

NHS Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board, NHS Dorset Integrated Care Board, and NHS Somerset Integrated Care Board

Scheme of Reservations and Delegations

1. Introduction

This Scheme of Reservations and Delegations (SoRD) establishes the framework for the cluster arrangement between NHS Bath and North East Somerset, Swindon and Wiltshire (BSW), NHS Dorset, and NHS Somerset Integrated Care Boards, operating through the Joint Committee (the 'Cluster Board') established under sections 65Z5 and 65Z6 of the NHS Act 2006. Statutory guidance [NHS England » Arrangements for delegation and joint exercise of statutory functions](#) applies.

Sections 2 to 6 summarise at a high level the matters that are reserved to the ICB Boards, and the matters that are delegated to the Cluster Board and other committees.

Annex A – matters reserved to the individual ICB Boards.

Annex B – matters delegated to the Cluster Board.

Annex C – matters delegated to Committees.

Annex D – matters reserved to NHS England

Annex E – matters reserved to the ICB Chair

Each ICB Board adopts this SoRD; all three ICB Boards must approve changes and amendments to this SoRD.

Summary: The majority of functions and powers of each ICB Board are delegated to the Cluster Board and other joint committees of the ICB Boards, except those specifically reserved to the ICB Boards, see below. Each ICB Board remains accountable for all its functions and powers, including those that it delegates.

2. Matters reserved to each ICB Board

ICBs are not permitted to delegate the following, and any decisions regarding the matters below are therefore reserved to each ICB Board:

- functions central to corporate governance of individual organisations –
 - maintenance of constitution and governance
 - preparation of annual reports
 - maintenance of proper accounts, and preparation of annual accounts
 - arrangements for conflicts of interest
 - arrangements for public involvement
 - powers to enter into agreements, to acquire and dispose of property, to accept gifts (incl. property to be held in trust for the purposes of the ICB)
- some regulatory and oversight functions –
 - notification of the Secretary of State of notifiable reconfigurations of NHS services
- functions that are required by NHSE to remain with individual ICBs
- functions that NHSE has delegated to the ICB, unless NHSE gives permission for on-ward delegation of such functions

Each ICB must retain decision-making in respect of its own NHS Continuing Healthcare and NHS funded nursing care functions, albeit that such decision-making need not be reserved to each ICB Board.

Each ICB Board remains accountable for the discharge of all the ICB's statutory functions and duties, including those functions (and decisions pertaining to those functions) that the ICB delegated.

Annex A details the matters reserved to each ICB Board.

2.2 Meetings of each ICB Board

Each ICB Board should meet annually as a minimum, or as required for decision-making on matters reserved and for discharging its accountability for the ICB's discharge of all its statutory functions and duties.

3. Delegations to the Cluster Board

In summary, the ICB Boards delegate decision-making with regards to the following to the Cluster Board:

- Strategy and planning
- Capital and revenue spend
- Service commissioning and contracting
- Oversight
- Transition

Annex B sets out the matters delegated to the Cluster Board.

The Cluster Board has full authority to make binding decisions on behalf of the ICBs for all delegated functions, subject to:

- Compliance with statutory requirements
- Operating within agreed financial frameworks
- Reporting to individual ICB Boards on reserved matters
- During 2026/27 not taking any decisions that would materially change the operational plan that has been agreed by each Board without the explicit approval of that individual Board

The Cluster Board may

- establish non-decision-making sub-committees and / or working groups as it considers necessary
- determine the terms of reference for such sub-committees and groups, which must be reviewed annually
- receive reports and assurance from such sub-committees and groups

4. Delegations to the ICBs' Audit Committees

While the ICBs remain legal corporate entities in their own rights, each ICB retains its own audit committee. The Audit Committees may meet in common.

With regards to each individual ICB, the Audit Committees will have authority for the following:

- Internal audit arrangements (appointment, oversight, planning)
- External audit arrangements, and non-audit services provided by the ICB's auditors
- Assurance of
 - governance arrangements incl. systems of control
 - arrangements for the management of strategic and operational risk
 - counter fraud arrangements
 - security management arrangements
 - information governance arrangements
- Financial reporting and annual accounts
- Oversight of losses and special payments

The Audit Committees' Terms of Reference are aligned to enable the Committees' meetings in common. The Terms of Reference describe the Committees' remits in detail.

Annex C summarises the decision-making powers and authorities of the Audit Committees.

5. Delegations to the Joint Remuneration Committee

The ICB Boards establish a Joint Remuneration Committee with authority for the following:

- Determination of remuneration and conditions of service
- Assurance that nominations, recruitment and appointments of the ICB's Board members follow due process
- Oversight and assurance of the ICBs' executive board members' performance for purposes of determining performance related pay or similar pay awards

The Terms of Reference describe the Committees' remits in detail.

Annex C summarises the decision-making powers and authorities of the Joint Remuneration Committee.

6. Other arrangements

Insofar as this is practical and does not impede on the ICBs' ability to remain compliant and to meet all statutory requirements placed on them, during 2026/27 the ICBs will align the following as much as possible to enable smooth day-to-day operations incl. operational decision-making:

- The ICBs' Standing Financial Instructions
- The ICBs' Schemes of Financial Delegations
- The ICBs' arrangements for conflicts of interest
- The ICBs' arrangements for managing and reporting risk
- Identified corporate policies, procedures and processes

7. Conflict management

Decision-makers must be alive to the possibility that actual or potential conflicts arise between the ICBs' individual interests while the ICBs remain legal corporate entities in their own right.

Papers and proposals that request decisions such as approval must therefore identify any such actual or potential conflicts.

Where this concerns decisions which are the prerogative of the Cluster Board, the Cluster Chair will consult with the individual ICB Boards to resolve the issue.

Final decision in such circumstances rests with the individual ICB Boards due to their continued responsibility and accountability as the individual ICBs' stewards.

8. Review and amendment

This scheme shall be reviewed by the three ICB Boards six months after coming into effect, and updated as necessary to reflect:

- Changes in statutory requirements
- Evolution of cluster arrangements
- Lessons learned from operation

Changes to this scheme require approval by each of the three ICB Boards.

Effective Date: [To be confirmed following ICB Board approvals]

Review Date: Chair and CEO will keep this document under review and propose amendments to the ICB Boards as and when required

Approval Authority: The Boards of NHS BSW, NHS Dorset, and NHS Somerset ICBs

Annex A – Matters reserved to each ICB Board

Matters reserved to the ICB Board
Corporate governance matters
Approve applications to NHS England for changes to the ICB's Constitution
Determination of the ICB's governance arrangements
Appoint and dismiss ICB Board committees, and approve the Terms of Reference (incl. membership and reporting arrangements) for such committees
Approve the ICB's Scheme of Reservation and Delegation (SoRD)
Approve the ICB's Standing Financial Instructions (SFIs)
Approve the ICB's arrangements for conflicts of interest
Financial reporting and controls
Approve the ICB's annual budget (incl. place budgets, delegated and pooled budgets and non-recurrent in-year allocations) and any material changes to it
Approve the ICB annual operating plan and any material changes to it
Approve the ICB's Annual Report and Accounts in accordance with NHSE guidance
Internal controls
Approve the ICB's counter fraud and security management arrangements
Approve the ICB's arrangements for the management of risk, incl. approval of the ICB's risk appetite, of arrangements for risk sharing and / or risk pooling with other organisations, and of the ICB's risk management framework and policies
Appoint the ICB's external auditors (on recommendation of the Audit Committee)
Approve the ICB's – • Emergency Preparedness, Resilience & Response (EPRR) Policy • Information Governance Framework • Risk Management Framework • Standards of Business Conduct Policy • Public involvement and engagement policy
Delegation of functions
Authorise arrangements under section 65Z5 of the 2006 Act with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB.
Authorise arrangements under section 75 of the 2006 Act to enter arrangements with a local authority under which the local authority exercises specified ICB functions, or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund

Annex B – Matters delegated to the Cluster Board

Matters delegated to the Cluster Board	
Decision area	Decision
Strategy	Approve the cluster's Population Health Strategy
	Approve the cluster's Commissioning Strategy
	Approve the cluster's Commissioning Intentions
Planning	Approve joint forward plans and joint capital plans for the NHS in the cluster
Finance	Approve capital spend over £10m (on recommendation from the Strategic Finance and Resources Committee)
	Agree to make capital grants over £10m available (on recommendation from the Strategic Finance and Resources Committee)
	Approve revenue spend over £10m (on recommendation from the Strategic Finance and Resources Committee)
Oversight	Oversight of the ICBs' operations, and assuring the ICB Boards of: • competent and prudent management of activities and resources • sound planning, and performance monitoring • compliance with statutory and regulatory obligations

Annex C – Matters delegated to Committees

Matters delegated to the Joint Remuneration Committee	
Decision area	Decision
Remuneration	Determine and approve all aspects of remuneration and conditions of service for the Cluster Chief Executive Officer, Cluster Chief Officers and other Very Senior Managers (VSM)
	For all ICB staff, determine each ICB's pay policy
	For all ICB staff, determine the arrangements for termination payments and any special payments.
Matters delegated to the Audit Committees (in common)	
Decision area	Decision
Internal / external audit	Approve the appointment of the head of internal audit
	Approve the annual internal audit plan and more detailed programme of work
	Approve the annual external audit plan
	Approve a policy for the engagement of external auditors to supply non-audit services and advise the ICB Board and Chief Executive on the contents of such a policy
Counter fraud	Approve counter fraud work plans
Matters delegated to the Joint Strategic Finance and Resources Committee	
Decision area	Decision
Strategy	Set the cluster's financial strategy
Policy	Approve the ICBs' Scheme of Financial Delegations

Annex D – Matters reserved to NHS England

Matters reserved to NHS England
The power to establish ICB
Approval of the ICB Constitution
Variation of the ICB Constitution a. where the ICB applies to NHS England in accordance with NHS England's published procedure and that application is approved; and b. where NHS England varies the Constitution of its own initiative, (other than on application by the ICB).
Appointment and removal of the ICB Chair, subject to the approval of the Secretary of State
Determine the remuneration of ICB Chair
Approve the appointment, by the ICB Chair, of the ICB Chief Executive
Powers under the NHS England » NHS enforcement guidance to direct the ICB when NHSE is satisfied that the ICB (a) is failing or (b) is at risk of failing to discharge its functions.

Annex E – Matters reserved to the ICB Chair

Matters reserved to the ICB Chair
Appointment of the ICB Chief Executive (subject to approval of NHS England in accordance with any procedure published by NHS England)
Approval of appointment of partner members of the ICB Board
Appointment of Non-Executive members of the ICB Board
Approval of appointment of ICB Board's Deputy Chair