. System effectiveness delivered within our financial envelope</p>	<p>Work with partners across the City to support the development and delivery of the emerging vision for transformation</p> <p>Effective financial management is essential to the CCG's success and the procurement process plays a pivotal role in achieving this. The policy includes detail on the CCG's procurement strategy linked to ensuring value for money, with robust governance underpinning the decision making process.</p>

## 1. BACKGROUND AND CURRENT SITUATION

- 1.1. The CCG's Procurement Policy for Healthcare Services was last updated in September 2015.
- 1.2. In April 2016, the Public Contract Regulations (PCR) 2015 came into force for the procurement of health services. These regulations fundamentally change the

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approach NHS commissioners must adopt for the procurement of health services, in particular where the value exceeds £589,148 (750,000 Euros).

- 1.3. These changes therefore needed to be incorporated within the Procurement Policy. This was a specific recommendation made by PwC in an audit undertaken in 2016/17 which included the following areas:
- Procurement
  - Information Governance
  - Business Continuity
  - Safeguarding
- 1.4. The revision process also presented an opportunity to update other sections of the policy.

## **2. SUMMARY OF APPROACH/ KEY CHANGES**

### **2.1 Technical changes**

The technical changes associated with PCR 2015 were completed by the Arden and GEM CSU Procurement Team as part of the procurement service the CCG buys in from the CSU.

### **2.2 Other changes**

Other changes were made, aimed at making the document easier to follow and also updating some sections as follows:

- Text added to Sections 5 re determining which procurement regulations apply for mixed procurements & at Section 9.2 re adding use of a formal agreement when undertaking collaborative procurements (CSU).
- Minor amendments made to table in Section 6 re communications to staff, website update and mobilisation. Removal of Appendix C (Procurement Plan) and Appendix D (Procurement Register) as these are live documents, to be separately maintained.
- Addition of information pertaining to GP List based services (Section 4.2) Additional information put in regarding Prior Information Notices (PINs) to distinguish between standard PINs and those used as a call for competition (Section 5.2).

### **2.3 Consultation/ sign off process**

Consultation of the changes has involved internal circulation to commissioning colleagues and presentation at Senior Management Team in May (v1.6). The policy was then presented at Commissioning Committee (v1.7) and an amendment requested to GP List-based services in Section 4.2 to simply the narrative. Commissioning Committee endorsed v1.8 at the July 2017 meeting, with the above change incorporated.

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The final version (v1.8) is now presented to Governing Body for ratification.

### **3. CLINICAL VIEW**

3.1 Not specifically relevant to this policy

### **4. PATIENT AND PUBLIC VIEW**

4.1 Not specifically relevant to this policy

### **5. KEY RISKS AND MITIGATIONS**

5.1. None identified

### **6. IMPACT ASSESSMENT**

#### ***Financial and Resource Implications***

6.1. None identified

#### ***Quality and Safety Implications***

6.2 None identified

#### ***Equality Implications***

6.3 None identified

#### ***Legal and Policy Implications***

6.4 Legal advice was obtained from Mills and Reeve

#### ***Other Implications***

6.5 None identified

**Name:** Vic Middlemiss  
**Job Title:** Head of Contracting and Procurement  
**Date:** 31/08/2017



**REPORT SIGN-OFF CHECKLIST**

**This section must be completed before the report is submitted to the Admin team. If any of these steps are not applicable please indicate, do not leave blank.**

	<b>Details/ Name</b>	<b>Date</b>
Clinical View		
Public/ Patient View		
Finance Implications discussed with Finance Team		
Quality Implications discussed with Quality and Risk Team		
Equality Implications discussed with CSU Equality and Inclusion Service		
Information Governance implications discussed with IG Support Officer		
Legal/ Policy implications discussed with Corporate Operations Manager	<b>Peter McKenzie</b>	<b>21.08.17</b>
Other Implications (Medicines management, estates, HR, IM&T etc.)		
Any relevant data requirements discussed with CSU Business Intelligence		
<b>Signed off by Report Owner (Must be completed)</b>	<b>Vic Middlemiss</b>	<b>31.08.17</b>

