



Scheme of Delegation – Overview

1 December 2018

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SCHEME OVERVIEW

1. Purpose

- 1.1 So that CQC can carry out all of its functions effectively, colleagues at all levels of the organisation need to be confident that they have the delegated authority to make decisions. Colleagues must also be clear where they do not have the authority to make decisions. Delegation creates the authority to carry out a task or to make a decision. This in turn creates responsibilities and the requirement that people to whom authority is delegated are prepared to be accountable for the decisions they have been asked to make. Anyone who makes a decision must be confident that they know the scope of their authority.
- 1.2 The Scheme of Delegation aims to set out clearly who has the authority to make decisions within CQC. Letters of Authority issued by the Cabinet Office to Chief Inspectors and Executive Directors set out their accountabilities; these may include functions and management decisions which, although important, are not specifically referred to in this Scheme because they are not decisions about the exercise of CQC powers and legal authority.
- 1.3 **The Scheme of Delegation is designed as an enabler, clearly setting out the foundations which will allow for common sense, reasoned and practical decision making. If there are elements that appear to act against this, please do highlight these for further consideration (e-mail: schemeofdelegation@cqc.org.uk).**

2. Arrangement of the Scheme of Delegation

- 2.1 The Scheme of Delegation is in four parts.
 - **Scheme Overview**
 - **Part One** sets out the decisions which the Board wants to make itself and the decisions which the Board has delegated to its Committees and to the Chief Executive.
 - **Part Two** is the Executive Scheme of Delegation. It sets out the decisions which the Chief Executive has delegated to staff within CQC to enable decisions to be taken at the most appropriate level of the organisation.
 - **Part Three** sets out the decisions that can be made by CQC operational staff.
 - **Part Four** sets out the financial delegations and approval limits.

- 2.2 References are included in each section to the parent legislation, or internal policy that can be accessed for further information. The latest versions of internal policies can be accessed from the Corporate Policy Register.
- 2.3 In line with the aim that the Scheme should act as a guide to where decisions are made across all CQC business areas, our intention is to add two further parts during 2019 to cover process and levels for decision making in the People Directorate and the Strategy & Intelligence Directorate.

3. Responsibilities of the Board and the Chief Executive

- 3.1 In general, the Board has reserved for its final decision matters for which it is held accountable by the Secretary of State. These are set out in the Department of Health & Social Care (DHSC) Framework Agreement.
- 3.2 As Accounting Officer, the Chief Executive has certain personal responsibilities which have been delegated to him by Parliament and the Principal Accounting Officer (see Part Two). The Chief Executive has to answer personally for these matters, which are set out in Treasury guidance, Managing Public Money and in the DHSC Framework Agreement.
- 3.3 As the lead executive of CQC, the Chief Executive has been given delegated authority by the Board to manage the organisation. The Chief Executive is responsible for reserving to himself the matters which he wishes to decide personally and for delegating other decision-making responsibilities to officers within CQC.
- 3.4 Nonetheless, the Board and the Accounting Officer remain accountable for all their functions, even those they have delegated. They require information about the exercise of those functions to enable them to assure themselves that the responsibilities which they have delegated are being discharged properly. The process for providing assurances to managers, including the Chief Executive and the Board, can be found in the CQC Risk Management and Assurance Policy.
- 3.5 Any functions which the Board has delegated can be re-assumed by the Board if it decides to do so. Similarly, any functions which the Chief Executive has delegated can be re-assumed by him if he decides to do so.

- 3.6 Powers are delegated by the Board and the Chief Executive on the understanding that the Committees and officers to whom powers are delegated do not use their powers in a way which might be a cause for public concern or which might have an adverse impact on the reputation of CQC.

4. Principles of delegation pursuant to the Scheme of Delegation

- 4.1 Authority to take decisions should be aligned with the skills and knowledge needed to make relevant judgements.
- 4.2 Delegations should be in writing and published so that CQC can demonstrate that its decisions are taken transparently.
- 4.3 All decisions taken under delegated authority should be recorded, using usual procedures, and should be open to audit.
- 4.4 Staff to whom authority to make decisions is delegated must understand what decisions have been delegated to them, the limits of their authority, and that they are accountable for the decisions they make. The role-holder taking the decision may seek advice or information from other staff with knowledge relevant to the decision.
- 4.5 The person who delegates responsibility remains accountable for the outcome of the decision or work delegated.
- 4.6 Where a member of staff judges that the decision they are able to make is in some way unusually contentious or sensitive, they should use their judgement and escalate the matter to their line manager (i.e. the next most senior person) for advice or decision.
- 4.7 Those responsible for line management of a delegated decision maker may exercise the decision-making power rather than the delegate if they wish to do so.
- 4.8 If a decision is taken to invoke crisis management arrangements (as per the Business Continuity Policy) then whoever is in operational charge of CQC has the authority to override the Scheme of Delegation temporarily (i.e. during the crisis) if required; and, if this power is exercised, the fact that it has been exercised and the particular decisions taken using this power, should be

reported to the Audit and Corporate Governance Committee as soon as reasonably possible. The Secretariat will keep a record of these instances and record when normal control under the Scheme resumes.

5. Ownership and review of the Scheme/ Specific delegations where decisions cannot be made pursuant to the Scheme and its principles.

- 5.1 Decisions listed in Part Two, Three and Four of the Scheme which (for whatever reason) cannot be made pursuant to the Scheme may be the subject of a specific delegation by the Chief Executive. The Chief Executive will decide which matters need to be raised with the Board.
- 5.2 For administrative purposes, the Scheme of Delegation is managed by the Head of Governance and Private Office on behalf of the Board. The Head of Governance and Private Office is responsible carrying out two reviews of the Scheme a year and submitting proposed changes to the Board or to the Chief Executive.
- 5.3 A named person/post in each Directorate should be made the responsible “owner” for their part of the Scheme of Delegation and will be a member of the Scheme of Delegation Contact Group. They will be the contact point for the Head of Governance and Private Office to ask for updates and revisions.
- 5.4 The Scheme will however, be updated as often as is necessary to ensure it is current. If necessary, the Directorate owner should be in touch directly with the Head of Governance and Private Office to enable in-year updates to be approved.

Part 2 – Executive Scheme of Delegation

1 December 2018

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PART TWO: THE EXECUTIVE SCHEME OF DELEGATION

Responsibilities delegated by the Chief Executive to the Executive Team collectively

Managing CQC

As the overall senior executive forum of CQC, ET make decisions on relevant issues related to the strategy, policy and operations of CQC and, where relevant, make recommendations to the Board (matters reserved by the Board for its own decision are set out in Part 1 of the Scheme of Delegation, pages 6 - 9). ET will:

- consider, approve and amend corporate operational policies and business including, but not limited to, the following;
 - business planning including monitoring of strategic and operational plans and budgets
 - finance policies including travel and subsistence, use of charge card, petty cash
 - people strategies, policies and procedures, changes to the structure of functions, inc. probationary policy, maternity policy
 - changes to the structure of functions, including the creation of new posts and advertising roles outside the current establishment
 - Performance management framework
 - Business risk management process
 - Business continuity policy
 - Project and programme governance
- consider and endorse decisions about how CQC addresses its obligations relating to information security and data protection;
- ensure that CQC meets its statutory obligations as an employer.

Performance management

ET is responsible for the effective corporate management and performance of CQC. ET will:

- receive a monthly performance report for consideration and comment;
- require action to address issues related to performance and can request an analysis of any performance concerns to identify underlying issues;
- approve the performance report to be presented to the Board;
- agree action plans in response to external scrutiny reports and monitor progress against them.

Quality regulation

The Executive Team ensures corporate and operational policies and processes are up to date and effectively implemented. ET will:

- consider and approve changes to the regulatory model;
- consider and approve improvements to business processes and development of management information in support of regulation;
- consider and approve proposals for major amendments to the regulatory framework which will be submitted to the Board for consideration and approval;
- consider and approve improvements in the operating model;
- consider recommendations on fees policy for presentation to Finance Committee and the Board;
- agree what thematic and special reviews should be undertaken;
- agree how lessons learned from investigations should be disseminated across the organisation.

Delivery of the CQC Business Plan

The Executive Team is responsible for ensuring successful delivery and communication of the CQC Business Plan, in accordance with the objectives and outcomes required. ET will:

- co-ordinate activity and impact across Directorates and approve related decisions;
- receive regular reports from the Resources Committee;
- approve decisions where financial and people resources should be re-deployed in order to deliver the business plan;
- approve proposals for new corporate projects or programmes;
- consider and address significant risks to delivery of business plan, directing any action required to ensure delivery.

Delivery of the programme of work drawn up in line with the CQC Strategy

The Executive Team is responsible for ensuring successful delivery and communication of the CQC Strategy in accordance with the objectives and outcomes required. ET will:

- receive regular reports from the Strategic Change Committee;
- oversee the development of corporate plans to support the delivery of the Strategy;
- monitor the delivery of the programme against milestones and key performance indicators via exception reporting;
- consider and address significant risks to delivery of the strategy, directing any action required to ensure delivery;

- receive regular reports from the Safeguarding & Responding to Concerns Committee to receive organisational assurance on the strategic direction and assurance for safeguarding and quality risks, including Freedom to Speak Up;
- receive reports from the Enforcement Oversight Board.

Risk management and assurance

The Executive Team is responsible for ensuring effective risk management across CQC. ET will:

- regularly evaluate the Strategic Risk Register and consider mitigations used to manage strategic risks;
- determine resources and owners to deliver mitigations, and manage their implementation;
- Regularly evaluate the effectiveness of mitigation plans prior to consideration by the Audit & Corporate Governance Committee (ACGC) and ultimately, Board;
- escalate corporate risks to the Board to consider for inclusion in the Strategic Risk Register;
- consider whether any new risks have materialised from the external environment;
- develop strategies to promote an open, reflective, responsive and risk-aware culture where effective risk management is embedded into the fibre of CQC;
- ensures that management actions arising from internal audit reports are implemented and progress is reported to ACGC.

Health and safety

The Executive Team oversees and encourages behaviour to ensure the highest levels of health and safety standards are practiced and that health and safety is seen as a shared responsibility across CQC. ET will:

- receive regular reports from the National Health Safety & Wellbeing Committee to monitor effective implementation and practice related to CQC's Health & Safety Strategy and will direct action as appropriate where this is not the case;
- ensure that CQC meets its statutory obligations as an employer.

Statutory publications

The Executive Team supports the Chief Executive in meeting CQC's responsibilities for publishing statutory information. ET will:

- approve drafts of statutory publications, including the annual report, for submission to the Board;
- approve drafts of guidance required by legislation on standards of inspection, judgements framework, and other guidance to providers;
- approve drafts of publications not required by statute but issued in accordance with good practice eg market reports; thematic inspections.

Good corporate governance

The Executive Team demonstrates a commitment to good governance and promotes it through the CQC. ET will:

- consider and approve reports and proposals to be submitted to the Board and, where appropriate, to its committees;
- review actions to be taken following each Board meeting;
- identify policy issues to be discussed with the Chair and/or considered by the Board and its committees;
- ensure governance processes and policies are up to date and effectively implemented;
- delegates governance and management responsibilities to its committees, as appropriate and receive regular reports to ensure their ongoing effectiveness;
- ensure effective Information Governance policies and processes are in place and effectively implemented.

Within their directorates, responsibilities delegated by the Chief Executive to Executive Directors and Chief Inspectors as follows:

Responsibilities delegated by the Chief Executive to Executive Directors and Chief Inspectors	Reference for further information
Delivery of the directorate business plan	
Each Executive Director and Chief Inspector is responsible for: <ul style="list-style-type: none">• taking operational decisions within their directorate to deliver their directorate business plans, subject to complying with CQC policies;	Letter of Authority (retained by the Director or Chief Inspector)

<ul style="list-style-type: none"> • developing policy proposals relevant to their area of business, in consultation with other Executive Directors and Chief Inspectors as necessary, to implement CQC's strategic direction; and • ensures the directorate provides timely and accurate management information as required within the corporate performance monitoring systems and processes. 	
Propriety of expenditure	
<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> • managing the budget delegated by the Chief Executive to deliver the directorate business plan, within the rules set by the Director of Finance, Commercial & Infrastructure; • ensuring the directorate complies with rules relating to financial control to ensure propriety and regularity of expenditure; • delegates responsibility for budgets to Budget Managers; • ensures that any proposal for expenditure, procurement or award of contract conform to the appropriate procedures and approval is sought in accordance with the levels set out in part 4 of the Scheme; and • ensures that agreed systems of control are applied within their directorate to protect against fraud and losses, including data losses. 	<p>Standing Financial Instructions (SFI) (see separate entry on Budget Holders)</p>
Ordering goods and services	
<p>Each Executive Director and Chief Inspector is responsible for: Providing, in the form of a written report, a case setting out all relevant circumstances of a pre-payment purchase, including the impact on CQC if the supplier is at some time during the course of the pre-payment agreement unable to meet its commitments.</p>	<p>SFI</p>
Security of CQC property	

<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> ensuring a register of directorate fixed assets is maintained; applying such appropriate routine security practices in relation to property as may be determined by the Board; and reporting any damage to CQC premises, vehicles and equipment, or any loss of equipment, stores or supplies. 	<p>SFI SFI SFI</p>
<p>Recruitment of staff</p>	
<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> recruiting individual employees, including the use of agency staff; ensuring that the key principles of the Recruitment and Selection policy are followed in recruiting staff and that their staff comply with the procedures set out in the policy; and deploying staff within their directorate within an agreed staffing structure. <p>Executive Directors and Chief Inspectors are not permitted to re-grade staff, agree changes in remuneration or create new posts without express permission of the Executive Team's delegated officer in the People directorate.</p>	<p>Recruitment and selection policy See Corporate policy register (Intranet)</p>
<p>Risk management and assurance</p>	
<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> ensuring that risks to their Business Plan are identified, assessed, managed and escalated where necessary, in accordance with CQC's risk management policy; ensuring that regulatory or provider risks are being identified, assessed, managed and escalated where necessary (Chief Inspectors only); monitoring, controlling and providing assuring on the strategic, business and regulatory risks for which they are responsible; and providing assurance on the systems and processes they have in place to ensure that they are able to deliver their commitments and responsibilities. 	<p>Management assurance and risk management framework (Intranet)</p> <p>Regulatory risk framework</p>
<p>Health and safety</p>	

<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> disseminating the Health and Safety policy within their area of responsibility and ensuring that staff are aware of their responsibilities under this policy; ensuring the implementation of the Health and Safety policy and procedures within their area of responsibility; and risk assessment of new or alternate ways of working ensuring that all activities are supported with documented risk assessments and implementation of any control measures as appropriate to the level of risk. 	<p>Health and Safety Policy (Intranet)</p>
<p>Governance</p>	
<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> ensuring that staff understand their responsibilities and the limits of their delegation that are set out in the Scheme of Delegation; (These delegations include financial delegations such as the authority to engage consultants, to procure services, spend money, manage assets, authorise travel and subsistence; and operational delegations such as the authority to register service providers and managers and to take enforcement action.) ensuring that directorate registers of interests and gifts & hospitality are maintained; and ensuring that they declare any personal potential conflict of interest to the Chief Executive. 	<p>Scheme of Delegation Corporate Policy Register (Intranet)</p>
<p>Internal control</p>	
<p>Each Executive Director and Chief Inspector is responsible for:</p> <ul style="list-style-type: none"> ensuring their staff comply with CQC policies and processes aimed at securing proper internal control. These include meeting internal audit requirements, policies to prevent fraud and corruption, policies on health and safety, data protection, information security, health and safety legislation, equality, diversity and human rights obligations; ensuring that their staff give full and timely cooperation and any necessary assistance to any internal and external auditors, and cooperate fully with any investigations, including fraud, data incident and corporate whistle-blowing investigations; and ensuring their directorate meets the standards set out in the CQC Management Assurance framework. 	<p>CQC Intranet, including Corporate Policy Register CQC Counter-Fraud policy Corporate Policy Register (Intranet) Management assurance and risk management framework (Intranet)</p>

MATTERS DELEGATED TO THE EXECUTIVE DIRECTOR OF STRATEGY AND INTELLIGENCE

Management of risk	Reference for further information
<p>The Executive Director of Strategy and Intelligence is responsible for ensuring that the Commission has a robust and effective process in place to manage risk including:</p> <ul style="list-style-type: none"> • a process for identifying, evaluating, and reporting on high level strategic risks at Board and Executive Team level; • a process for identifying, evaluating, and reporting on risks and potential liabilities within Commission Groups; • management processes to ensure all significant risk and potential liabilities are recognised and properly managed; and • arrangements to review the risk management processes periodically. 	<p>Management assurance and risk management framework (Intranet) Strategic Risk Register (CQC website) Directorate Risk Registers (Intranet Directorate pages – with business plans)</p>
Information governance	
<p>The Executive Director of Strategy and Intelligence has been designated as the Senior Information Risk Owner (SIRO), by the Chief Executive and is responsible for:</p> <ul style="list-style-type: none"> • Obtaining, and providing to the Board and accountable officer, assurance that information risk is being appropriately managed; • ensuring that the Information Security policy and the information risk policy are implemented, reviewed and effects are monitored; and • chairing the Information Governance Group. 	<p>Information Security and Governance Policy See Corporate policy register (Intranet) Intelligence strategy and workplans held on the Y: drive as part of Information Governance Group papers</p>
<p>As SIRO, the Executive Director of Strategy and Intelligence is responsible for:</p> <ul style="list-style-type: none"> • preparing and publishing a code in respect of practice re confidential information; and 	<p>Corporate policy register (Intranet) HSCA Section 80</p>

<ul style="list-style-type: none"> ensuring data is managed in accordance with the requirements of the Data Protection Act 1998, the Security Policy Framework and the Government's 'Mandatory Minimum Measures'. 	
Quality ratings	
<p>The Executive Director of Strategy & Intelligence is responsible for ensuring that CQC consults the Secretary of State and others before publishing the assessment indicators. Other CQC responsibilities relating to quality ratings are to:</p> <ul style="list-style-type: none"> prepare a statement of its reviews' frequency and assessment methods; and publish its assessment indicators. 	<p>HSCA Section 46 (7) Care Act Section 91</p> <p>HSCA Section 46 (4) and (6)</p>
Operational Decisions	
<ul style="list-style-type: none"> Authorisation under Regulation of Investigatory Powers Act (RIPA)¹ 	<p>RIPA 2000 ss 27-30, 43 & 45</p>

MATTERS DELEGATED TO THE CALDICOTT GUARDIAN

Handling and sharing of personal information	Reference for further information
<p>The Chief Inspector of Hospitals has been designated Caldicott Guardian by the Chief Executive and is responsible for:</p> <ul style="list-style-type: none"> promoting a culture within the organisation, within which personal information is appropriately used, shared and protected; 	<p>Information Security and Governance Policy – See Corporate policy register (Intranet)</p>

¹ Decision not currently operational

<ul style="list-style-type: none"> • championing confidentiality and data protection at senior levels, for example by ensuring Board and executive level ‘ownership’ of these issues and ensuring that consideration has been given to these issues when making strategic and policy decisions; • providing advice and expertise on confidentiality and information governance issues; • assessing new and existing processes to ensure that access to, use of and sharing of information relating to identifiable people who use regulated services is carried out in accordance with the Caldicott Principles • overseeing and signing off new protocols and procedures which will involve changes in the way service user information is used – for example ongoing advice upon, and final sign-off of, information sharing agreements with other bodies, new inspection processes or new information management systems; and • feeding into internal assurance by review of existing systems and arrangements, and by being consulted by the Senior Information Risk Owner in preparing the annual statement of assurance. 	
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MATTERS DELEGATED TO INFORMATION ASSET OWNERS

Responsibilities delegated by the SIRO to Information Asset Owners (IAOs)	Reference for further information
<p>Each directorate Information Asset Owner (Director/ Deputy Chief Inspector) is responsible for:</p> <ul style="list-style-type: none"> • understanding the information assets held by their directorate and ensuring there is appropriate and reasonable access to each asset; • understanding and addressing the risks to the information assets they own; • ensuring any data loss incidents are appropriately managed; • maintaining records required to be retained in accordance with CQC’s Retention and Disposal schedule; • approving the relevant Retention & Disposal schedule with support from their IAMs; • ensuring that records are reviewed in a systematic manner in line with CQC’s Retention and Disposal schedule, ensuring the destruction process is followed and that records are reviewed and logged before destruction; and • providing assurance to the SIRO on the security and use of Information assets. 	<p style="text-align: center;">Information Security and Governance Policy - See Corporate policy register (Intranet)</p>

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MATTERS DELEGATED TO INFORMATION ASSET MANAGERS

Responsibilities delegated by the IAOs to Information Asset Managers (IAMS)	
<p>Each function/ inspectorate Information Asset Managers (Heads of Function/ Inspection) are responsible for:</p> <ul style="list-style-type: none"> • understanding the information assets held by their areas and ensuring there is appropriate and reasonable access to each asset; • ensuring that the information asset register is accurate and maintained; • assisting with the annual review of the Retention & Disposal schedule to ensure it is complete and relevant for their area and is approved by the IAO; • ensuring that records are reviewed in a systematic manner in line with CQC’s Retention and Disposal schedule, ensuring the destruction process is followed and that records are reviewed and logged before destruction; • ensuring that Information Management and Information Security policies and procedures are followed in their area; • recognising potential or actual security incidents and reporting them appropriately; • meet regularly with the IAO to provide updates, governance reporting, and to highlight any current risks and issues; • providing assurance to the IAO on the security and use of information assets; and • ensure that access is removed from leaving staff or correct access is given to new staff. 	<p style="text-align: center;">Information Security and Governance Policy - See Corporate policy register (Intranet)</p>

MATTERS DELEGATED TO INFORMATION ASSET ADMINISTRATORS

Responsibilities delegated by the IAM to Information Asset Administrators (IAAs) / Knowledge Information Management (KIM) Champions

Each function/ inspectorate Information Asset Administrator is responsible for providing support to the IAM by:

- supporting the IAM in monitoring compliance with information management and information governance policies and procedures in their area;
- answering queries from teams within the area in relation to Information Management policy, standards and procedures;
- highlight any risks or issues to the IAM and ensure that all risks and issues are logged appropriately;
- recognising potential or actual security incidents and reporting them appropriately;
- assisting with the annual review of the Retention & Disposal schedule; and
- ensuring that records are reviewed in a systematic manner in line with CQC’s Retention and Disposal schedule, ensuring the destruction process is followed and that records are reviewed and logged before destruction.

Information Security and Governance Policy - see Corporate policy register (Intranet)

MATTERS DELEGATED TO DIRECTOR OF PERFORMANCE, CHANGE AND IMPROVEMENT

Responsibilities delegated to the Director of Planning, Performance and Programmes

Reference for further Information

The Director of Performance, Change and Improvement is responsible for:

- compiling and submitting to the Board an annual Corporate Business Plan which takes into account financial targets and forecast of available resources; and

Corporate and Directorate Business Plans on the CQC Intranet

<ul style="list-style-type: none"> ensuring the annual Corporate Business Plan contains a statement of the significant assumptions on which the plan is based and details of workload, delivery services and resources required to achieve the plan. 	
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MATTERS DELEGATED TO THE CHIEF OPERATING OFFICER

Responsibilities delegated to the Chief Operating Officer	Reference for further information
Financial governance	
<p>The Chief Operating Officer is responsible for:</p> <ul style="list-style-type: none"> ensuring that Commissioners ET and the Board are aware of their obligations under the Standing Financial Instructions; and ensuring that any contractor or employee of a contractor is made aware of the Instructions and financial procedures. 	<p>SFI</p> <p>SFI</p>
Budget allocation	
<p>The Chief Operating Officer is responsible for managing and controlling the budget on the Chief Executive's behalf, including:</p>	<p>SFI</p>

<ul style="list-style-type: none"> • regular review of delegated approval threshold to Budget Holders for the Chief Executive's approval; • ensuring that the basis and assumptions used for budget allocations are reviewed periodically, that these are reasonable and realistic and secure CQC entitlement to funds; • prior to the start of each financial year submitting to the Board for approval a report showing the total budget received and its proposed distribution; • regularly updating the Board on changes to the initial budget and the uses of such funds drawing attention to any significant variations, associated risks and any mitigating action, which may be necessary; and • highlighting any issues and risks to the Chief Accounting Officer and DHSC at the earliest opportunity. 	
<p>Health and safety</p>	
<p>The Chief Operating Officer is responsible for oversight of the health and safety policy and lead ET member responsible for ensuring compliance, while acknowledging that health and safety is seen as a shared responsibility across CQC.</p>	

MATTERS DELEGATED TO THE CHIEF DIGITAL OFFICER

<p>Information technology</p>	
<p>The Chief Digital Officer is responsible for:</p> <ul style="list-style-type: none"> • devising and implementing any necessary procedures to ensure adequate (reasonable) protection of the Commission's data, programmes and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, 	

<p>deletion or modification, theft or damage, having due regard for the Data Protection Act 1998.</p> <ul style="list-style-type: none"> ensuring that adequate reasonable controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness and timeliness of the data, as well as the efficient and effective operation of the system. ensuring that adequate controls exist such that the computer operation is separated from development and amendment. 	
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MATTERS DELEGATED TO THE DIRECTOR OF FINANCE, COMMERCIAL AND INFRASTRUCTURE

Responsibilities delegated to the Director of Finance, Commercial and Infrastructure	Reference for further information
Financial governance	
The Director of Finance, Commercial and Infrastructure is responsible for providing advice on the interpretation of the Standing Financial Instructions.	SFI
Arrangements for financial management and control	
The Director of Finance, Commercial and Infrastructure is responsible for:	

<ul style="list-style-type: none"> • implementing CQC financial policies and ensuring these are kept up to date; • maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are in place, documented and maintained to supplement the Standing Financial Instructions; • ensuring that sufficient records are kept to show and explain CQC's transactions, in order to disclose, with reasonable accuracy, the financial position of CQC at any time; • providing professional leadership to the Finance, Commercial and Infrastructure function, ensuring appropriate training and continued development of the finance function; • providing advice as required, to ET, the Board, and employees; • preparing and maintaining accounts, certificates, estimates, records and reports as required for the purpose of carrying out its statutory duties; and • ensuring compliance with HMRC guidelines regarding payment to suppliers. 	SFI
Financial reporting	
<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • providing reports in the form required by the Secretary of State and requested by DHSC; • reporting to DHSC information on any transfers from revenue budgets to capital budgets; • ensuring expenditure approved against the cash limit is actioned only at the time of need; and • ensuring that an adequate system of monitoring financial performance is in place to enable CQC to fulfil its statutory responsibility not to exceed its separately identified limits. 	SFI
Banking arrangements	
<p>The Director of Finance, Commercial and Infrastructure is responsible for identifying staff who are authorised to open and close CQC bank accounts and set up standing orders and direct debits.</p>	SFI
Commercial, procurements and contracts	

<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • driving and facilitating value for money through all third-party engagements and contracts; • ensuring that a procurement code is available to all staff for the procurement and outsourcing of goods, services and commodities, that it is regularly reviewed to reflect internal/external governance, public procurement regulations and probity; • developing and implementing a commercial strategy; • advising ET and the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, ensuring the thresholds are incorporated into relevant documents and regularly reviewed; • advising ET and the Board of any variations from the above, clearly setting out reasons for doing so; • advising Resources Committee, ET and Board on commercial and contract compliance; • ensuring compliance with the public procurement regulations, commercial law, Government policy and controls on 3rd party supply requirements; • ensuring records are maintained of any duly approved waiver or variation to these Standing Financial Instructions and presenting this record for Audit and Corporate Governance Committee scrutiny at each meeting (usually quarterly) to ensure powers of waivers are not used systematically or regularly to avoid compliance with these rules; 	<p>SFI</p>
<p>Investment and expenditure</p>	
<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • ensuring there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans; • ensuring that processes are in place for the management of all stages of capital and revenue investment schemes that enable delivery on time and to cost; • ensuring that the investment, capital and revenue is not undertaken without confirmation of the availability of resources; • ensuring that a business case is commercially viable and sets out: <ul style="list-style-type: none"> ○ Commercial & Procurement options and contracting implications; 	<p>SFI</p>

<ul style="list-style-type: none"> ○ Compliance with efficiency controls, government policy and approvals and all other relevant legislation; ○ Appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs ● ensuring policies and procedures are in position to monitor a business case through its life and delivery of benefits; ● managing all stages of capital schemes and for ensuring that schemes are delivered on time and to cost and that payment methodology is in line with Treasury/cabinet Office Guidelines when relating to property; and ● ensuring mechanisms are in place for the monitoring and reporting on return on investment. 	
<p>For capital schemes where the contracts stipulate stage payments, the Director of Finance, Commercial and Infrastructure is responsible for following Treasury/Cabinet Office procedures for their management, and for management of CQC leasehold estate making use of the DHSC Estate Code. Property strategies need to be approved by the DHSC Property Asset Management Board.</p>	SFI
<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> ● issuing procedures governing contract and supplier management, including variations to contract, single tender actions and termination of contracts ● the provision of contract management obligations to contract owners to ensure robust management and delivery of all contract benefits and that contracts include the relevant protections dependent upon the type of goods, services and commodities 	SFI
<p>The Director of Finance, Commercial and Infrastructure is responsible for maintaining registers of assets, the form of any register and the method of updating, and arranging for a physical check of material assets against the asset register to be conducted once a year.</p>	SFI
<p>The Director of Finance, Commercial and Infrastructure is responsible for approving writing off losses in accordance with delegated limits in part 4 of the Scheme.</p>	SFI

<p>The Director of Finance, Commercial and Infrastructure is responsible for ensuring the accuracy and security of CQC's computerised financial data.</p>	
<p>The Director of Finance, Commercial and Infrastructure is responsible for satisfying him/herself that new financial systems and amendments to current systems are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation. This excludes payroll systems as these are the responsibility of the Director of People.</p>	SFI
<p>The Director of Finance, Commercial and Infrastructure is responsible for ensuring that contracts for computer services for financial applications with another health organisations or any other agency must clearly define the responsibility of all parties for the security, privacy, accuracy, completeness and timeliness of data during processing, transmission and storage. The contract must also ensure rights of access for audit purposes.</p>	SFI
<p>Insurance arrangements</p>	
<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • effecting adequate insurance to protect CQC interests including professional indemnity of third party interests; • negotiating all claims in consultation with Heads of Departments as required; and • ensuring an annual review of the Commission's insurance is undertaken. 	SFI
<p>Internal audit</p>	
<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • ensuring that there are adequate arrangements in place to review, evaluate and report on the effectiveness of internal financial control in CQC; and • ensuring that there is an effective internal audit function which meets the mandatory audit standards. 	SFI

<p>The Director of Finance, Commercial and Infrastructure is responsible for:</p> <ul style="list-style-type: none"> • liaison and relationship management with DHSC Group Audit on the internal audit service and programme delivered for CQC; and • ensuring that the Audit and Corporate Governance Committee and Chief Executive receive an annual report from the Head of Internal Audit which: <ul style="list-style-type: none"> ○ provides a clear opinion on the effectiveness of internal control in accordance with current guidance issued by Government on the assurance framework including, for example, compliance with control criteria and standards; ○ identifies any major internal financial control weaknesses discovered; ○ comments on progress on the implementation of internal audit recommendations; ○ identifies progress against the current internal audit plan; ○ provides a detailed internal audit plan for the coming year; and ○ provides a strategic audit plan covering the coming three years. 	SFI
Health and safety and security management	
<p>The Director of Finance, Commercial and Infrastructure is the designated officer with responsibility for health and safety and security management matters, including lone working. This includes ensuring the national health and safety committee operates effectively as the governance group for health, safety and well-being.</p>	Health and Safety Policy
Personal injury claims	
<p>The Director of Finance, Commercial and Infrastructure has authority to settle personal injury claims, within delegated limits.</p>	

MATTERS DELEGATED TO THE HEAD OF FINANCIAL MANAGEMENT, HEAD OF FINANCIAL ACCOUNTING AND HEAD OF COMMERCIAL AND CONTRACTS

Responsibilities delegated to the Head of Financial Management	Reference for further information
Preparation of budgets	
<p>The Head of Financial Management is responsible for:</p> <ul style="list-style-type: none"> • preparing and submitting budgets for approval by the Board, prior to the start of the financial year. The budgets will: <ul style="list-style-type: none"> ○ be in accordance with the aims and objectives set out in the annual Corporate Business Plan; ○ accord with workload and workforce plans; ○ be produced following discussion and agreement with appropriate Budget Holders; ○ be prepared within the limits of available funds; ○ ensure sufficient funding for required health, safety and well-being activity. ○ have proper regard to the expected availability of funds; and ○ identify potential risks. 	SFI
Budget control and reporting	
<p>The Head of Financial Management and his/her staff are responsible for:</p> <ul style="list-style-type: none"> • ensuring that financial control arrangements are in place for each budget which will discharge the responsibility of budget holders and their staff; • acting on behalf of the budget holder to report on their budgets and related performance and procedures; • ensuring and reporting on compliance with the Commission’s policies and procedures so as to enable the Chief Operating Officer to provide assurance to the Board; 	SFI

<ul style="list-style-type: none"> • monitoring financial performance on a monthly basis against budget and business plan, regularly reviewing them and enabling the Chief Operating Officer to report to the Board; • ensuring that adequate training is delivered on an ongoing basis to Budget Holders to help them manage their budgets successfully; • investigation and reporting of variances from financial, workload and manpower budgets; • monitoring of management action to correct variances; and • arrangements for the authorisation of budget transfers. 	
Responsibilities delegated to the Head of Financial Accounting	Reference for further information
Preparation of annual accounts and reports	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • preparing financial returns in accordance with the guidance given by DHSC and the Treasury, CQC accounting policies, and generally accepted accounting principles and standards; • reporting to DHSC for information on any transfers from revenue budgets to capital budgets; • preparing, certifying and submitting annual financial reports to the Secretary of State in accordance with current guidelines; and • submitting financial returns to the Secretary of State for each financial year in accordance with the timetable prescribed by DHSC. 	<p>SFI</p>
Banking arrangements	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • agreeing a Service Level Agreement with CQC's appointed bankers which ensures that the standards and policies, which would normally appear in Standing Financial Instructions, are attributed to an accountable third party; and • ensuring that there are robust monthly reconciliations of CQC's accounting records to those of CQC's appointed bankers to help ensure integrity and reliability in financial reporting. 	<p>SFI</p> <p>SFI</p>

<p>The Head of Financial Accounting is responsible for bank accounts operated via the Government Banking Service:</p> <ul style="list-style-type: none"> ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; reporting to Board all arrangements made with CQC bankers for accounts to be overdrawn; and ensuring compliance with DHSC guidance on the level of cleared funds. 	SFI
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> preparing detailed instructions on the operation of bank accounts which must include (a) the conditions under which each bank account is to be operated; (b) those who are authorised to sign cheques or other orders drawn on CQC accounts; and advising CQC's bankers in writing of the conditions under which each account will be operated and notify them of any subsequent amendments. 	SFI SFI
Income systems	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> designing, maintaining and ensuring compliance with systems for the proper recording, invoicing, collection and coding of all monies due; and ensuring prompt banking of all monies received. 	SFI
Fees and charges	
<p>With the Chief Operating Officer, Executive Director of Strategy & Intelligence, Director of Policy & Strategy and Director of Finance, Commercial & Infrastructure, the Head of Financial Accounting will agree fee strategy which will be recommended to the Finance Committee and Board and will regularly review the level of all fees and charges and ensuring that these are in line with HM Treasury guidelines on Fees and Charges. Independent professional advice on matters of valuation must be taken as necessary.</p>	SFI
Debt recovery	

<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> the appropriate recovery action on all outstanding debts, which is managed by NHS SBS through an external debt collection agency, approved by CQC; and ensuring that CQC Finance staff are involved in the process of debt recovery and no legal action to recover debt is taken without specific authorisation from the Accounts Manager. 	<p>SFI</p> <p>Bad debt policy</p>
<p>Security of cash, cheques and other negotiable instruments</p>	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable; ordering and securely controlling any such stationery; providing adequate facilities and systems for employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for key holding, and for coin operated machines; and ensuring proper systems and procedures for handling cash and negotiable securities on behalf of CQC are in place and communicated. 	<p>SFI</p>
<p>Delegations for non-pay expenditure</p>	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> setting out the maximum level of each requisition and the system for authorisation above that level; maintaining control of the list of employees who are authorised to place requisitions for the supply of goods and services; ensuring compliance with HMRC guidelines regarding payment to suppliers; ensuring that the capital and revenue investment is not undertaken without confirmation of the availability of resources; appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and ensuring policies and procedures are in position to monitor a business case through its life and delivery of benefits. 	<p>SFI</p>

<p>The Head of Financial Accounting is responsible for ensuring that accounts and claims are paid promptly, in accordance with Better Payment Practice code and guidance.</p>	<p>SFI</p>
<p>Petty cash</p>	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • issuing instructions for the use of petty cash; and • determining the form in which petty cash records are to be maintained. 	<p>SFI</p>
<p>Asset control</p>	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • maintaining the fixed assets register relating to the Directorate; • ensuring all entries can be validated by reference to: <ul style="list-style-type: none"> ○ properly authorised and approved agreements, architect’s certificates, supplier’s invoices and other documentary evidence in respect of purchases from third parties; and ○ stores, requisitions and wages records for own materials and labour including appropriate overheads. • taking responsibility for security and custody of assets, maintaining an asset register, notifying the Director of Finance, Commercial and Infrastructure regarding misuse or theft of assets; and completing a Loss of Assets report; and • ensuring that all items due under a pre-payment contract are received and he/she must immediately inform the appropriate Executive Director or Chief Executive if problems are encountered. 	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • approving procedures for reconciling balances on fixed asset accounts in ledgers against balances on fixed asset registers; • approving procedures for the control of fixed assets, including: <ul style="list-style-type: none"> ○ recording officer responsibility for each asset; 	<p>SFI</p>

<ul style="list-style-type: none"> ○ identification of additions and disposals; ○ identification of all repairs and maintenance expenses; ○ physical security of assets; ○ periodic verification of the existence of, condition of, and title to, assets recorded; ○ identification and reporting of all costs associated with the retention of an asset; and ○ reporting, recording and safekeeping of cash, cheques, and negotiable instruments. 	SFI
The Head of Financial Accounting is responsible for making recommendations to the Director of Finance Commercial & Infrastructure with regards to writing off any equipment and keeping appropriate financial records.	SFI
The Head of Financial Accounting is responsible for preparing detailed procedures for the disposal of assets including condemnations and ensuring that these are notified to employees.	SFI
Losses and special payments	
<p>The Head of Financial Accounting is responsible for:</p> <ul style="list-style-type: none"> • preparing procedural instructions on the recording of and accounting for condemnations, losses and special payments, taking account of any rules laid down by DHSC and Treasury; and • maintaining a register of losses and special payments. Losses and Special Payments occurring in any period must be notified to the Audit and Corporate Governance Committee. 	SFI
Responsibilities delegated to the Head of Commercial and Contracts	Reference for further information
<p>The Head of Commercial and Contracts is responsible for:</p> <ul style="list-style-type: none"> • provision of a procurement code that ensures compliance with public procurement regulations, internal/external governance and commercial law • developing a commercial strategy that builds value for money opportunities; 	SFI

<ul style="list-style-type: none"> • giving advice on value for money in relation to procurement and contract management • maintaining a register of all CQC contracts and associated variations; • ensuring contract management processes are in position which deliver maximum value for money and drive benefits from suppliers; • management of contract change, to ensure legal compliance, probity and value for money is maintained; • provision of supplier engagement and management protocols are in position to ensure value for money procurements, to include the provision of category pipelines for timely procurement; • maintain a register of single tender actions; • ensuring all commercial processes and protocols are reviewed and developed to ensure compliance; • ensuring Board and the Executive Team have all relevant commercial information; • ensuring a robust supply chain that supports CQC's operational requirements; • identification of CQC's business critical contracts and ensuring business continuity plans are in place for supplier failure; • driving value for money through the identification of commercial opportunities; • delivering regular reporting on commercial and contract risk to include supplier performance; • ensuring the purchase to pay process commences where contracts have been awarded; • ensuring that all payments to suppliers are validated against contract terms and reflect service requirements; • ensuring compliance with Government policy and controls on third party supply requirements; and • ensuring that a business case is commercially viable and sets out: <ul style="list-style-type: none"> ○ commercial and procurement options and contracting implications; and ○ compliance with efficiency controls, government policy and approvals and all other relevant legislation. 	

MATTERS DELEGATED TO THE HEALTH, SAFETY AND WORKPLACE MANAGER

	Reference for further information
<p>The CQC Health, Safety and Workplace Manager is responsible for:</p> <ul style="list-style-type: none"> ensuring the health and safety policy meets legislation, all relevant regulations and approved codes of practice; providing strategic and operational advice and guidance on all aspects of internal facing health and safety policies and procedures; providing advice on risk assessments and appropriate control measures monitoring implementation and conducting review; providing support and advice on adverse events, investigations and remedial actions; provide advice on Health and Safety training needs including induction programmes; and monitor the effectiveness of the health and safety policy and report to the National Health, Safety & Wellbeing Committee with recommendations for any action required. 	<p>Health and Safety Policy</p>

MATTERS DELEGATED TO BUDGET HOLDERS²

	Reference for further information
<p>Budget Holders are responsible for controlling delegated budgets and ensuring the budget is used only for the agreed purposes.</p>	
<p>Budget Holders are responsible for complying with correct financial procedures, including:</p> <ul style="list-style-type: none"> maintaining records of expenditure, including all budget commitments; all orders; all goods received notes; and expenditure against each order, as required by the Director of Finance, Commercial and Infrastructure; 	<p>SFI</p>

² Budget Holders are currently Executive Directors, Chief Inspectors, Deputy Chief Inspectors, Directors and Heads of Function

<ul style="list-style-type: none"> ensuring that records of expenditure are available for inspection at all times by the Director of Finance, Commercial and Infrastructure and his/her nominated representatives; seeking appropriate internal financial, commercial, legal or other relevant advice in order to ensure that the budget is effectively managed; ensuring that the amount provided in the approved budget is not used in whole or in part for any purpose other than specifically authorised subject to the rules of virement; and ensuring that any likely overspend or reduction in income which cannot be met by virement is not incurred without the prior consent of the Executive Director 	
Transfer of funds between budgets	
Budget Holders may transfer funds within (but not between) staff and non-staff budget headings (either on a cost centre or regional or directorate basis with the approval of the relevant Executive Director).	SFI
Any virement from staff to non-staff or vice versa requires approval by the Head of Financial Management and Director of Finance, Commercial & Infrastructure	SFI

MATTERS DELEGATED TO DIRECTORATE MANAGERS

	Reference for further information
<p>Directorate Managers are responsible for the security and custody of all assets in the ownership of CQC. They are required to:</p> <ul style="list-style-type: none"> maintain an asset register relating to the assets under their overall control; instigate periodic physical checks of assets against the register; notify the Head of Financial Accounting of all discrepancies revealed by verification of physical assets to the fixed asset register; 	SFI

<ul style="list-style-type: none"> • immediately notify the Head of Financial Accounting of any misuse of or damage to an asset in CQC’s possession; and • support health and safety activities as directed by the Health, Safety and Workplace manager. 	
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MATTERS DELEGATED TO THE FINANCIAL CONTROLLER

	Reference for further information
<p>The Financial Controller is responsible for:</p> <ul style="list-style-type: none"> • the prompt payment of all properly authorised accounts and claims; • designing and maintaining a system of verification, recording and payment of all amounts payable. The system must provide for: <ul style="list-style-type: none"> ○ a list of employees authorised to certify invoices; ○ along with specimen signatures - certification in accordance with detailed financial procedure notes; ○ a timetable and system for submission to the Director of Finance, Commercial and Infrastructure of accounts for payment; provision must be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment; and ○ instructions to employees regarding the handling and payment of accounts within the Finance Department. • ensuring that payment for goods and services is only made once the goods and services are received. 	<p style="text-align: center;">SFI</p>

<p>The Financial Controller is responsible for:</p> <ul style="list-style-type: none"> • ensuring all debtor balances are reviewed on an ongoing basis, with the overall level of debt monitored by Finance staff weekly, and monthly by the Finance Controller; and • reviewing each individual write-off request and approving or rejecting it. 	<p>Bad debt policy</p>
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MATTERS DELEGATED TO THE DIRECTOR OF GOVERNANCE AND LEGAL SERVICES

	<p>Reference for further information</p>
<p>Legal advice</p>	
<p>The Director of Governance and Legal Services has overall responsibility for the provision of strategic, policy and operational advice to Board members, the Executive Team and CQC colleagues covering all areas specified below:</p> <ul style="list-style-type: none"> • Social Care law • Healthcare law • Mental Health law • Complaints • Data Protection and Freedom of Information • Confidentiality and use of data • Court and Tribunal Work including Judicial Reviews • Prosecutions in the Magistrates Courts • Inquests and Coroners Courts • Human Rights • Human Resources and employment law • Health and Safety (including Personal Injury) • Debt Collection / Finance • Property and Procurement (including contracts) 	

Instructing Counsel	
The Director of Governance and Legal Services is authorised to instruct Counsel on behalf of the Commission.	
Prevention of fraud and corruption	
In the event of a fraud being detected, the Director of Governance and Legal Services is responsible for: <ul style="list-style-type: none"> • nominating a suitable person to carry out the duties of a fraud investigator as specified by CQC's Fraud Policy; • chairing the Fraud Response Group which receive reports from the investigator; • instigating appropriate action against supervisors who have failed to prevent fraud and any colleagues who have failed to report suspicions of fraud; • taking appropriate action to recover any assets of the CQC lost through fraud or corruption; • reporting any cases of fraud and corruption and action taken to the Department of Health at required intervals; and • deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption. 	<p>SFI</p> <p>CQC's Counter Fraud Policy See Corporate policy register (Intranet)</p>
The Director of Governance and Legal Services is responsible for: <ul style="list-style-type: none"> • monitoring CQC's compliance with guidance issued by HM Treasury on preventing fraud and corruption; • maintaining the policy, strategy and practices for dealing with the prevention, detection and resolution of fraud and corruption within the CQC and among its contractors and others with which the CQC does business; and • providing a written report, at least annually, on counter fraud work within the Commission for submission to the Audit and Corporate Governance Committee and the Chief Executive. 	<p>SFI</p> <p>CQC's Counter Fraud Policy (See Corporate policy register (Intranet))</p> <p>SFI</p>
Governance	

<p>The Director of Governance and Legal Services is responsible for:</p> <ul style="list-style-type: none"> ensuring that Commissioners are aware of their responsibilities under the Board's Standing Orders, Code of Conduct, Standing Financial Instructions and Scheme of Delegation; maintaining the Commissioners' register of Interests and Senior Managers; updating the register throughout the year; and reminding Board Members and senior colleagues annually of the requirement to disclose interests 	<p>SO</p>
<p>Use of the seal</p>	
<p>The Director of Governance and Legal Services is authorised to have custody and use of the CQC seal:</p> <ul style="list-style-type: none"> keeping the CQC seal in a safe place; authorising officers who can use the seal; and maintaining a register of the use of the seal. 	<p>SO</p>

MATTERS DELEGATED TO THE INFORMATION SECURITY MANAGER

	<p>Reference for further information</p>
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<p>The Information Security Manager is responsible for all day to day operational aspects of information security, including:</p> <ul style="list-style-type: none"> • ensuring that staff receive appropriate information security training and are aware of their associated responsibilities; • monitoring and reporting on the status of information security within the organisation; • ensuring compliance with relevant legislation and regulation; • monitoring for potential security breaches through reported risks; • ensuring that risk assessments are carried out and include appropriate risk treatment plans; • providing input to the annual submission of the Connecting for Health Information Governance Toolkit; • defining, implementing, monitoring and managing the Information Security Management System (ISMS) and information security policy documents; • organising and managing CQC's participation in any joint information security committees with the Department of Health, Third Party ICT providers and other external organisations; and • reviewing all requirements for additions or substantive changes to information processing facilities as operated by CQC, ensuring that the proposed system or system changes comply with the requirements of the security policy documents. 	<p>Corporate policy register (Intranet)</p>
<p>Authority in relation to engaging third party expertise if needed</p>	
<p>The Information Security Manager is authorised to engage third party expertise (internal or external) during review process to ensure all proposals are valid and comply with the requirements of the security policy.</p>	<p>Corporate policy register (Intranet)</p>

MATTERS DELEGATED TO THE INFORMATION SECURITY OFFICER

	Reference for further information
<p>The Information Security officer is responsible for:</p> <ul style="list-style-type: none"> • applying technical security measures across the CQC IT Infrastructure; • liaising with 3rd party IT Service providers to ensure compliance with CQC policy; • providing technical assessment of new IT services and applications; and • providing technical advice and assistance to the Information Governance Group (IGG) and wider CQC business units. 	<p>Information Security and Governance Policy</p>

MATTERS DELEGATED TO THE DIRECTOR OF PEOPLE

Payment of staff	Reference for further information
<p>The Director of People is responsible for:</p> <ul style="list-style-type: none"> • ensuring payments are made on agreed dates; • ensuring subsidiary records for superannuation, income tax, social security and other authorised deductions from pay are maintained; • ensuring procedures are in place for payment by bank credit to employees; • ensuring procedures are in place for the recall of cheques and bank credits; • making pay advances and their recovery; • ensuring regular and independent reconciliation of pay control accounts is made; • establishing and maintaining separation of duties of preparing records and handling cash; and • establishing and maintaining a system to ensure the recovery from leavers of any sums of money and property owing to CQC. 	<p>SFI</p>
<p>Relating to payroll</p>	

<p>The Director of People is responsible for day to day performance management of the contract with the payroll supplier for:</p> <ul style="list-style-type: none"> • verification and documentation of data; • the timetable for receipt and preparation of payroll data and the payment of employees; • security and confidentiality of payroll information; • checks to be applied to completed payroll before and after payment; • release of payroll data under the provisions of the Data Protection Act; • methods of payment available to various categories of employees; • specifying timetables for submission of properly authorised time records and other notifications; • the final determination of pay; and • agreeing the method of payment. <p>(The Director of Finance, Commercial and Infrastructure is responsible for the letting of the contract for payroll services).</p>	<p>SFI</p>
<p>The Director of People is responsible for:</p> <ul style="list-style-type: none"> • ensuring that the chosen method for completing time records and other notifications is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies; • ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and • dealing with variations to, or termination of, contracts of employment and any resulting changes in salary. 	<p>SFI</p>

Part 3 – Operational Decisions

2 September 2019

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PART THREE: OPERATIONAL DECISIONS

MATTERS DELEGATED TO THE CHIEF INSPECTORS AND INSPECTORATE ROLES

1.1 Arrangements for the execution of the Commission's functions for registration, inspection and enforcement, functions in relation to individuals detained under the Mental Health Act, in relation to the management of Controlled Drugs and responsibilities in relation to Ionising Radiation³ are detailed in Part Three of the Scheme of Delegation.

1.2 Part Three sets out the level of delegation for operational matters to the Board and Chief Executive, and operational roles:

- Chief Inspector
- Deputy Chief Inspector
- Director of Market Oversight
- Head of Inspection
- Head of Registration
- Head of Mental Health Act Operations
- Head of Market Oversight
- Inspection Manager
- Registration Manager
- National Controlled Drugs Manager
- Medicines Team Manager¹
- National Controlled Drugs Officer
- Market Oversight Manager
- Inspector
- Registration Inspector
- Pharmacist Specialist
- Second Opinion Appointed Doctor (SOAD)
- Head of Sector Support and Business Improvement

DELEGATIONS TO COMMITTEES

FROM	TO	RESPONSIBILITY/AUTHORITY	REFERENCE
Chief Executive	Resources Committee	To approve all business cases for revenue and capital expenditure within limits set out in part 4 of the Scheme.	SFI 13.1.5 Part 4, Scheme of Delegation Resources Committee Terms of Reference
Audit and Corporate Governance Committee	Information Governance Group	To approve all information security and governance policies. Carry out specific information security responsibilities in relation to information risk and incident management, as delegated by the Senior Information Risk Officer or the Information Security Manager.	Information Security Policy

OPERATIONAL DECISIONS INCLUDED IN CQC'S SCHEME OF DELEGATION

Operational decisions 1-97 summarised by role and sector

This table summarises the delegation of authority to sector-specific role-holders. Reference numbers below relate to the individual delegated decisions included after this table. Reference numbers in bold refer to decision makers, those not in bold are where the role should be consulted.

	Hospitals		Adult Social Care	Primary Medical Services	National or Cross-cutting
	NHS	Independent			
Board					66, 67, 68, 69, 70,71, 72, 73 , 80, 88, 90, 91
Executive Team					65, 89, 94 95, 98
Chief Executive					12a, 28b, 29b,38, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 77, 78, 79, 80, 88, 90, 91, 93, 94, 98
Chief Inspector	6b, 7b,11, 12b, 13c, 14, 15, 19b,20b, 21b, 22b, 22d, 25b ,27b, 28b, 29b, 30b	6b, 7b, 12b, 21c, 22, 25b, 78, 79, 85, 92,94,95,96	6b, 7b 12b, 28b, 34, 38	6b, 7b, 12b,13c,	
Deputy Chief Inspector	2b, 3b, 6b, 7b,11, 12, 16b, 17b, 18b, 19a, 19b, 20a, 20b, 21a, 21b, 22a, 22b, 22c, 22d, , 24b, 24d, 25b, 26a, 26b, 27a, 27b, 28a, 28b, 29a, 29b, 30a, 30b, 45, 74, 75, 76, 77, 78, 79, 82, 84, 87	6b, 7b,12, 19a, 20a, 21a, 22a, 22c, 26a, 27a, 28a, 29a, 30a, 82, 84, 87	6b, 7b,12, 13c, 14, 19a, 20a, 21a, 22a, 22c, 26a, 27a, 28a, 29a, 30a, 38, 82, 84, 87	6b, 7b,12, 14, 19a, 20a, 21a, 22a, 22c, 26a, 27a, 28a, 29a, 30a, 82, 84, 87	

	Hospitals		Adult Social Care	Primary Medical Services	National or Cross-cutting
	NHS	Independent			
Head of Inspection	9a, 13d, 16a, 16b, 17a, 17b, 18b, 19a, 20a, 21a, 22a, 22c, 23a, 24a, 25a, 26a, 27a, 28a, 29a, 30a, 31, 32, 47, 48, 49, 50, 51, 52, 84, 85, 87	9a, 13d, 16a, 17a, 19a, 20a, 21a, 22a, 22c, 23c, 24a, 25a, 26a, 27a, 28a, 29a, 30a, 31, 32, 47, 48, 49, 30, 51, 52, 84, 85, 87	9a, 11, 13d, 14, 16a, 17a, 18a, 19a, 20a, 21a, 22,a, 22c, 23c, 24a, 25a, 26a, 27a, 28a, 29a, 30a, 31, 32, 84, 85, 87	9a, 11, 13d, 14, 16a, 17a, 18a, 19a, 20a, 21a, 22,a, 22c, 23c, 24a, 25a, 26a, 27a, 28a, 29a, 30a, 31, 32, 84, 85, 87	
Head of Registration	4, 9a, 28a, 28b, 30a, 84, 85, 87	4, 9a, 28a, 28b, 30a, 84, 85, 87	4, 9a, 28a, 28b, 30a, 84, 85, 87	4, 9a, 28a, 28b, 30a, 84, 85, 87	
Inspection Manager	8a, 8b, 9a, 10, 13b, 16a, 17a, 18a, 85, 86	8a, 8b, 9a, 10, 13b, 16a, 17a, 18a, 85, 86	8a, 8b, 9a, 10, 11, 13b, 16a, 17a, 18a, 85, 86	8a, 8b, 9a, 10, 11, 13b, 16a, 17a, 18a, 85, 86	39 (MHA), 40 (MHA), 41 (MHA), 42 (MHA), 44 (MHA)
Inspector	2a, 10, 86	2a, 10, 86	2a, 10, 86	2a, 10, 86	
Registration Manager	1, 2a, 2b, 3a, 3b, 5a, 5b, 8, 9a, 85	1, 2a, 2b, 3a, 3b, 5a, 5b, 8, 9a, 85	1, 2a, 2b, 3a, 3b, 5a, 5b, 8, 9a, 85	1, 2a, 2b, 3a, 3b, 5a, 5b, 8, 9a, 85	
Head of Sector Support and Business Improvement					99
Head of Mental Health Act Operations					45
National Controlled Drugs Manager					53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63

	Hospitals		Adult Social Care	Primary Medical Services	National or Cross-cutting
	NHS	Independent			
National Controlled Drugs Officer					53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63
Pharmacist Specialist					56, 57
SOAD					45, 46
Director of Governance & Legal Services					38
Director, Corporate Providers and Market Oversight					16a, 19a, 20a, 21a, 22a, 29a, 30a, 34, 82, 83, 84
Head of Market Oversight					9a, 19a, 20a, 21a, 22a. 22c, 23, 24a, 25a, 29a, 30a, 35, 36, 37, 84, 85, 87

<p>Other 38 Deputy Chief Inspector (London) 39, 40, 41 MHA Reviewer 42, 43, 44 Mental Health Act expert 89 Fees Manager 81 Head of Financial Accounting 86 Information Access Officer 98 Executive Director of Strategy and Intelligence</p>	<p>6a, 7a, 24c, 96, 97 Head of Function 9b Head of Public Engagement 9b Public Engagement Manager 13a Ratings Review Officer 13a Assistant Ratings Review Officer 13b Independent Reviewer 9b Experts by Experience 8a, 8b, 10, 13b 9a, 11, 16a, 17a, 18a, 85, 86 Medicines Team Manager 9a, 33, 85, 86 Market Oversight Manager</p>
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Individual Operational Decisions

The table below includes the role responsible for making decisions as well as those who should be consulted before confirming the decision. The role-holder making the decision MUST consult where this is shown as being required. There are a number of implications flowing from this –

1. Any decision taken by the relevant role-holder without consulting where required is null and void.
2. Any consultation must be evidenced in writing.
3. The role-holder to be consulted is generally always a high-level individual. From 1 April 2015, we have specified where consultation with Legal Services is required. This does not always have to be the Director of Governance and Legal Services. The Director will provide guidance to Legal Services staff on who should be consulted for which decisions.
4. Consultation means discussing together and genuinely taking on board the consulted person's views – but those views need not be accepted and the decision is itself to be taken by the role-holder in the "Level of Delegation" column, who must record that decision and the consultation which preceded it.

Decisions which relate to review of an earlier decision taken by someone in CQC as indicated in the Scheme, or consideration of written representations from a provider, can be made by anyone outside the Head of Inspection structure which made the original decision. They must be at the level indicated in the Scheme and had no prior involvement in the decision making process to the point it has reached. The member of staff does not need to be from another region to ensure impartiality as their non-involvement secures this.

The Scheme aims to set out the foundations which will allow for common sense, reasoned and practical decision making. The Scheme does NOT stipulate the process by which a decision should be made, simply who is responsible for making a decision and who should be consulted. If there are elements that appear to act as a barrier to smooth and effective decision making, please do highlight these for further consideration by the Scheme of Delegation Contact group.

Provider types

In Part 3 of the Scheme of Delegation we distinguish between decisions applying to NHS Trusts (which should be read as applying also to Foundation Trusts) and all other types of provider (covers adult social care providers, general practice, independent healthcare and other health and social care services).

Key to Acts

"Care Act"	The Care Act 2014
"Equality Act"	The Equality Act 2010

“FoIA”	The Freedom of Information Act 2000
“HSCA”	The Health and Social Care Act 2008
“HSCA 2012”	The Health and Social Care Act 2012
“HSWA”	The Health and Safety at Work Act 1974
“MCA”	The Mental Capacity Act 2005
“MHA”	The Mental Health Act 1983
“NHS Act”	The National Health Service Act 2006
“SVGA”	The Safeguarding Vulnerable Groups Act 2006

Key to Statutory Instruments

“SI 2009/827”	The Mental Capacity (Deprivation of Liberty: Monitoring and Reporting; and Assessments – Amendment) Regulations 2009
“SI 2009/3112”	The Care Quality Commission (Registration) Regulations 2009
“SI 2011/1551”	The CQC (Additional Functions) Regulations 2011
“SI 2011/2260”	The Equality Act 2010 (Specific Duties) Regulations 2011
SI 2013/373”	The Controlled Drugs (Supervision of Management and Use) Regulations 2013
“SI 2014/2936”	The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
“SI 2017/1322”	The Ionising Radiation (Medical Exposure) Regulations 2017

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
Registration				
1	Grant the application for registration of a service provider or manager and issue a Notice of Decision (if granting registration in accordance with the terms of the application). Withdraw any such Decision.	Registration Manager or NCSC Team manager / NCSC Coordinator (for defined low risk applications)	Registration Inspector or Manager (in relation to low risk escalation procedures). Head of Registration (in relation to matters concerning Learning Disability services, Digital	HSCA Sections 12(2), 15(2) and 28(1) & (2)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
			services, and New Care Models).	
2a	<p>Grant the application of a non-NHS Trust service provider or manager for:</p> <ul style="list-style-type: none"> variation or removal of conditions (other than a registered manager condition required by Section 13(1)); or cancellation of registration <p>and issue a Notice of Decision (together with a certificate of registration, if appropriate).</p> <p>Withdraw any such Decision.</p>	Registration Manager or NCSC Team manager / NCSC Coordinator (for defined low risk cancellation of registration applications)	<p>Registration Inspector or Manager (in relation to low risk escalation procedures).</p> <p>Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>) responsible for inspection of the applicant.</p> <p>Head of Registration (in relation to matters concerning Learning Disability services, Digital services, and New Care Models).</p>	HSCA Section 19(1)(a), (1)(b), (5) & (6)
2b	<p>Grant the application of an NHS Trust service provider or manager for:</p> <ul style="list-style-type: none"> variation or removal of conditions (other than a registered manager condition required by Section 13(1)); or cancellation of registration <p>and issue a Notice of Decision (together with a certificate of registration, if appropriate).</p> <p>Withdraw any such Decision.</p>	Registration Manager	<p>Head of Inspection (<i>Hospitals</i>)</p> <p>Head of Registration</p> <p>Deputy Chief Inspector (Registration)</p>	HSCA Section 19(1)(a), (1)(b), (5) & (6)
3a	<p>Approve a Notice of Proposal to be given to a non-NHS Trust service provider or manager to:</p> <ul style="list-style-type: none"> refuse an application for registration; grant an application for registration subject to conditions which have not been agreed by the applicant in writing; or 	Registration Manager	<p>With advice from Legal Services</p> <p>Head of Registration (in relation to matters concerning Learning Disability services, Digital</p>	HSCA Sections 12(2), (3) & (5), 15(2), (3) & (5), 19(1)(a) & (1)(b) and 26(3), (4)(c), (4)(d) & (5)

SUBJECT	LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
<ul style="list-style-type: none"> • refuse an application for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) or cancellation of registration. • vary or remove any condition in relation to a person's registration as a provider or manager, or to impose any additional condition <p>Withdraw any such Proposal.</p>		services, and New Care Models)	
<p>3b Approve a Notice of Proposal to be given to an NHS Trust service provider or manager to:</p> <ul style="list-style-type: none"> • refuse an application for registration; • grant an application for registration subject to conditions which have not been agreed by the applicant in writing; or • refuse an application for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) or cancellation of registration. • vary or remove any condition in relation to a person's registration as a provider or manager, or to impose any additional condition <p>Withdraw any such Proposal.</p>	Registration Manager	Deputy Chief Inspector (<i>Hospitals</i>) Head of Registration Deputy Chief Inspector (Registration) With advice from Legal Services	HSCA Sections 12(2), (3) & (5), 15(2), (3) & (5), 19(1)(a) & (1)(b) and 26(3), (4)(c), (4)(d) & (5)
<p>4 Consider requests for extension of time period for the making of written representations to the Commission with respect to any Notice of Proposal.</p>	Head of Registration		HSCA Sections 27 and Schedule 1, paragraph 2
<p>5a Adopt Proposal (where no representations were received from a non NHS Trust service provider or manager and issue a Notice of Decision.</p> <p>Withdraw any such Decision.</p>	Registration Manager		HSCA Section 28(3) & (4)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
5b	Adopt Proposal (where no representations were received from an NHS Trust service provider or manager) and issue a Notice of Decision. Withdraw any such Decision.	Registration Manager		HSCA Section 28(3) & (4)
6a	Consider written representations following the issue of a Notice of Proposal (under 3a above) to a non-NHS Trust service provider or manager.	Head of Representations team or any Head of Function (E3) role in CQC who is independent of the original decision, provided they have received appropriate training		HSCA Section 27
6b	Consider written representations following the issue of a Notice of Proposal (under 3b above) to an NHS Trust service provider or manager.	Any DCI who is independent of the original decision	Any CI who was independent of the original decision	HSCA Section 27
7a	After considering written representations from a non-NHS Trust service provider or manager: <ul style="list-style-type: none"> adopt Proposal and issue a Notice of Decision, or refuse to adopt Proposal and notify applicant accordingly. Withdraw any such Decision.	Head of Representations team or any Head of Function (E3) role in CQC who is independent of the original decision, provided they have received appropriate training		HSCA Sections 12(2) & (3), 15(2) & (3), 19(1)(a) & (b) and 28(3) & (4)
7b	After considering written representations from an NHS Trust service provider or manager: <ul style="list-style-type: none"> adopt Proposal and issue a Notice of Decision, or refuse to adopt Proposal and notify applicant accordingly. Withdraw any such Decision.	Any DCI who is independent of the original decision	Any CI who was independent of the original decision	HSCA Sections 12(2) & (3), 15(2) & (3), 19(1)(a) & (b) and 28(3) & (4)
8	Authorise Registration Inspectors to exercise the Commission's powers of entry and inspection.	Registration Manager (on behalf of the Chief Executive)		HSCA Section 62(2)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
8a	Grant extensions of time to personal representatives of a deceased registered service provider to continue to carry on a regulated activity.	Inspection Manager & Medicines Team Manager		SI 2009/3112 Regulation 21
8b	Remove from the register: <ul style="list-style-type: none"> ○ any registration – as provider or manager – of an individual, if that person is dead (and if, in relation to a provider, any extensions of time given to personal representatives have expired) • any registration of a partnership, if that partnership has dissolved • any registration of a company, if that company no longer appears on the register of companies maintained at Companies House (and the registration of any other type of corporate body, if that body no longer appears on a register or list kept by a person or organisation fulfilling like functions to those of the Registrar of Companies) • any registration in respect of which the regulated activity is no longer being carried on and the provider is no longer contactable 	Inspection Manager & Medicines Team Manager		HSCA Schedule 1, paragraph 2 SI 2009/3112 Regulations 3, 15 and 21
Inspection				
9a	Authorisation of Inspectors, Registration Inspectors and/or anyone appointed by the Commission ⁴ to exercise the Commission's powers to: <ul style="list-style-type: none"> • Enter premises. • Request documents. • Exercise inspector's powers. • Require information from providers or managers. • Require an explanation from providers or managers. 	Inspection Manager or Medicines Team Manager <i>(for inspections in line with the sector to which they are assigned)</i> Registration Managers <i>(for registration activity)</i>	Head of Inspection <i>(same sector)</i> or Head of Registration <i>(for registration)</i> Head of Market Oversight <i>(for Market Oversight matters)</i> On recommendation from HR that the	HSCA Sections 60(1), 62, 63, 64 and 65 MCA Schedule A1 SI 2009/827 Regulation 4

⁴ "Anyone appointed by the Commission" includes, but is not limited to, internal CQC staff who do not already have those powers, external clinical persons or non-clinical specialists, who are joining an inspection as team members, Experts by Experience, patient representatives and Professional Specialists.

SUBJECT	LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
<ul style="list-style-type: none"> Monitor the operation of Schedule A1 of the Mental Capacity Act (hospital and care home residents: deprivation of liberty) by visiting and interviewing accommodated persons and/or requiring the production of, and inspecting, records relating to their care and treatment. 	Market Oversight Manager <i>(for Market Oversight matters)</i>	inspector has passed all recruitment processes and is a fit and proper person to exercise the Commission's powers	
<p>9b</p> <p>Authorisation of Experts by Experience when accompanying and directed by an employee of the Care Quality Commission (inspector or MHA Reviewer) duly authorised under decision 31 to:</p> <ul style="list-style-type: none"> Take part in inspections and registrations, including any visits or investigations; Enter premises where the CQC considers regulated activities are or will be carried on; or Speak with people who use the service, staff and visitors <p>Authorisation of support workers for Experts by Experience when they accompany and enable the Expert by Experience to carry out their role, when the Expert By Experience is authorised by the CQC and is accompanying and directed by an employee of the Care Quality Commission (Inspector or MHA Reviewer).</p>	Public Engagement Manager, Experts by Experience programme	Head of Public Engagement On recommendation from contracted supplier (support organisation) that the Expert by Experience or support worker has passed all recruitment processes and is a fit and proper person to exercise their role	HSCA Sections 60(1), 62, and 63
<p>10</p> <p>Once authorised, to carry out inspections of a regulated activity.</p>	Inspector & Pharmacist specialists (<i>in line with sector assigned</i>)	Inspection Manager & Medicines Team Manager (<i>in line with the sector within which the inspector fulfils their role</i>)	HSCA Section 62(2)
<p>11</p> <p>Sign-off inspection reports for NHS Trusts and Community Interest Companies comprehensive or core service with well-led (including ratings) for publication on the CQC website.</p>	Head of Inspection (Hospitals) for Comprehensive or Core service with Well Led inspections	Deputy Chief Inspector (Hospitals)	HSCA Section 46(1) and 61(2)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
11a	Sign-off inspection reports for NHS Trust focused inspections for publication on the CQC website.	Head of Inspection (Hospitals)	Deputy Chief Inspector (Hospitals)	HSCA Section 46(1) and 61(2)
11b	Sign-off inspection reports for Independent Health services for publication on the CQC website.	Inspection Manager or Medicines Team Manager	Head of Inspection	HSCA Section 46(1) and 61(2)
11c	Decision to suspend a rating (i.e. remove it from CQC's website) where serious and urgent concerns about the quality of service provision have been considered that might call into question an existing rating.	Chief Inspectors	With advice from Legal Services	
12	Decision to undertake a joint inspection with another regulator or inspectorate and sign off a joint inspection report.	Deputy Chief Inspector (<i>in line with sector assigned</i>).		HSCA Section 66 and Schedule 4, paragraph 8
12a ⁵	Authorise Directed Surveillance or use of a Covert Human Intelligence Source (by written authorisation or urgent oral authorisation), in cases referred by a Chief Inspector in which "confidential information" is likely to be obtained Review, renew or cancel any such authorisation	Chief Executive		RIPA 2000 ss 27-30, 43 & 45 SI 2014/3103 Covert Surveillance and Property Interference Code of Practice, Chapter 4 SI 2014/3119 Covert Human Intelligence Sources Code of Practice, Chapter 4
12b ⁶	Authorise Directed Surveillance or use of a Covert Human Intelligence Source (by written authorisation or urgent oral authorisation) in cases not reserved to the Chief Executive (see Line 12a above) Review, renew or cancel any such authorisation	Chief Inspector		RIPA 2000 ss 27-30, 43 & 45
Ratings reviews				

⁵ Decision not currently operational

⁶ Decision not currently operational

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
13a	Determine whether a request for review meets the grounds for review	Assistant Ratings Review Officer	Rating Review Officer	
13b	Make recommendations regarding the outcome of a rating review request	Inspection Manager Medicines Team Manager or Independent Reviewer at the request of the Rating Review Officer		
13c	Determine the outcome and final ratings following a rating review request.	Chief Inspector (<i>Hospitals and PMS</i>) Deputy Chief Inspector (<i>ASC</i>)		
13d	Voluntarily amend ratings, following a technical error, in a published report. A technical error is where a published rating does not reflect the decisions reached by CQC prior to publication, or a rating was applied to the wrong provider or service, and a technical adjustment must be made to publishing tool to correct the error.	Head of Inspection		
Special measures and Special Administrators				
14	Decision about whether to place a provider into the special measures regime and to decide whether the provider is removed from special measures with or without conditions.	Deputy Chief Inspectors (<i>Hospitals</i>) Head of Inspection (<i>PMS and ASC</i>)	Chief Inspector (<i>Hospitals</i>) Deputy Chief Inspector (<i>PMS and ASC</i>)	
15	Decision about whether to require NHS Improvement to appoint a special administrator to an NHS Foundation Trust where the requirements of a HSCA Section 29A warning notice have not been met or where there is a serious failure to provide services of sufficient quality.	Chief Inspector (<i>Hospitals</i>)		HSCA Section 29A(5)(b) NHS Act Section 65D(1A) & (2)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
Enforcement				
16a	Issue a Warning Notice in writing where it appears a registered service provider or manager in all provider types (excluding NHS Trusts) has failed to comply with the 'relevant requirements' as defined by Section 29(7). Withdraw any such Warning Notice.	Inspection Manager or Medicines Team Manager ⁷ <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates)</i> Head of Market Oversight (for Market Oversight matters -To notify Chief Inspector, ASC)	Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates)</i> Director, Corporate Provider and Market Oversight (for Market Oversight matters)	HSCA Section 29(1)
16b	Issue a Warning Notice in writing where it appears that the quality of health care provided by an NHS Trust requires significant improvement. Withdraw any such Warning Notice.	Head of Inspection <i>(Hospitals)</i>	Deputy Chief Inspector <i>(Hospitals)</i>	HSCA Section 29A(1)
17a	Consider representations made to the Commission with respect to a Warning Notice (with regards to registered service provider or manager in all provider types (excluding NHS Trusts).	Inspection Manager <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates and independent of the original decision)</i> or Medicines Team Manager Any Head of Function (E3) role in CQC who is independent of the original decision, provided they have received appropriate training, where matter relates to Market Oversight.	Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates)</i> Where matter relates to Market Oversight – no consultation required but decision must be taken with legal advice.	SI 2009/3112 Regulation 7 and Schedule 2, paragraph 13(2)(b)

⁷ Medicines team Manager includes; Regional Medicines Manager, National Medicines Manager and National Controlled Drugs Medicines Manager. The delegation to the medicines team manager occurs when the inspection is for a service where a member of the medicines team is the relationship holder.

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
17b	Consider representations made to the Commission with respect to a Warning Notice (with regards to the quality of health care provided by an NHS Trust).	Head of Inspection (<i>Hospitals</i>) independent of the original decision	Deputy Chief Inspector (<i>Hospitals</i>)	
18a	Respond following consideration of representations relating to a Warning Notice to a provider or manager in all provider types (excluding NHS Trusts).	<p>Inspection Manager (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates and independent of the original decision</i>) or Medicines Team Manager ⁸</p> <p>Any Head of Function (E3) role in CQC who is independent of the original decision, provided they have received appropriate training, where matter relates to Market Oversight.</p>	<p>Head of Inspection (<i>ASC or PMS or Inspection in line with the sector to which the decision relates</i>)</p> <p>Where matter relates to Market Oversight – no consultation required but decision must be taken with legal advice.</p>	
18b	Respond following consideration of representations relating to a Warning Notice to an NHS Trust or manager.	Head of Inspection (<i>Hospitals</i>)	<p>Deputy Chief Inspector (<i>Hospitals</i>)</p> <p>With advice from Legal Services</p>	
19a	Issue a Notice of Proposal to cancel the registration of a service provider or manager in all provider types (excluding NHS Trusts) in relation to a regulated activity. Withdraw any such Proposal.	Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>).	Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>).	HSCA Sections 17 and 26(4)(a)

⁸ Medicines team Manager includes; Regional Medicines Manager, National Medicines Manager and National Controlled Drugs Medicines Manager. The delegation to the medicines team manager occurs when the inspection is for a service where a member of the medicines team is the relationship holder.

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
		Head of Market Oversight (where matter relates to Market Oversight)	Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight) With advice from Legal Services	
19b	Issue a Notice of Proposal to cancel the registration of an NHS Trust or manager in relation to a regulated activity. Withdraw any such Proposal.	Deputy Chief Inspector (<i>Hospitals</i>)	Chief Inspector (<i>Hospitals</i>) With advice from Legal Services	HSCA Sections 17 and 26(4)(a)
20a	Issue a Notice of Proposal to all provider types (excluding NHS Trusts) to vary or remove any condition in relation to a person's registration as a provider or manager, or to impose any additional condition. Withdraw any such Proposal.	Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>). Head of Market Oversight (where matter relates to Market Oversight)	Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>). Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight) With advice from Legal Services	HSCA Sections 12(5), 15(5), and 26(4)(c) & (d)
20b	Issue a Notice of Proposal to an NHS Trust to vary or remove any condition in relation to a person's registration as a provider or manager, or to impose any additional condition. Withdraw any such Proposal.	Deputy Chief Inspector (<i>Hospitals</i>)	Chief Inspector (<i>Hospitals</i>) With advice from Legal Services	HSCA Sections 12(5), 15(5), and 26(4)(c) & (d)
21a	Issue a Notice of Proposal to suspend or extend the period of suspension of the registration of a service	Head of Inspection (<i>ASC or PMS or Hospitals in</i>	Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with</i>	HSCA Sections 18(1) & (4), and 26(4)(b)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
	<p>provider or manager in all provider types (excluding NHS Trusts) for a specified period.</p> <p>Withdraw any such Proposal.</p>	<p><i>line with the sector to which the decision relates).</i></p> <p>Head of Market Oversight (where matter relates to Market Oversight)</p>	<p><i>the sector to which the decision relates).</i></p> <p>Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight)</p> <p>With advice from Legal Services</p>	
21b	<p>Issue a Notice of Proposal to suspend or extend the period of suspension of the registration of a service provider or manager of an NHS Trust for a specified period.</p> <p>Withdraw any such Proposal.</p>	<p>Deputy Chief Inspector (<i>Hospitals</i>)</p>	<p>Chief Inspector (<i>Hospitals</i>)</p> <p>With advice from Legal Services</p>	<p>HSCA Sections 18(1) & (4), and 26(4)(b)</p>
22a	<p>Issue a Notice of Proposal to refuse an application by the registered person within all provider types (excluding NHS Trusts) for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) or to cancel a period (or extended period) of suspension.</p> <p>Withdraw any such Proposal.</p>	<p>Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates).</i></p> <p>Head of Market Oversight (where matter relates to Market Oversight)</p>	<p>Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates).</i></p> <p>Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight)</p> <p>With advice from Legal Services</p>	<p>HSCA Sections 19(1)(a), (1)(c) and 26(5)</p>
22b	<p>Issue a Notice of Proposal to refuse an application by an NHS Trust for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) or to cancel a period (or extended period) of suspension.</p> <p>Withdraw any such Proposal.</p>	<p>Deputy Chief Inspector (<i>Hospitals</i>)</p>	<p>Chief Inspector (<i>Hospitals</i>)</p> <p>With advice from Legal Services</p>	<p>HSCA Sections 19(1)(a), (1)(c) and 26(5)</p>

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
22c	<p>Issue a Notice of Decision to grant an application by the registered person within all provider types (excluding NHS Trusts) for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) - and issue a new certificate - or to cancel a period (or extended period) of suspension.</p> <p>Withdraw any such Decision.</p>	<p>Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>)</p> <p>Head of Market Oversight (where matter relates to Market Oversight)</p>	<p>Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>).</p> <p>Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight)</p>	HSCA Sections 19(1)(a), (1)(c), (5) & (6)
22d	<p>Issue a Notice of Decision to grant an application by an NHS Trust for variation or removal of conditions (other than a registered manager condition required by Section 13(1)) - and issue a new certificate - or to cancel a period (or extended period) of suspension.</p> <p>Withdraw any such Decision.</p>	Deputy Chief Inspector (<i>Hospitals</i>)	Chief Inspector (<i>Hospitals</i>)	HSCA Sections 19(1)(a), (1)(c), (5) & (6)
23	<p>Consider requests for extension of time period for the making of written representations to the Commission with respect to any Warning Notice (as per entries 9a & 9b) or Notice of Proposal (as per entries 19a, 19b, 20a, 20b, 21a, 21b, 22a & 22b: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension)).</p>	<p>Head of Inspection</p> <p>Head of Market Oversight (where matter relates to Market Oversight)</p>		<p>HSCA Sections 27 and 29 and Schedule 1, paragraph 2</p> <p>SI 2009/3112 Schedule 2, paragraph 13(2)(a)</p>
24a	<p>Adopt Proposal and issue a Notice of Decision, where no representations were received from a registered service provider or manager in all provider types (excluding NHS Trusts), to adopt a Notice of Proposal in relation to entries 19a, 20a, 21a & 22a: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension).</p>	<p>Head of Inspection who issued the Notice of Proposal (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>).</p>		HSCA Section 28(3)

SUBJECT	LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
Withdraw any such Decision.	Head of Market Oversight who issued the Notice of Proposal (where the matter relates to Market Oversight)		
24b Adopt Proposal and issue a Notice of Decision, where no representations were received from a registered service provider or manager which is an NHS Trust, to adopt a Notice of Proposal in relation to entries 19b, 20b, 21b & 22b: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension). Withdraw any such Decision.	Deputy Chief Inspector (<i>Hospitals</i>)		HSCA Section 28(3)
24c Consider written representations made to the Commission with respect to any Notice of Proposal (as per 19a, 20a, 21a and 22a: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension) in all provider types (excluding NHS Trusts) and the taking of any decision consequent upon those representations	Any Head of Function (E3) role in CQC who is independent of the original decision, provided they have received appropriate training	With legal advice where matter relates to Market Oversight	HSCA Sections 27 and 28
24d Consider written representations made to the Commission with respect to any Notice of Proposal (as per entries 19b, 20b, 21b & 22b: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension) by an NHS Trust and the taking of any decision consequent upon those representations.	Deputy Chief Inspector (<i>Hospitals</i>) independent of the original decision.		HSCA Sections 27 and 28
25a Adopt Proposal and issue a Notice of Decision following consideration of written representations relating to 23a above: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension) in all provider types (excluding NHS Trusts). Withdraw any such Decision.	Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>). Head of Market Oversight (where matter relates to Market Oversight)		HSCA Section 28(3)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
25b	<p>Adopt Proposal and issue a Notice of Decision following consideration of written representations relating to 24d above: cancellation of registration, variation of conditions of registration (vary, impose or remove), suspension or extension of period of suspension) by an NHS Trust.</p> <p>Withdraw any such Decision.</p>	Deputy Chief Inspector <i>(Hospitals)</i>	Chief Inspector <i>(Hospitals)</i>	HSCA Section 28(3)
26a	<p>Apply for cancellation of registration of a service provider or manager in all provider types (excluding NHS Trusts) – application to a justice of the peace.</p> <p>Withdraw any such application.</p>	Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates).</i>	Deputy Chief Inspector <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates).</i> With advice from Legal Services	HSCA Section 30
26b	<p>Apply for cancellation of registration of an NHS Trust – application to a justice of the peace.</p> <p>Withdraw any such application.</p>	Deputy Chief Inspector <i>(Hospitals)</i>	Chief Inspector <i>(Hospitals)</i> With advice from Legal Services	HSCA Section 30
27a	<p>Vary or remove a condition on registration or impose an additional condition a registered provider or manager in all provider types (excluding NHS Trusts); suspend registration or extend a period of suspension.</p> <p>Determine that such a condition or suspension should no longer have effect.</p>	Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates)</i>	Deputy Chief Inspector <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates).</i> With advice from Legal Services	HSCA Section 31
27b	<p>Vary or remove a condition on registration or impose an additional condition on an NHS Trust; suspend registration or extend a period of suspension.</p> <p>Determine that such a condition or suspension should no longer have effect.</p>	Deputy Chief Inspector <i>(Hospitals)</i>	Chief Inspector <i>(Hospitals)</i> With advice from Legal Services	HSCA Section 31

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
28a	<p>Prosecute a person for:</p> <ul style="list-style-type: none"> • Failure to comply with conditions of registration. • Breach of regulations. • Deception and/or making false statements. • Carrying on a regulated activity during suspension or following cancellation of registration. • Carrying on any regulated activity while not being registered to do so. 	<p>Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates, other than in relation to Section 10 offences)</i></p> <p>Head of Registration <i>(in relation to Section 10 offences)</i></p>	<p>Deputy Chief Inspector <i>(ASC or PMS or Hospitals in line with the sector to which the decision relate)</i></p> <p>With advice from Legal Services (on the sufficiency of evidence)</p>	<p>HSCA Sections 10(1), 33, 34, 35, 36, 37 and 90</p> <p>SI 2014/2936</p> <p>SI 2009/3112</p>
28b	<p>Prosecute an NHS Trust for:</p> <ul style="list-style-type: none"> • Failure to comply with conditions of registration. • Breach of regulations. • Deception and/or making false statements. • Carrying on a regulated activity during suspension or following cancellation of registration. • Carrying on any regulated activity while not being registered to do so. 	<p>Chief Inspector <i>(Hospitals)</i></p> <p>Head of Registration <i>(in relation to the last bullet point)</i></p>	<p>Chief Inspector <i>(Adult Social Care in relation to Section 10 offences)</i></p> <p>Chief Executive & Deputy Chief Inspector <i>(Hospitals)</i></p> <p>With advice from Legal Services (on the sufficiency of evidence)</p>	<p>HSCA Sections 10(1), 33, 34, 35, 36, 37 and 90</p> <p>SI 2014/2936</p>
29a	<p>Prosecute a person for:</p> <ul style="list-style-type: none"> • Obstruction of inspectors. • Failure to comply with requests to provide information, documents. • Failure to comply with requests to provide explanations. 	<p>Head of Inspection <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates)</i></p> <p>Head of Market Oversight <i>(where matter relates to Market Oversight - To notify Chief Inspector, ASC)</i></p>	<p>Deputy Chief Inspector <i>(ASC or PMS or Hospitals in line with the sector to which the decision relates).</i></p> <p>Director, Corporate Provider and Market Oversight <i>(where matter relates to Market Oversight)</i></p>	<p>HSCA Sections 63(7), 64(4), 65(4) and 90</p>

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
			With advice from Legal Services (on the sufficiency of evidence)	
29b	Prosecute an NHS Trust for: <ul style="list-style-type: none"> • Obstruction of inspectors. • Failure to comply with requests to provide information, documents. • Failure to comply with requests to provide explanations. 	Chief Inspector (<i>Hospitals</i>)	Chief Executive & Deputy Chief Inspector (<i>Hospitals</i>) With advice from Legal Services (on the sufficiency of evidence)	HSCA Sections 63(7), 64(4), 65(4) and 90
30a	Issue a Penalty Notice or offer a caution to a person in lieu of prosecution for above offences (decisions 28a and 29a). Withdraw any such Penalty Notice.	Head of Inspection (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>) and in relation to Section 10 offences) Head of Registration (<i>in relation to offences relating to registration</i>) Head of Market Oversight (where matter relates to Market Oversight)	Deputy Chief Inspector (<i>ASC or PMS or Hospitals in line with the sector to which the decision relates</i>). Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight) With advice from Legal Services (on the sufficiency of evidence)	HSCA Section 86 SI 2014/2936 SI 2009/3112
30b	Issue a Penalty Notice or offer a caution in lieu of prosecution for above offences to an NHS Trust (decisions 28b and 29b). Withdraw any such Penalty Notice.	Deputy Chief Inspector (<i>Hospitals</i>)	Chief Inspector (<i>Hospitals</i>) With advice from Legal Services (on the sufficiency of evidence)	HSCA Section 86 SI 2014/2936 SI 2009/3112
Referral of care workers to the Secretary of State				
31	Referral of Care Workers to the Secretary of State as a result of misconduct causing harm or the risk of harm to a vulnerable adult.	Head of Inspection (<i>in line with the sector to which the decision relates</i>)	With advice from Legal Services	SVGA Section 45

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
32	Referral of Care Workers to the Secretary of State where an individual has been guilty of misconduct which harmed a child or put a child at risk of harm after 1st April 2002 and the individual has not been referred to the Secretary of State by the Child Care Organisation.	Head of Inspection <i>(in line with the sector to which the decision relates)</i>	With advice from Legal Services	SVGA Section 45
Market oversight				
33	Decision in relation to entry to, and exit from, the Market Oversight scheme for a registered provider and issuing the formal notification relating to entry and exit to the provider.	Market Oversight Manager		Care Act Section 54
34	Decision to make a recommendation to the Secretary of State to consider using the regulation making power to compel a registered provider into the scheme where it does not otherwise meet the entry criteria.	Director Corporate Provider and Market Oversight <i>(To notify Chief Inspector, ASC)</i>		Care Act Section 53(5)
35	Decision to commission, or request that the provider commission, an Independent Business Review.	Head of Market Oversight		Care Act Section 55(2)(b)
36	Decision to request the provider to produce a Risk Mitigation Plan.	Head of Market Oversight		Care Act Section 55(2)(a)
37	Decision to request from a registered provider which CQC believes is at risk of failure, or such other person(s) involved in the provider's business as CQC considers appropriate, information which would assist local authorities in exercising their duty to ensure continuity of care to people using that provider's services.	Head of Market Oversight		Care Act Section 56(3)
38	Decision to notify local authorities of likely service cessation as a result of likely business failure.	Chief Executive	Chair <i>(Interim) Chief Inspector</i>	Care Act Section 56(2)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
			of Adult Social Care Director of Legal Services Director of Corporate Providers and Market Oversight	
Mental Health Act powers				
39	Authorisation to enable Inspectors and Registration Inspectors and/or anyone appointed by the Commission to exercise the Commission's powers of review and investigation under MHA Section 120 to: <ul style="list-style-type: none"> Require information. Enter premises, request documents and exercise inspectors powers. Visit and interview relevant patients in private. 	Inspection Manager (Hospitals - Mental Health)	MHA Reviewer	MHA Section 120(3) and (7)
40	Authorisation to investigate any complaint as to the exercise of the powers of the discharge of duties confirmed or imposed by the Mental Health Act in respect of a relevant patient.	Inspection Manager (Hospitals - Mental Health)	MHA Reviewer	MHA Section 120(4)
41	Authorisation to direct a person to publish a statement as to the action the person proposes to take as a result of review or investigation under MHA Section 120(1).	Inspection Manager (Hospitals - Mental Health)	MHA Reviewer	MHA Section 120B(1)
42	Review of decisions to withhold correspondence to or from a High Security Hospital patient; or an item delivered or brought into a High Security Hospital patient	Inspection Manager (Hospitals - Mental Health)	Mental Health Act expert who undertook investigation	MHA Section 134A SI 2011/1551 Regulation 2
43	Review of decisions to withhold internal post, or an item included in such post, from a High Security Hospital patient	Mental Health Act expert who undertook investigation		MHA Section 134A SI 2011/1551 Regulation 3
44	Review of decisions to undertake telephone recording and monitoring in a High Security Hospital.	Inspection Manager (Hospitals - Mental Health)	Mental Health Act expert who undertook investigation	MHA Section 120(1) HSCA Section 59

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
				SI 2011/1551 Regulation 4
45	Appoint Principal Second Opinion Appointed Doctor or Second Opinion Appointed Doctors and other persons (not being registered medical practitioners) for the purposes of the Mental Health Act 1983.	Head of Mental Health Act Operations	Deputy Chief Inspector (<i>Hospitals - Mental Health</i>)	MHA Section 57(2) and 58(3)
46	Once appointed by CQC, providing statutorily required opinions underpinning the protective mechanisms in relation to compulsory and scrutinised treatment.	Second Opinion Appointed Doctor (<i>acting as an independent professional</i>)		MHA Sections 57(2) and 58(3)
Ionising Radiation				
<i>Please note that, with effect from 6 February 2018, references to the Ionising Radiation (Medical Exposure) Regulations 2000 (SI 2000/1059) should be read as references to the Ionising Radiation (Medical Exposure) Regulations 2017 (SI 2017/1322).</i>				
<i>Reference to Regulation 12 of the 2000 Regulations should now be read as references to Regulation 18 of the 2017 Regulations.</i>				
47	Appoint an Inspector for the purposes of SI 2017/1322 (setting out in writing the terms of the appointment and the powers which the Inspector may exercise) and terminate any such appointment in accordance with the prevailing terms. Vary the powers which an Inspector may exercise by amending the terms of appointment (and vary any other term of appointment as necessary).	Head of Inspection (<i>Hospitals</i>)		HSWA Sections 19 and 20 (1) HSWA Section 19(3)
48	Authorise a person to accompany an inspector appointed under HSWA Section 19	Head of Inspection (<i>Hospitals</i>)		HSWA Section 20(2)(c)(i)
49	Approve the indemnification of an inspector appointed under HSWA Section 19 (if satisfied of the matters specified in Section 26).	Chief Executive		HSWA Section 26

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
50	Authorise the prosecution of offences under HSWA sections 15 and 33 and SI 2017/1322	Head of Inspection (Hospitals)		HSWA Section 38 SI 2017/1322 Regulation 18
51	Authorise an inspector appointed under HSWA Section 19 to prosecute offences under HSWA sections 15 and 33 and SI 2017/1322	Head of Inspection (Hospitals)		HSWA Section 39 SI 2017/1322 Regulation 18
52	Issue a certificate specifying the date on which evidence sufficient to justify the prosecution came to the knowledge of the Commission.	Head of Inspection (Hospitals)		HSWA Section 34(1)
Controlled drugs				
53	Consideration of an application made to the Commission for an exemption or to renew an exemption for the purposes of the appointment or nomination of an Accountable Officer and the taking of any decision consequent upon such an application.	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 3(1) & (3)
54	The decision to rescind the grant of an exemption for the purposes of the appointment or nomination of an Accountable Officer.	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 3(3)
55	To compile, maintain and publish a list of Accountable Officers.	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 10(3)
56	To co-operate with other members of the Local Intelligence Network.	National Controlled Drugs Manager and Medicines Inspector National Controlled Drugs Officer Pharmacist Specialist		SI 2013/373 Regulation 15(1)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
57	To disclose information to other members of the Local Intelligence Network.	National Controlled Drugs Manager National Controlled Drugs Officer Pharmacist Specialist and Medicines Inspector		SI 2013/373 Regulation 15(2)
58	To notify the Controlled Drugs Accountable Officer and Responsible Body of the details of the investigation.	National Controlled Drugs Manager National Controlled Drugs Officer Pharmacist Specialist and Medicines Inspector		SI 2013/373 Regulation 15(3) & (4)
59	To request in writing additional information from a Responsible Body.	National Controlled Drugs Manager National Controlled Drugs Officer Pharmacist Specialist and Medicines Inspector		SI 2013/373 Regulation 15(5)
60	To determine whether to comply with a request for information from a Responsible Body pursuant to Regulation 15(5).	National Controlled Drugs Manager National Controlled Drugs Officer Pharmacist Specialist and Medicines Inspector		SI 2013/373 Regulation 15(6)
61	To disclose information to a Responsible Body with respect to a request made to it pursuant to Regulation 15(5).	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 15(6)

SUBJECT		LEVEL OF DELEGATION	IN CONSULTATION WITH	PARENT LEGISLATION
		Pharmacist Specialist and Medicines Inspector		
62	To request a Periodic Declaration from a registered person.	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 19(1)
63	To request a self-assessment from a registered person.	National Controlled Drugs Manager National Controlled Drugs Officer		SI 2013/373 Regulation 19(1)
Studies and Reviews				
64	Agreement of a study under HSCA Section 54 (studies as to economy, efficiency etc.) or review under HSCA Section 57 (review of data, studies and research).	Chief Executive		HSCA Sections 54 and 57
65	Sign off Section 54 or Section 57 report.	Relevant Executive Director or Chief Inspector	Chief Executive	HSCA Sections 54 and 57
Special Reviews and Investigations				
66	Decision to seek the approval of the Secretary of State to the scope and commencement of a special review or investigation under HSCA Section 48 on: (2)(ba) the exercise of functions of the NHS Commissioning Board (NHS England) or a Clinical Commissioning Group in arranging for the provision of NHS care (as defined in HSCA Section 97)	Chief Executive	The Board	HSCA Section 48(1), (2) & (3A)

	(2)(bb) the exercise of functions of English local authorities in arranging for the provision of adult social services (as defined in HSCA Section 97) / any review or investigation into the <u>arrangements made</u> for the provision of adult social services			
67	Decision to commence (and determination of the scope of) a special review or investigation under HSCA Section 48 on: (2)(a) the provision of NHS care (as defined in HSCA Section 97) (2)(b) the provision of adult social services (as defined in HSCA Section 97) (2)(c) the exercise of functions by English Health Authorities	Chief Executive	The Board	HSCA Section 48(1) & (2)
68	Sign off report of HSCA Section 48 special review or investigation.	Chief Executive	The Board	HSCA Section 48(4)
69	Decision to give advice to Secretary of State in relation to a HSCA Section 48 special investigation or in relation to HSCA Section 53(1) matters.	Chief Executive	The Board	HSCA Sections 48(5) and 53(2)
70	Informing the Secretary of State of the failure to discharge adult social services functions to an acceptable standard following review under HSCA Section 46 or investigation under HSCA Section 48.	Chief Executive	The Board	HSCA Section 50(2)(a)
71	The recommendation of special measures to the Secretary of State where CQC considers that a local	Chief Executive	The Board	HSCA Section 50(2)(b)

	authority is failing to discharge any of its Social Services functions to an acceptable standard.			
72	Informing Welsh Ministers of significant failings in relation to a Welsh NHS body, following a review under section 46 or a review or investigation under section 48.	Chief Executive	The Board	HSCA Section 51(1)
73	The recommendation of special measures to Welsh Ministers with a view to remedying those failings	Chief Executive	The Board	HSCA Section 51(2)
CQC responses and associated matters				
74	Response to a consultation by NHS Improvement to appoint a Trust Special Administrator where NHS Improvement is satisfied that an NHS Foundation Trust is or is likely to become unable to pay its debts.	Chief Executive	Deputy Chief Inspectors <i>(Hospitals)</i>	NHS Act Section 65D
75	Authorising the release of the report to NHS Improvement regarding the safety and quality of the services that the Trust provides under the NHS Act.	Chief Executive	Deputy Chief Inspectors <i>(Hospitals)</i>	NHS Act Section 65D HSCA Section 70(2)(a) & (3)
76	Agreement to release information concerning an NHS provider to NHS Improvement. This may relate to NHS Acute Trusts which are applying to be a Foundation Trust or where there is intended to be a merger, acquisition or other transaction between NHS trusts	Deputy Chief Inspector <i>(Hospitals)</i>		HSCA Section 70(1)
77	Response to a notice issued by Secretary of State proposing exemptions from licensing requirements under HSCA 2012 Section 81.	Chief Executive	Deputy Chief Inspectors <i>(Hospitals)</i>	HSCA 2012 Section 83(4)(c) & (6)(c)

78	Response to a notice issued by Secretary of State proposing withdrawal of an exemption from licensing requirements under HSCA 2012 Section 81.	Chief Executive	Deputy Chief Inspectors <i>(Hospitals)</i>	HSCA 2012 Section 84(5)(a)(iii) & (6)(c)
79	Response to a notice from NHS Improvement that it intends to make changes to the licence conditions of a particular group of licensees.	Chief Executive	Deputy Chief Inspectors <i>(Hospitals)</i>	HSCA 2012 Section 100(2)(e) & (4)(d)
80	Response to formal advice or information issued to CQC by Healthwatch England.	The Board	Chief Executive	HSCA Section 45A(7)
Fees				
81	To consider any queries on provider invoices or any details that CQC holds that affect fee amounts that may require a refund or result in appeals.	Fees Manager	Head of Financial Accounting	
Signing off correspondence and documents				
82	Replies to Ministerial briefing/handling serious cases.	Deputy Chief Inspector <i>(own sector)</i> Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight)		
83	Notifications to Department of Health/Department of Education in which the Commission plays a part in receiving and handling.	Deputy Chief Inspector <i>(own sector)</i> Director, Corporate Provider and Market Oversight (where		

		matter relates to Market Oversight)		
84	Press releases, holding statements and responsive statements prepared by the Engagement Team.	Head of Registration/ Head of Inspection (<i>own sector</i>) Head of Market Oversight (where matter relates to Market Oversight)	Deputy Chief Inspector (<i>own sector</i>) Director, Corporate Provider and Market Oversight (where matter relates to Market Oversight)	
85	Complaints Correspondence – compiling a report for submission to the Complaints team. Note – if the complaint relates to a Registration Manager, Inspection Manager or Market Oversight Manager then the correspondence must be considered by a Head of Registration/Head of Inspection/ Head of Market Oversight.	Registration Manager/ Inspection Manager or Medicines Team Manager ⁹ (<i>independent of the individual or team the complaint relates to</i>) Market Oversight Manager (where matter relates to Market Oversight) (other than the individual the complaint relates to)	Head of Registration/ Head of Inspection (<i>independent of the individual or team the complaint relates to</i>) Head of Market Oversight (where matter relates to Market Oversight) (other than the individual the complaint relates to)	
86	Responses to Freedom of Information requests.	Information Access Officer	Relevant Inspector or Inspection Manager, Medicines Team Manager, Market Oversight Manager (<i>own sector</i>)	FoIA Section 1(1)

⁹ Medicines team Manager includes; Regional Medicines Manager, National Medicines Manager and National Controlled Drugs Medicines Manager. The delegation to the medicines team manager occurs when the inspection is for a service where a member of the medicines team is the relationship holder.

87	Official correspondence.	Head of Registration/ Head of Inspection/ Head of Market Oversight <i>(own sector)</i>	Deputy Chief Inspector <i>(own sector)</i>	
Signing off CQC publications and miscellaneous matters				
88	CQC statutory guidance on compliance.	The Board	Chief Executive	HSCA Section 23(1)
89	Minor amendments and developments of the regulatory framework and guidance.	Executive Team		
90	CQC statutory enforcement policy.	The Board	Chief Executive	HSCA Section 88(1)
91	Statement of User Involvement.	The Board	Chief Executive	HSCA Section 5(1)
92	Annual report on Ionising Radiation.	Chief Executive		
93	Annual Report on Controlled Drugs.	Chief Executive		
94	A Memorandum of Understanding between CQC and another organisation.	Chief Executive	Relevant Executive Director	
95	Joint Working Agreement between CQC and another organisation.	Relevant Executive Director		
96	An Information Sharing Agreement.	Head of Function		
97	Regulatory Impact Assessments.	Head of Function		
98	Equality objectives for CQC.	Chief Executive	Executive Director of Strategy and Intelligence	Equality Act Section 149(1) SI 2011/2260 Regulation 2(1)

99	CRM Priorities.	Head of Sector Support and Business Improvement		
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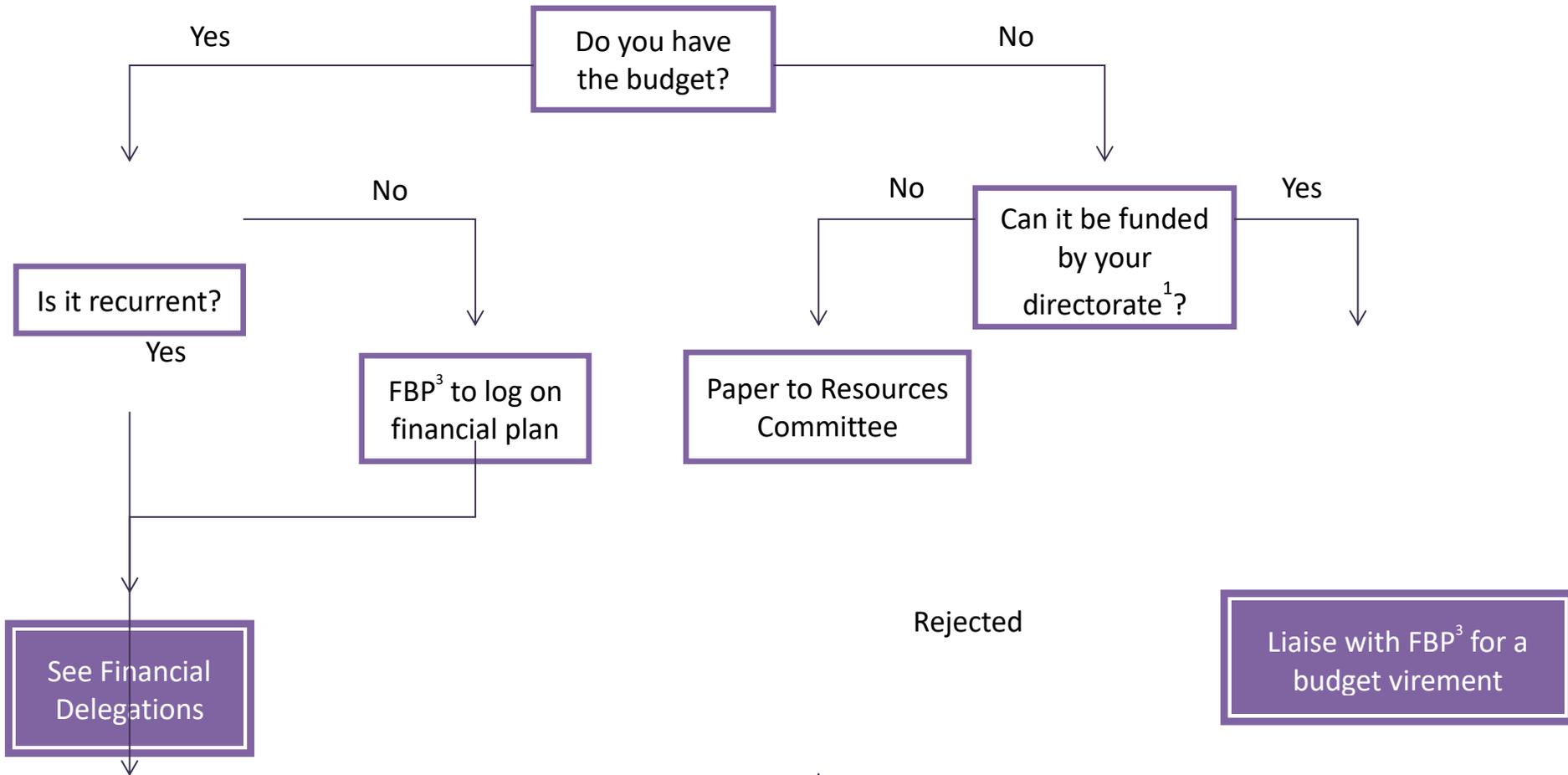


Part 4 – Financial Decisions

1 July 2018

	Contents of Part Four of the Scheme of Delegation – Financial Decisions	Pages
Part Four: Financial Decisions	Funding Decisions	3
	Delegated Limits for Procurement - Internal	4
	Delegated Limits for Procurement – External	5
	People Delegations	

Scheme of Delegation – Funding Decision Tree



¹ Non-pay to pay virements require approval of the Director of Finance, Commercial & Infrastructure
² Funded by: a) CQC underspends b) CIP target c) Funding from another directorate(s) d) Use of reserves e) Utilise capital funding
³ Finance Business Partner

Approved²

No further
action

Scheme of Delegation: Internal Approvals

Budget holders are required to sign a compliance statement in order to receive the following financial delegations:

Internal Approvals	Up to £49,999	£50,000 - £181,301	£181,302 - £499,999	£500,000+	£1m+
Authorisation to start procurement ¹					
Head of Function	✓				
Director		✓			
Resources Committee			✓	✓	
Executive Team			✓	✓	
Chief Executive					✓
Board					✓
Contract award ^{2 & 3}					
Resources Committee	✓ ⁴	✓ ⁴	✓ ⁴	✓ ⁴	
Executive Team			✓ ⁴	✓ ⁴	
Chief Executive					✓ ⁵
Board					✓ ⁵
Contract signoff					

Head of Function	✓				
Director		✓			
Executive Director			✓		
Chief Executive				✓	✓ ⁶

✓ = approval required ✓ = note a decision

¹ See procurement guide for more detailed process of how to complete this stage using the appropriate Government Framework. The thresholds cover the total contract value inclusive of VAT where applicable.

² Single tender actions are not permitted unless approved by the Head of Commercial & Contracts or Director of Finance, Commercial & Infrastructure

³ External approvals must be in place prior to contract award

⁴ Where there is a contentious issue of any value or 10% variance over £181,302

⁵ Where there is a significant contentious issue of any value or 10% variance over £1m

⁶ Approval can be made by the Chief Operating Officer or Director of FCI in the absence of the Chief Executive

Other Delegations	Chief Exec/ Board	Executive Director	Director	Head of	Other Authorised Staff
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Reimbursement of Business Expenses	Unlimited	£1,000 ¹			
Items purchased from petty cash	£20				
Loans to staff	£5,000				
Write off cash losses and fruitless payments ²	£75,000	£50,000	£10,000	£1,000	
Write off bad debts ³	Unlimited	£100,000 total per annum		£5,000 a time, £20,000 total per annum	£500
Contingent liabilities	Unlimited				
Disposal of assets ⁴	£50,000				

¹ Other authorised staff are limited to those stated in the Specialist Advisor & Bank Inspector fees, expenses, travel and subsistence Policy and Procedures.

² In line with Managing Public Money annexes, 4.6, 4. 10 and 5.5

³ Including damage to equipment and/or loss of property

⁴ Including formal write off of value

Scheme of Delegation: External Approvals

External Approvals	Up to £19,999	£20,000 - £24,999	£25,000 - £99,999	£100,000 - £199,999	£200,000 - £499,999	£500,000 - £999,999	£1,000,000 - £4,999,999	£5m+
Professional Services (inc Contingent Labour)								
DHSC Financial Approvals Panel (FAP)	✓	✓	✓	✓	✓	✓	✓	
Ministerial Approval ¹					✓	✓	✓	
HM Treasury						✓ ²	✓ ²	
Consultancy								
DHSC Financial Approvals Panel (FAP)							✓	
Cabinet Office							✓	
Communication Expenditure								
Director of Engagement	✓	✓	✓					
DHSC Digital Team				✓	✓	✓	✓	
Government Digital Services (GDS)				✓	✓	✓	✓	
Cabinet Office				✓	✓	✓	✓	
Efficiency Reform Group (ERG)				✓	✓	✓	✓	
IT Expenditure								

Head of Live Services	✓	✓						
Director of Finance, Commercial & Infrastructure			✓					
DHSC				✓	✓	✓	✓	
Cabinet Office							✓ ³	✓
Any Expenditure								
DHSC								✓
Cabinet Office								✓

¹ Or if the rate is in excess of £900 per day

² If Programme funded

³ If on systems that support administration incl. Finance HR, Payroll or procurement activities or upgrades and hosting contracts for such systems.